

Supporting the pastoral needs of undergraduate diagnostic radiography students: a phenomenological exploration of the educator's experience

Hollie Hadwen

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ABSTRACT

Background

Educators routinely support students with complex pastoral needs in higher education. Yet, the diversification of the student population, the ongoing impact of the COVID-19 pandemic and the current cost of living crisis mean students are more likely to need pastoral support than ever before. Concurrently, educators are experiencing heightened workload pressures and productivity demands. Despite this, educator experiences of providing pastoral support are scarcely explored within existing research.

Aim

To explore how educators make sense of their experiences of supporting the pastoral needs of undergraduate diagnostic radiography students in the United Kingdom.

Method

Interpretative Phenomenological Analysis (IPA) was the methodological approach adopted; an interpretative endeavour attending to the detailed examination of lived experience. A small, homogenous, and purposively selected sample of eight diagnostic radiography educators were recruited. Data were collected using semi-structured interviews conducted over Microsoft Teams. The interviews were audio recorded, transcribed verbatim and analysed as detailed by Smith, Flowers and Larkin (2009).

Findings

Three superordinate themes were developed: “Disorientation and Distress”, “Connectedness” and “Acceptance and Coping”. The educators’ experiences were

characterised by periods of disorientation and distress, during which they felt unprepared, overwhelmed and uncertain, interspersed with periods of connectedness, having nurtured meaningful pastoral relationships. The educators attempted to construct and enforce boundaries to manage uncertainty and relied upon supportive interpersonal relationships in the workplace. They made meaning of their approach as one informed by roles and experiences outside of their educator role.

Conclusion

Educators experience role ambiguity, exacerbated by dual identities (radiographer and educator). In managing complex pastoral needs, they perform emotion management, leading to recommendations for educator support, including peer supervision. This study provides an in-depth understanding of the experiences of educators, identifying opportunities to enhance pedagogic practice, offering the potential to improve the educator, student and ultimately, service user experience in diagnostic imaging.

ABBREVIATIONS

BERA = British Educational Research Association

CGT = Constructivist Grounded Theory

CoP = Community of Practice

CoR = College of Radiographers

COVID-19 = Coronavirus Disease 2019

CPD = Continuing Professional Development

DfE = Department for Education

EdD = Doctor of Education

EORR = Equality of Opportunity Risk Register

GDPR = General Data Protection Regulation

HCPC = Health and Care Professions Council

HE = Higher Education

HEE = Health Education England

HEFCE = Higher Education Funding Council for England

HEI = Higher Education Institution

HRE = Heads of Radiography Education

IPA = Interpretative Phenomenological Analysis

MRI = Magnetic Resonance Imaging

NHS = National Health Service

NSS = National Student Survey

OFFA = Office for Fair Access

OfS = Office for Students

PhD = Doctor of Philosophy

PIS = Participant Information Sheet

RePAIR = Reducing Pre-Registration Attrition and Improving Retention

SDT = Self-Determination Theory

SLR = Systematic Literature Review

UCU = University and College Union

UK = United Kingdom

UKAT = United Kingdom Advising and Tutoring association

USA = United States of America

UUK = Universities UK

CHAPTER ONE: INTRODUCTION

1.1 Overview

In contemporary higher education (HE) in the United Kingdom (UK), pastoral support is widely recognised as integral to the individual student's learning experience (Cahill, Bowyer and Murray, 2014; Williams, Kirk and Bewley, 2019). Academic and pastoral support often form the role of an assigned personal tutor (Morgan, 2013; Williams, Kirk and Bewley, 2019; Advance HE, 2020), meaning elements of pastoral and academic support may be described as interwoven and thus difficult to disassociate (Lochti et al., 2018). Despite pastoral support mechanisms being integrated into policies and practises across the sector, a concrete definition of pastoral support remains elusive (Calvert, 2009; Carroll, 2010; Seary and Willans, 2020). This is perhaps in part due to the complex, multifaceted nature of pastoral support (Considine, Hollingdale and Neville, 2015), its existence across the breadth of primary, secondary, further, and HE sectors and the apparent ecclesiastical or agricultural origins of the term (Calvert, 2009). Rooted within Christian philosophy (Carroll, 2010), the term 'pastoral' harks back to sixteenth century Oxbridge universities in which students were supported by "Moral Tutors"; ordained clergymen acting in *loco parentis* (Earwaker, 1992, p.103). Despite the absence of a universally shared construction of pastoral support, commonalities exist, focussing upon the "welfare of the person as an individual" (Carroll, 2010, p.147) and providing a "learning environment that supports their physical, social, intellectual, emotional and spiritual development" (Seary and Willans, 2020, p.12). Pastoral support may be in the form of listening, advising, informing, or suggesting, prior to and/or in addition to referral to wider university support services such as professional counselling (Race, 2019).

For this study, I defined pastoral needs as any physical, social, intellectual, emotional, or spiritual issue relating to, or with the potential to affect, the academic progress of an undergraduate diagnostic radiography student. This operational definition captures the breadth of needs for which educators may provide pastoral support and communicates the focus and limits of this research.

This thesis presents an Interpretative Phenomenological Analysis (IPA) of the lived experiences of eight educators supporting the pastoral needs of undergraduate diagnostic radiography students in the UK. In embracing a qualitative methodological approach, it was important to engage in reflexivity throughout (Willig, 2013), starting with being open about what led to this research (Bleiker et al., 2019). When I commenced the Professional Doctorate, I would have described myself as an enthusiastic but inexperienced educator, having worked in HE for less than two years. I was enjoying teaching but had experienced an abrupt and disorienting transition from clinical practitioner to novice educator, feeling overwhelmed by the pastoral needs of the 27 personal tutees I had been allocated in my first academic year. Subsequently facilitating a support group for new educators in my workplace, it became apparent that other health professions educators had experienced similar challenges and were equally surprised by the pastoral support needs students approached them with. In hindsight, I had not expected this to be such a significant aspect of the educator's role. As an undergraduate, my journey was both enjoyable and uneventful. I had no cause to seek pastoral support from my personal tutor and had unconsciously (and mistakenly) assumed this was the norm. As I commenced my doctoral studies, concerns about coping with the pastoral support needs of students coincided with, and were amplified by, a series of suicides at the University of Bristol, with news headlines questioning

whether universities were doing enough to support their students (Weale, 2017). This had a profound impact upon my assumptions about the importance of effective pastoral support and bolstered my beliefs about the worthiness of this as an area of research.

In the remainder of this chapter, I offer the reader an insight into factors affecting pastoral support needs and provision within HE today, specifically within health professions education. I consider the HE student population, which has changed significantly in recent decades, and examine the contemporary challenges facing the HE sector, namely financial pressures and a wellbeing crisis, which impact the resources available and the demand for them. I go on to examine the workforce challenges facing the National Health Service (NHS) which are pertinent to diagnostic radiography student retention and the role of pastoral support in reducing student attrition, which has implications for the student, the Higher Education Institution (HEI), the NHS, and the taxpayer. I conclude by justifying the need for this research now.

1.2 Context

1.2.1 Expansion and diversification of the student population

Access to HE has changed significantly over the last 60 years, from a system available only to the elite, to one of mass enrolment (Burke, 2012), with 35.8% of UK 18-year-olds entering HE in 2023 and the HE Initial Participation (HEIP) measure amongst 17- to 30-year-olds exceeding 50% each year since 2017-18 (Bolton, 2024). This rapid expansion was precipitated by the Robbins Report; a seminal review of HE which asserted that access should be available to “all who are qualified by ability and

attainment...and who wish to do so” (Committee on Higher Education, 1963, p.8). This was a turning point in British HE, prior to which a lower social class and/or female gender had tended to prevent access, irrespective of ability or aspiration (Callender, 2014).

Throughout the 1970s, 1980s and 1990s, successive Governments’ White Papers proposed the continued expansion of student numbers and reiterated their commitment to supporting participation from across social and economic backgrounds. In 1997, the Dearing Review recommended a move away from student grants to loans, repaid by the student whilst in paid employment (Dearing, 1997). The subsequent abolition of upfront tuition fees and the introduction of grants for students from lower income backgrounds led to a further increase in participation. As a result, the HE student population is considerably larger and more diverse now than it was in the 1960s (Evans et al., 2021). Like Allais (2014, p.726), who argues that such massification is a “social good”, as a first-generation student I am committed to widening access to HE. It afforded me opportunities for personal and professional development that would not have been available to me in the past. However, the expansion and diversification of the student body is not without implications for the individual student’s learning experience and support needs. Firstly, massification has led to increased cohort sizes, which can reduce meaningful student-educator engagement, including interaction in the classroom (Allais, 2014), meaning learning can feel impersonal for some students (Ryan, French and Kennedy, 2021). Equally, larger cohorts mean educators are less likely to get to know students individually, with ramifications for pastoral relationships. Research studies exploring the experiences of personal tutoring from the students’ perspective highlight the importance of forming an authentic relationship with a tutor, leading to a sense of connectedness (Stephen, O’Connell and Hall, 2008) and feelings of being cared for

(Yale, 2019). This poses a challenge for the student in need of pastoral support as well as the educator with an increasing number of personal tutees. Secondly, whilst it is encouraging that there are more disadvantaged and underrepresented students accessing HE than ever before (Transforming Access and Student Outcomes in Higher Education, 2020), many do not experience equality of opportunity once admitted. The Equality of Opportunity Risk Register (EORR) published by the Office for Students (OfS, 2024a) identifies 12 risks (including insufficient personal support), and the characteristics of students most likely to be adversely affected. These characteristics include students from low-income households, who are first-generation (also known as 'first in family'), disabled, mature, identify as LGBTQ+, estranged, care experienced, have parental responsibility, are young carers and/or commuter students. The evidence used to define these characteristics also shows that religion and ethnicity impact equality of opportunity, with black, Asian and students of mixed ethnicity more likely to be affected by insufficient personal support than white students (OfS, 2024b). Furthermore, these characteristics can intersect and compound the challenges for students, leading to poorer outcomes.

It is evident that the Widening Participation agenda, intended to tackle differential uptake amongst underrepresented groups of students, has successfully increased access (Hubble and Connell-Smith, 2018). However, it was not until 2014, when the Higher Education Funding Council for England (HEFCE) and the Office for Fair Access (OFFA) published their joint strategy, the *National Strategy for Access and Student Success*, that support was considered throughout the student lifecycle (McCaig and Squire, 2022). Currently, the OfS (into which HEFCE and OFFA were subsumed) require HEIs to publish an Access and Participation Plan detailing how they will support students from disadvantaged backgrounds to not only access HE, but to succeed once

admitted (OfS, 2023a). The HEI must use the aforementioned EORR to appraise and address the risks within their student population. Nevertheless, there is a danger that HEIs admit students to bolster finances, without providing sufficient concomitant student support, including pastoral support.

Finally, such diversification of the student population has changed the pastoral support needs with which students approach educators, with educators' own experiences of HE likely to be different from those of the students they are supporting (Hamshire, Forsyth and Player, 2018), leaving them with a lack of experiential knowledge to draw upon (McFarlane, 2016).

1.2.2 Contemporary challenges facing the HE sector

Most HEIs in England are under financial pressure as their main income streams are student tuition fees and grants for teaching and research. In 2012, tuition fees in England increased from £3000 to £9000 per year; whilst central Government funding was reduced (Atherton, Lewis, and Bolton, 2023). However, tuition fees for 'home' students in England have been capped at £9250 per academic year since 2017-18 and will continue to be frozen at this rate up to and including the 2024-25 academic year (Weston, 2023), meaning fees are not maintaining pace with inflation. According to the House of Commons Committee of Public Accounts (2022), the COVID-19 pandemic, increasing energy costs, mounting pension costs and uncertainty around international student numbers place further pressure on the financial sustainability of HEIs. To secure their income and financial viability, HEIs must recruit and retain students, and strive to grow their numbers. However, increasing student numbers without a corresponding

increase in support, both from educators and centralised services, may pose a threat to student experience and retention.

Secondly, students, staff, and HEIs are experiencing a student wellbeing crisis. The number of students disclosing a mental health condition to their HEI has rapidly increased since 2010, recorded at more than 5% in 2020-21 (Lewis and Bolton, 2023); however, anonymous surveys of students reveal much higher rates with 57% of respondents self-reporting a mental health issue and 27% declaring a current, diagnosed mental health issue (Student Minds, 2023a). Moreover, 30% of students surveyed described their mental wellbeing as having worsened since starting university. These statistics highlight the prevalence of poor mental health in HE students and point towards significant implications for the staff supporting those students and the HEIs funding those resources.

It is recognised that moving away from home, workload and financial pressures increase the risk of poor mental health in HE students (Lewis and Bolton, 2023). The increasing cost of living in the UK has compounded these financial pressures, with the Institute for Fiscal Studies (2023, cited in Lewis and Bolton, 2023) estimating that the poorest students were £1500 worse off in 2022-23 than they were in 2021-22 as maintenance loans were not increased in line with inflation. The findings from the *Being Well, Doing Well* survey conducted by Student Minds appears to support this. When compared with 2019-20 and 2020-21, the 2022-23 survey indicates that students were experiencing more stress in relation to managing their money and their time, keeping up with study and juggling study with paid employment (Student Minds, 2023a). Finances were of particular concern to students, with 39%, 35% and 32% very concerned about paying

for their energy bills, accommodation, and food costs respectively. These findings further align with those of the *National Student Money Survey 2022*, undertaken by the student money website Save the Student. 82% of students were concerned about their finances, with one in 10 students using a food bank in 2021-22 (Save the Student, 2022). Furthermore, 82% had considered leaving their course with mental health (60%) and money worries (59%) being the most frequently cited reasons (Save the Student, 2022).

Such significant numbers of students considering leaving their course, as indicated by the abovementioned survey, is another concern for the sector, as student attrition (also known as non-continuation) has a negative impact upon HEIs. In addition to the financial implications of attrition in terms of lost tuition fees, student outcome data must be reported to the regulator as a condition of registration. In England, HE is regulated by the OfS, who set minimum thresholds for continuation (80% of full-time undergraduate degree students must continue with their studies) and completion (75% of full-time undergraduate degree students must complete their studies) under condition B3 of registration (OfS, 2023b). Such financial implications and regulatory requirements form the institutional drivers for reducing attrition, and place additional pressure on educators to provide pastoral support to retain students.

Increased workload, productivity demands, and staff wellbeing are also pressing concerns for the sector (Brewster et al., 2021). Wray and Kinman (2021) surveyed 2046 academic and academic related staff working in HE in the UK, exploring the impact of the psychosocial hazards they encounter in their work. Using a validated tool to measure wellbeing, 53% of respondents showed signs to indicate probable depression

and 29% felt that their work left them emotionally drained every day (Wray and Kinman, 2021). In terms of workload, 62% and 21% of respondents reported regularly working greater than 40 and 50 hours a week respectively (Wray and Kinman, 2021). These findings align with those of the most recent University and College Union (UCU) workload survey, in which 87% of HE staff reported their workload size and/or intensity as having increased over the past three years, with 29% rating their workload as unmanageable most of the time (UCU, 2022).

Brewster et al. (2021) contend that increasing workloads have been caused by the marketisation and massification of HE. The notion of students as consumers was introduced in the 1990s when Sir Ronald Dearing, as mentioned earlier, recommended that grants be replaced by tuition fees (Dearing, 1997) and has arguably led to a change in the relationship between the student and the educator, with students investing in their degree and expecting a return on that investment (Barnett, 2011). There is evidence to suggest that this student as consumer model has left educators feeling overstretched and experiencing a negative impact upon their sense of wellbeing (O'Brien and Guiney, 2018).

1.2.3 Medical imaging services in the UK

Medical imaging services in the UK are also under pressure. Demand for imaging has increased in recent years (NHS England, 2020), with more than 85% of patient pathways now requiring diagnostic services (NHS England and NHS Improvement, 2020). This growth is anticipated to continue as the *NHS Long Term Plan* (2019) makes a commitment to better care for major health conditions, including early cancer

diagnosis to improve patient outcomes. The challenges for medical imaging services are further compounded by the ongoing COVID-19 backlog (Royal College of Radiologists, 2022).

In 2020, Professor Sir Mike Richards undertook an independent review of diagnostic services in the NHS. *Diagnostics: Recovery and Renewal*, commonly referred to as the 'Richards' Review', emphasises the need to increase capacity and access to diagnostic imaging to meet demand. Alongside investment in facilities and equipment, recommendation 12 stresses the need for a "major expansion of the imaging workforce", estimating a need for 4000 more diagnostic radiographers (NHS England, 2020, p.11).

In 2023, the *NHS Long Term Workforce Plan* followed, predicting a deficit of 260000 to 360000 full time equivalent healthcare staff by 2036-37, with diagnostic radiographers highlighted as one of the professions for whom this shortfall will increase the most (NHS England, 2023). In alignment with the findings of the 'Richards' Review', the need to grow the diagnostic radiography workforce was identified, with targets to increase training numbers from 1648 per year in 2022, to 2300 by 2031 (NHS England, 2023, p.129).

Yet, the shortage of diagnostic radiographers identified by the 'Richards' Review' (NHS England, 2020) and *NHS Long Term Workforce Plan* (NHS England, 2023) are not new. The increasing demand for imaging services coupled with the ongoing national shortage of diagnostic radiographers (UK Visas and Immigration, 2021) has previously prompted various high-profile recruitment campaigns in the UK (Department of Health and Social Care, 2020; OfS, 2020). Enduring shortages of diagnostic radiographers and other

healthcare professionals, all of whom are vital to the success of *NHS Long Term Plan* (2019), give rise to political and professional drivers for reducing healthcare student attrition. Avoidable attrition has a negative impact upon the student and the HEI, as previously noted, as well as the profession, the NHS, the government, and the taxpayer more broadly (Nuffield Trust, 2023).

1.2.4 Diagnostic radiography student attrition

With ongoing staff shortages in the NHS, healthcare student attrition rates have garnered attention in recent years. In 2015, Health Education England (HEE) commissioned the Reducing Pre-Registration Attrition and Improving Retention (RePAIR) project in response to their Department of Health mandate to reduce avoidable attrition (HEE, 2018). The analysis of attrition focussed upon nursing (adult, children's, learning disability, mental health), midwifery and therapeutic radiography, and revealed attrition rates (as an aggregate of 2013-14 and 2014-15) exceeding 30% for all professions except children's nursing. Although diagnostic radiographers were not included in the analysis, the fiscal impact upon the student, the HEI, the NHS, and the taxpayer, as well as the social impact upon the student was highlighted.

More recently, the Nuffield Trust (2023) used data from the Higher Education Statistics Agency (HESA) to estimate attrition by subject. Between 2014 and 2020, approximately one in eight radiography students (13%) failed to complete their course and gain the qualification they had intended, comparable with nursing at 13% but higher than physiotherapy at only 5%. Although there is variation in approaches to calculating attrition, the most recently published statistics from the College of Radiographers (CoR)

(2022a) agree with those of the Nuffield Trust, showing that 11.9% of diagnostic radiography students due to qualify in 2020-21 did not complete their course.

At a time of increasing demand for medical imaging, attrition from pre-registration programmes remains problematic for the radiography profession which had an overall vacancy rate of 12.7% as at the census date of 1st November 2021, with a band 5 vacancy rate of 20.2% (CoR, 2022b). Given the political, professional, and institutional drivers for improving student retention, contemporary research has aimed to explore the reasons for non-completion.

In 2020, HEE commissioned the RePAIR team to survey the experiences of student nurses, midwives, and Allied Health Professionals (AHPs) during the first wave of the COVID-19 pandemic. Of the 14021 students who completed the survey, 4222 were AHPs, including 461 diagnostic radiography students. 37% of nurses, 41% of midwives and 27% of AHPs had considered leaving their course (HEE, 2020). Feeling overwhelmed or stressed, coupled with academic concerns, a lack of HEI support and doubting their ability were interpreted to be high concerns and cited as reasons for considering leaving, which is perhaps unsurprising given the challenges of online learning and placement experiences during the pandemic period. Whilst these figures are considerably lower than the 82% reported by Save the Student (2022), they remain of concern given that the number of health professionals being trained has not kept up with demand (NHS England, 2023).

Two years later, the National Education and Training Survey (NETS), also conducted by HEE (2022), found the situation to be similar, with 35% of healthcare students stating

they had considered leaving their course (up from 29% in 2021), including 30.3% of AHPs. The most frequently cited reasons were stress (54.9%), workload (50.6%) and feeling overwhelmed (46.5%) (HEE, 2022, p.26). This survey included responses from 39855 healthcare students across a range of professional groups in England; however, it is not possible to isolate the experiences of diagnostic radiographers from the data published or to ascertain which of the students who had considered leaving their course eventually chose to do so.

Nevertheless, the annual pre-registration programme survey conducted by the CoR explores reasons for non-completion specific to diagnostic radiography students. Consistent with the findings of previous years, failure to meet the academic standards required is identified as the most frequent cause of non-completion. However, health and personal circumstances continue to be reported as the other most prevalent reasons (CoR, 2022a). These findings are echoed by McAnulla, Ball and Knapp (2020) who conducted a national online survey of current diagnostic radiography students. Of the 186 respondents, 54% had considered leaving the course, with academic difficulty (17%), financial (16%) and personal (16%) problems most frequently acknowledged as contributing factors. Personal and academic support were recognised by respondents as essential in enabling them to continue (McAnulla, Ball and Knapp, 2020), illuminating the importance of effective, multifaceted student support in diagnostic radiography from the student's perspective. These conclusions are supported by the findings of an integrative review published by Advance HE in 2021, identifying interventions with demonstrable and positive impacts upon student outcomes. Student interactions with academic staff that fostered feelings of being "known and valued" were identified as beneficial to a student's intention to continue (Austen et al., 2021, p.30). This suggests

that the pastoral support provided to an undergraduate diagnostic radiography student by their educator is an important part of their learning journey.

1.3 Rationale: Why explore educators' experiences now?

Educators providing pastoral support is not new. Existing research indicates that HE students access pastoral support for diverse social, cultural, environmental, and psychological difficulties (Mackay, 2015). Students may opt to approach their educator, rather than another person or service, for various reasons, including the immediacy of contact (Huyton, 2011), the perception of competence (McFarlane, 2016), a friendly demeanour (Harrington, 2004) or the existence of a preceding relationship and sense of trust (Ethan and Seidel, 2013). Although the provision of pastoral support by educators in HE is not new, the context in which HEIs are operating, students are learning, and educators are working has changed, warranting investigation now.

The need for effective student support is inextricably linked to student outcomes, including continuation and completion. Political, professional, and institutional drivers for reducing healthcare student attrition have placed an increased focus on educators and their role in supporting students. In fact, the most recent UCU workload survey suggests that almost half (49.4%) of teaching staff reported that their workload in relation to pastoral care had increased significantly over the past three years (UCU, 2022). Although the scope of the educator's pastoral role is known to lack clarity (Hughes et al., 2018), there is no doubt that students, HEIs and the Government see educators as important to student wellbeing. Whilst the legal requirement is often critiqued as ill-defined (Hughes and Spanner, 2019), HEIs have a "duty of care" to

safeguard the wellbeing of their students (Hubble and Bolton, 2019, p.13). In 2022, Robert and Margaret Abrahart, whose daughter Natasha took her own life whilst studying at the University of Bristol in 2018, along with 24 other bereaved families, launched a petition calling upon the Government to act, resulting in a parliamentary debate on 5th June 2023 (UK Government and Parliament, 2023). Whilst no legislative changes were proposed, this highlights the contemporary nature of the topic of student wellbeing in HE and the educator's role in safeguarding this.

The mental health and wellbeing of HE students has gained much attention in recent years, with strategic frameworks focussed beyond the provision of wellbeing services towards a "whole university approach", in which the mental health of both students *and* staff is promoted and supported (Universities UK (UUK), 2020, p.12). In partnership with Student Minds, UUK published *Stepchange* in 2017, later updated and relaunched as *Stepchange: mentally healthy universities*, alongside *Suicide-safer universities* (UUK and Papyrus, 2018). *The University Mental Health Charter* was subsequently published by Student Minds to provide clarity with evidence-informed principles for enacting a whole-university approach (Hughes and Spanner, 2019).

There is evidence to suggest that the sector is attempting to address the issue of student wellbeing. In 2022, the Department for Education (DfE) commissioned a survey of HE providers in England, which had a 45% response rate. Compared with the 2019 survey, the number of HEIs with a strategic mental health and/or wellbeing strategy had improved from 52% to 66%, with a further 26% in the process of being developed. Additionally, 99% of HEIs reported providing self-help resources and 97% offered in-house psychological support such as counselling (DfE, 2023). This aligns with the OfS'

strategic goal for HEIs to “encourage and support an environment conducive to the good mental health and wellbeing that students need to succeed in their higher education” (OfS, 2022, p.15). However, the survey suggests that HEIs are struggling to meet demand, despite expanding the wellbeing services provided (DfE, 2023). HEIs interpreted the decline in the mental health of their student body to be in part caused by the impact of the COVID-19 restrictions and cost of living crisis (DfE, 2023). Their interpretations agree with the findings of an online survey of 3417 students and apprentices conducted by the National Union of Students (NUS), which found that 90% of students said the cost-of-living crisis had an impact on their mental health, with 65% rating this as a major or moderate impact (NUS, 2022).

Given that responding to student disclosures of mental health difficulties can have a negative impact on educator wellbeing (Hughes et al., 2018), the consideration given to staff is a welcome addition to newer guidance. There is also evidence to suggest that staff and student wellbeing are interlinked (Brewster et al., 2021). The aforementioned *University Mental Health Charter* emphasises the importance of staff wellbeing when adopting a whole university approach to mental health (Hughes and Spanner, 2019), whilst acknowledging that existing research suggests educators experience higher levels of stress and burnout than the general population (Mark and Smith, 2012, Kinman and Johnson, 2019 and Morrish, 2019, all cited in Hughes and Spanner, 2019).

The University Mental Health Charter: Principles of Good Practice state that HEIs should “clarify the role of academics in supporting student mental health and guide staff to maintain supportive, appropriate boundaries” (Student Minds, 2023b, p.2) as well as requiring them to provide “appropriate training and development” (Student Minds,

2023b, p.14). Although the DfE (2023) survey found that almost all HEIs provide staff training in relation to mental health and student wellbeing, the literature on educator experiences explored in the next chapter suggests that this training is perceived by educators as insufficient.

Pastoral support is an established role of the educator in HE, but the diversification of the student population, the ongoing impact of the COVID-19 pandemic and the current cost of living crisis mean students are more likely to need pastoral support than ever before. Concurrently, educators are experiencing heightened workload pressures and productivity demands. This, coupled with the political, professional, and institutional drivers for reducing attrition, mean that now is the time to explore pastoral support from the perspective of the educator further. In the next chapter, existing research exploring the perceptions and experiences of educators is evaluated, and a gap in what is currently known is identified.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this chapter, I offer the reader a concise overview of existing research exploring the experiences of educators supporting students with pastoral needs and conclude by explaining the impact of this understanding upon the design of my own research. I have adopted the opinion that engagement with extant literature is necessary to determine what is already known (Holloway and Galvin, 2017), to identify gaps in the evidence base (Jesson, Matheson and Lacey, 2011) and to contextualise the primary study (Fry, Scammell and Barker, 2017). This is consistent with the views of Smith, Flowers and Larkin (2022) who advocate a short and evaluative literature review when employing IPA, intended to introduce the field, appraise the strengths and limitations of existing research, and identify the potential to add to the existing corpus of knowledge. Therefore, I implemented a traditional literature review approach, seeking to collate and synthesise primary research on the topic of interest (Werkmeister Rozas and Klein, 2010); educator experiences of providing pastoral support in HE. A systematic and replicable search strategy was applied and transparently reported.

2.2 Reading reflexively

It is not possible to approach any subject in the absence of some foreknowledge, or at least interest in, the phenomenon under exploration (Harverkamp and Young, 2007; Smith, Flowers and Larkin, 2009). With many research problems emerging from the practice setting, personal or professional experience (Creswell, 2007), prior knowledge

and understanding cannot be eliminated simply by avoiding an initial review of literature (Bluff, 2005). Being a diagnostic radiography educator with pastoral responsibilities, this argument is apt. I acknowledge that I have beliefs and preconceptions entrenched in my personal experience of providing pastoral support; indeed, these have been the motivating force behind my choice of research topic and doctoral endeavours. However, in exploring the extant literature, my perspective has been broadened, supporting my attempt to identify and subsequently suspend my established presuppositions.

I found myself prickled when reading the direct quotes in one of the studies. Some of the educators interviewed appeared unwilling to get involved with students; however, this was not a surprise to me. I understood the challenges of providing *ad-hoc* pastoral support whilst attempting to fulfil the other roles expected of me as an HE educator. What had caused my irritation, and to an extent, sadness, was that some of the nurse educators appeared to lack compassion for students experiencing personal difficulties. This conflicted with my ethos as an educator and a radiographer, causing me to consider how I might respond to educators should they convey similar attitudes in my own research. The discomfort I experienced in reading these quotes caused me to reflect upon my values and become more aware of how this could affect my interpretation of the data.

An attempt to suspend or “bracket-off” such assumptions and beliefs about being an educator is a requirement of the IPA methodology, bolstering attempts to illuminate participants’ experiences and viewpoints on their own terms (Smith, Flowers and Larkin, 2009, p.42). Nevertheless, it is pertinent to note that the purpose of the review was not to frame the subsequent analysis of data or to curtail inductive inquiry but instead

enabled me to further recognise my experiences, beliefs, and assumptions amongst those of other educators. Adopting this reflexive stance is critical when undertaking qualitative research (Finlay, 2011), supporting the researcher to elucidate their own bias (Hart, 2018).

2.3 Methods

2.3.1 Initial search strategy

A focussed review question and explicit, systematic, and pre-determined search strategy are essential when conducting a literature review (Aveyard, 2014; Booth, Sutton and Papaioannou, 2016). The preliminary review question was:

What are the perceptions and experiences of educators supporting the pastoral needs of undergraduate health professions students?

A scoping review was conducted, serving to explore the quantity and quality of research literature available and support the identification of key search terms (Booth, Sutton and Papaioannou, 2016). There is evidence to suggest practicum elements of study, such as those undertaken by health professions students, can be a source of psychological distress for students (Deasy et al., 2014; Hyde, 2015; Girn, Punch and Jimenez, 2022), which may have an impact upon the pastoral support needs of the student and the demands placed upon the educator. Thus, studies exploring the experiences of non-health educators were originally excluded. However, this limited the number of studies available, negatively impacting the trustworthiness of the review (Fingeld-Connett and

Johnson, 2013). The review question was subsequently refined, a recognised function of the scoping review (Petticrew and Roberts, 2006). In effect, the lack of primary research exploring the experiences of health professions educators, and the complete absence of diagnostic radiography educators, confirmed the desired 'gap' in what is currently known (Smith, Flowers and Larkin, 2009; Holloway and Galvin, 2017), supporting the rationale for the primary study. A revised review question was subsequently stated:

What are the perceptions and experiences of educators supporting the pastoral needs of undergraduate students?

2.3.2 Revised search strategy

Four concepts were elicited from the review question as demonstrated in **Table 1**. Synonyms and alternative words were included to capture studies indexed using different terms e.g., tutor, educator, lecturer (Aveyard, 2014). As is common in qualitative search strategies, the process of developing pertinent search terms was an iterative one (Finfgeld-Connett and Johnson, 2013). Although it is recognised that pastoral support is not solely provided by the student's personal tutor (Owen, 2002; Stephen, O'Connell and Hall, 2008; McFarlane 2016), this search term was retained as it became apparent that many studies focussed upon personal tutors as the main provider of pastoral support in HE. The term "teacher" was excluded as this yielded research concerned with pastoral support in primary and secondary education, as opposed to HE. Conversely, the terms "advisor" and "supervisor" were incorporated, recognising pastoral roles with alternative names in HE.

Table 1: Literature review search terms

Concept 1	Concept 2	Concept 3	Concept 4
Educator	Experience	Pastoral	Undergraduate
Synonyms and alternative words			
Tutor "Personal tutor" Lecturer Professor Advisor Supervisor	Perception Attitude View Feeling Reflection Belief Phenomeno* Lifeworld "life world" "lived experience"	Support Personal Wellbeing Welfare Non-academic Non-curricular Guidance	"Higher education" Student Pre-registration Pre-qualif*

A comprehensive search strategy requires multiple sources to be searched (Yannascoli et al., 2013). As research concerning HE is published in discipline specific as well as dedicated HE journals, two electronic search platforms were utilised, EBSCOhost and ProQuest Central, both of which catalogue relevant material. EBSCOhost includes the databases CINAHL Complete (indexing nursing and allied health journals) and MEDLINE (indexing medicine, nursing and health care including relevant education journals). ProQuest Central is a comprehensive platform integrating databases from across business, health and medical, social sciences, humanities, science, technology, and education subject areas (ProQuest, 2019), and was thus deemed a potentially rich source of relevant research. The following databases within ProQuest were selected: British Nursing Database, Arts and Humanities Database, Career and Technical

Education Database, Education Database, Health and Medical Database and Nursing and Allied Health Database. This search strategy incorporated many relevant journals including: the *Journal of Nursing Education*, *Teaching in Higher Education*, *Nurse Education in Practice*, *Nurse Education Today*, *Radiography*, *College Student Affairs Journal*, *Higher Education* and *Teachers and Teaching: theory and practice*.

The Boolean operator OR was applied to widen the search in each concept, returning literature containing synonyms e.g., educator OR tutor (Aveyard, 2014). AND was applied to narrow the search, combining concepts, and thus increasing relevancy (Booth, Sutton and Papaioannou, 2016). Phrase searching was utilised to further increase the relevancy of the search results e.g., “higher education”. Truncation (*) ensured that the search did not exclude similar terms e.g., phenomeno* returns phenomenology, phenomenological, phenomenon, supporting the inclusion of all available studies, and thus reducing selection bias (Booth, Sutton and Papaioannou, 2016).

The final database searches were conducted on 22 July 2019 and repeated on 5 February 2023 to update the literature review. The collated results of these searches are presented in **Appendix 1**. Search alerts were used to identify relevant studies published subsequently. Title, abstract and full text sifts, also known as first, second and third pass reviews respectively (Yanniscoli et al., 2013), were performed to assess for relevancy (Booth, Sutton and Papaioannou, 2016). *A priori* inclusion and exclusion criteria were determined and applied (see **Table 2**), delineating the scope of the review (Aveyard, 2014) and thus selectively presenting relevant information only (Hart, 2018).

In predetermining these criteria, selection bias is again reduced (Booth, Sutton and Papaioannou, 2016).

Table 2: Literature review Inclusion and exclusion criteria

Inclusion	Exclusion
The perceptions and experiences of educators supporting the pastoral needs of undergraduate students from:	Studies undertaken in primary, secondary or further education contexts
Analyses of qualitative primary data from published or doctoral research	Student perceptions and experiences of receiving pastoral support
OR Published reflections	Educator experiences of supporting the pastoral needs of postgraduate students
	Practice based educators' experiences of supporting the pastoral needs of students in the practice or workplace setting
	Studies not published in the English language

Whilst qualitative research tends to feature on the lower rungs of traditional hierarchies of evidence (Polit and Beck, 2017), qualitative studies offer in-depth information about meaning and experience (Petticrew and Roberts, 2006) and are thus appropriate for answering questions about subjective experiences or perceptions of providing pastoral

support (Bettany-Saltikov, 2012). Doctoral theses were also included, as they provide a particularly rich source of qualitative data as, unlike published journal articles, they are not constrained by a short word limit (Finfgeld-Connett and Johnson, 2013). Published reflections were also sought, offering rich, first-hand experiences which may add to what is known about the experiences of educators.

The provision of pastoral support is common to many educational contexts; however, both the challenges affecting undergraduate students and the experiences of educators supporting those students may be different. In excluding primary, secondary and further education, as well as postgraduate provision, the relevancy of the review was increased (Leedy and Ormrod, 2010). Such attempts to locate relevant studies are essential for appropriate interpretation and synthesis across studies (Finfgeld-Connett and Johnson, 2013). Similarly, whilst student perceptions and experiences are important and necessary to support quality improvement, the primary study focussed upon educator experiences and thus studies exploring the student perspective were excluded. Experiences of educators within the practice setting (e.g., on hospital placement) were also excluded as the primary study was concerned with the pastoral support provided by educators within the HEI.

Studies not published within the English language were excluded due to limited fiscal resources for translation; however, it is recognised that this may result in language bias (Bettany-Saltikov, 2012). This criterion was applied as a limiter during the database searches (**Appendix 1**).

In addition, ProQuest Dissertation and Theses and the British Library EThOS e-theses online service were searched to locate relevant doctoral studies (British Library, 2019). Two pertinent doctoral theses were identified, appraised, and subsequently included within the review (namely, Harrington, 2004 and Huyton, 2011). Citation searches were also conducted, identifying a further eight studies for screening.

2.3.3 Search results

The search results are summarised in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) decision tree in **Appendix 2**. Such transparent reporting is crucial, enhancing reproducibility and providing an audit trail.

During the title sift, 10665 results were determined not to be relevant to the review question and were thus excluded. Although the search terms used provided the desired comprehensive search, some terms were broad (e.g., tutor, support, student), which may explain the number of irrelevant results. In applying the inclusion and exclusion criteria, an additional 14 studies were excluded following abstract sifts and a further 15 following full text sifts, the details of which are reported in **Appendix 3** and **Appendix 4** respectively.

2.3.4 Critical appraisal, data extraction and analysis

16 studies were appraised using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist (see **Appendix 5**); an explicit and transparent framework to systematically assess the methodological quality, results and relevance of the studies

identified (CASP, 2018). Two studies (Owen, 2002; Por and Barriball, 2008) were excluded as outlined in **Appendix 2**. The exclusion of studies following an assessment of quality supports the reviewer in producing reliable conclusions (Thomas and Harden, 2008). A table summarising the results of the assessment of quality is presented in **Appendix 6**.

Data relevant to the review question were extracted (Booth, Sutton and Papaioannou, 2016). Whilst some data are straightforward to identify and extract (e.g., sample, methods), determining what constitutes the results 'data' was more challenging (Thomas and Harden, 2008). In qualitative research, the findings are the researchers' interpretations and are not always confined to the results (or findings) section (Sandelowski et al., 2012) but occur in the discussion chapter also (Booth, Sutton and Papaioannou, 2016). A data extraction tool was employed to aid the data extraction process (Pearson, Field and Jordan, 2009). The tool was adapted from the British Psychological Society and The Royal College of Psychiatrists Data Extraction Form for Qualitative Studies (National Collaborating Centre for Mental Health, 2007) and is presented in **Appendix 7**. This form was created specifically for extracting qualitative data by the National Institute for Health and Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE), credible organisations within the field of health and social care. Ideally data extraction and quality appraisal procedures should be conducted by two independent reviewers (Yannascoli et al., 2013), seeking consensus; however, this is not feasible within a doctoral study.

Thematic analysis was used to bring together the perceptions and experiences of educators within the literature (Thomas and Harden, 2008). It is pertinent to note that

reality is perceived by the qualitative reviewer to be multiple, and thus, this review offers the reader one interpretation of the findings (Pearson, Field and Jordan, 2009). Nevertheless, the use of themes is recognised as a way in which the combined meaning of the studies can be presented and understood (Bearman and Dawson, 2013). Line by line coding of the text was not undertaken, instead the findings presented in each of the 14 studies were read, and the main themes which included educator perceptions and experiences of providing pastoral support were extracted and areas of commonality described. This approach is commonly used by researchers in education to summarise the content of literature relevant to their research question (Bearman and Dawson, 2013). The themes I developed are phenomenological in tone, informed by the epistemological and methodological assumptions underpinning my research.

2.3.5 Summary of the included studies

Published over an 18-year period (2004 to 2022), 14 studies were included in the synthesis, as summarised in **Appendix 8**. 11 of these studies were undertaken in the UK (Harrington, 2004; Rhodes and Jinks, 2005; Walker, Gleaves and Grey, 2006; Barlow and Antoniou, 2007; Stephen, O'Connell and Hall, 2008; Huyton, 2011; McFarlane, 2016; Hughes and Byrom, 2019; Hayman et al., 2022; Payne, 2022; Ramluggun et al., 2022), one in the United States of America (USA) (Ethan and Seidel, 2013), one in Australia (McAllister et al., 2014) and one in Spain (Roldán-Merino et al., 2019). The participants were exclusively nurse educators in three studies (Harrington, 2004; Rhodes and Jinks, 2005; Roldán-Merino et al., 2019) and a mix of health and social care professions educators in a further two studies (Hughes and Byrom, 2019;

Ramluggun et al., 2022). The remaining studies included educators from a variety of professional backgrounds.

Seven studies explored the perceptions and experiences of the HE educator (Walker, Gleaves and Grey, 2006; Barlow and Antoniou, 2007; Ethan and Seidel, 2013; McAllister et al., 2014; Hughes and Byrom, 2019; Payne, 2022; Ramluggun et al., 2022), whilst the other seven studies focussed upon a specific role; the personal tutor (Harrington, 2004; Rhodes and Jinks, 2005; Stephen, O'Connell and Hall, 2008; Huyton, 2011; McFarlane, 2016; Roldán-Merino et al., 2019; Hayman et al., 2022). This may suggest differing conceptions, be it organisation or individual, of *who* is responsible for supporting the pastoral needs of students. In defining inclusion criteria for my own data collection, I chose to include educators, as opposed to personal tutors specifically.

Most studies adopted in-depth, one-to-one interview methods, with eight using interviews exclusively (Harrington, 2004; Rhodes and Jinks, 2005; Barlow and Antoniou, 2007; Stephen, O'Connell and Hall, 2008; McAllister et al., 2014; McFarlane, 2016; Hayman et al., 2022; Ramluggun et al., 2022). Interviews were also preceded by video diaries and written reflections by Walker, Gleaves and Grey (2006) and Huyton (2011) respectively. Two studies employed focus groups (Ethan and Seidel, 2013; Roldan-Merino et al., 2019) and two studies used both focus groups and interviews for data collection (Hughes and Byrom, 2019; Payne, 2022). Although there are a range of methods used in qualitative research aimed at generating understanding, interviews and focus groups are widely used (Willig, 2013).

It is beyond the remit of this review to explore students' experiences; however, it is pertinent to offer the reader an overview of the social, cultural, environmental, and psychological issues for which educators within these studies were providing pastoral support. Issues surrounding mental health and wellbeing were prominent. Students experiencing personal challenges such as stress, anxiety, depression, self-harm, and suicidal ideation, were described by educators in eight of the studies (Harrington, 2004; Rhodes and Jinks, 2005; Huyton, 2011; Ethan and Seidel, 2013; McAllister et al., 2014; McFarlane, 2016; Hughes and Byrom, 2019; Hayman et al. 2022; Ramluggun et al., 2022).

Educators in four studies recalled supporting bereaved students (Harrington, 2004; Stephen, O'Connell and Hall, 2008; Huyton, 2011; Ethan and Seidel 2013) and in three studies, the difficulties experienced by international students, including isolation (Harrington, 2004), integration (Huyton, 2011) and immigration issues (Ethan and Seidel, 2013), were discussed. In addition, educators supported students experiencing financial concerns (Harrington, 2004; Walker, Gleaves and Grey, 2006), as well as a diverse range of other difficulties including homesickness, childcare, domestic violence, rape, unplanned pregnancy, sexuality, and issues associated with being transgender. Educators identified practice placement as an additional stressor impacting upon pre-registration health professions students (Rhodes and Jinks, 2005; Hughes and Byrom, 2019).

The review provides a predominantly UK-based perspective. Only five of the studies focussed solely on pastoral support needs (Ethan and Seidel, 2013; McAllister et al., 2014; Hughes and Byrom, 2019; Payne, 2022, Ramluggun et al., 2022), with the

remainder addressing the personal tutor or broader academic role. Only the data relevant to pastoral support was extracted, meaning the findings of some studies feature more prominently in the review than others.

2.4 Themes

Four themes were developed to encapsulate the perceptions and experiences of educators from the 14 studies included in the review.

1. Feeling untrained and ill-prepared
2. Providing pastoral support is time-consuming but unrecognised
3. Dual role identities: educator and healthcare professional
4. Emotional impact of supporting students with pastoral needs

Appendix 9 provides a matrix which demonstrates where each of the 14 studies contributed to the themes developed.

2.4.1 Theme One: Feeling untrained and ill-prepared

Participants in eight of the studies perceived themselves to be insufficiently trained for their role in providing pastoral support, resulting in feelings of ill-preparedness.

Ramluggun et al. (2022) adopted a qualitative survey methodology to explore the experiences of educators supporting students with mental health difficulties. 71 educators from two HEIs in the South-East of England completed the online questionnaire which was comprised of open-ended questions. The educators taught on

health and social care programmes, including nursing (adult, mental health, children's), midwifery, social work, occupational therapy and paramedicine. Conventional content analysis was used to identify four themes, including *Faculty staff preparedness and training needs*, which highlighted that some educators felt ill prepared for their pastoral support role. Their experiences of unpreparedness were heightened during the pandemic when attempting to support students online. The survey further emphasised that educators perceived there to be a lack of specific training for their pastoral role, which limited their confidence in identifying and subsequently supporting students. Although the questionnaire only considered mental health difficulties, rather than the full range of pastoral support needs, the findings are of particular relevance to my research given the educators were supporting students across pre-registration health and social care courses.

Supporting students with mental health difficulties was also a concern for the personal tutors whose experiences and perceptions were explored in Huyton's (2011) Doctor of Education (EdD) thesis. 10 educators from HEIs across the UK produced written reflections upon their personal tutoring interactions with students and were subsequently interviewed. Many of the educators in this study felt untrained and unsupported, particularly regarding students with mental health difficulties. They perceived the lack of training or professional development from the HEI left them unprepared for providing pastoral support; however, some of the participants did acknowledge options for referral or signposting to centralised support services.

McAllister et al. (2014) also focussed on educators' experiences of providing pastoral support to students with mental health difficulties. 26 educators from two Australian

HEIs were interviewed and a thematic analysis conducted. Educators felt hindered by their own lack of knowledge regarding mental health as well as a lack of awareness of support services that they could refer the student to. These findings were similar to those of Ethan and Seidel (2013). Conducted in the USA, Ethan and Seidel (2013) adopted a constructivist grounded theory approach to explore the experiences and perceived role of educators supporting students in distress. They conducted three focus groups with 21 self-selecting educators. Although predominantly female (20 female, one male), the educators represented more than half of the academic departments within a New York City community college. The educators demonstrated a desire to support students in distress but felt unprepared for how. They reported a lack of formal training and an incomplete understanding of the counselling services available to students.

Hayman et al. (2022) conducted semi-structured interviews with 10 sports educators at one UK HEI. The educators were all male, had a spectrum of experience in HE and were employed in various positions from lecturer to head of subject. The educators in this study felt unqualified and ill-equipped to support students with what they perceived to be increasingly complex pastoral needs. This caused them to question their suitability as personal tutors for managing non-academic support needs. Unlike the educators interviewed by McAllister et al. (2014) and Ethan and Seidel (2013), these educators were aware of the other forms of support available for students and managed the challenges they experienced by signposting the students to them.

Roldan-Merino et al. (2019) designed focus groups to explore personal tutoring experiences with 14 nursing educators at one HEI in Spain. The educators in this study also felt unprepared and were eager for more training in how to support students with

pastoral support needs. These findings were echoed by the educators interviewed by Payne (2022) and McFarlane (2016), who perceived there to be a need for additional training and guidance, concerned that it was just assumed by the HEI that personal tutors knew what to do to support students with pastoral needs.

Feeling untrained for providing pastoral support, the educators reflected on the skills and experiences drawn from outside HE which they perceived to have guided their approach, including professional practice in health and social care (Huyton, 2011; McFarlane, 2016; Ramluggun et al., 2022), being a parent (Huyton, 2011) and having similar personal or family experiences (Ethan and Seidel, 2013; McAllister et al., 2014).

2.4.2 Theme Two: Providing pastoral support is time-consuming but unrecognised

Participants in four of the studies perceived their pastoral role to be unrecognised in terms of workload and professional / career development by the HEI, and in a further four studies, the participants felt hindered by a lack of time.

Huyton (2011) explored the experiences and perceptions of 10 personal tutors from different HEIs in the UK. The educators described their pastoral support role as unseen, perceiving the time and effort they committed to this as going unrecognised at their appraisal. Huyton (2011) interpreted there to be a negative impact upon professional development, as career progression was aligned with research outputs, not effective personal tutoring.

Similarly, in their study of sports educators, Hayman et al. (2022) identified a dichotomy between those educators who were motivated to get to know their personal tutees and provide pastoral support, and those who prioritised other roles. Unlike pastoral support, research and business engagement were seen to be incentivised by the HEI, with success leading to recognition and promotion. These findings agree with those of Walker, Gleaves and Grey (2006), in which 14 new educators were interviewed at multiple points during an in-service 'Teaching in HE' course. The educators perceived pastoral support to be immeasurable and thus, unrecognised at appraisal, contrasting this with research as a quantifiable output. Walker, Gleaves and Grey (2006, p.357) argue this prevents educators from understanding "the value of their emotional work with students".

McAllister et al. (2014) explored the experiences of Australian educators providing pastoral support to students experiencing mental health challenges. The educators experienced frustration that the time and effort they devoted to providing pastoral support was not included within workload calculations or formally acknowledged by the HEI. The impact on workload was an issue for educators in the UK too. The health and social care educators surveyed by Ramluggun et al. (2022) perceived their interactions with students with mental health difficulties to be increasing in number, yet this was not reflected within their workload allocation. This frustration was echoed by the UK-based educators interviewed by Payne (2022) who also wanted the time given to supporting students with mental health difficulties recognised within their workload allocation. Similarly, the educators interviewed by Stephen, O'Connell and Hall (2008), who were all employed in a School of Applied Social Sciences at one HEI in the UK, experienced

workload pressures due to increased student numbers and competing demands upon their time.

Unlike the educators in the studies explored in theme one who felt unprepared and inadequately trained, the nurse educators interviewed by Rhodes and Jinks (2005) were confident in their ability to provide pastoral support but perceived a lack of time as preventing them from supporting students effectively.

2.4.3 Theme Three: Dual role identities: educator and healthcare professional

Seven studies explored the perceptions and experiences of educators with dual identities, educator *and* health or social care professional, in relation to pastoral support. The educators perceived their dual identities to be both advantageous (in terms of confidence) and challenging.

McFarlane (2016) interviewed eight educators from different professional backgrounds at one HEI in the UK with the resultant data analysed using IPA. Educators with prior experience in caring professions such as social work were more confident in supporting students in distress; however, there was perceived to be a risk of becoming too involved, a risk that the educator might “fall into the trap of being a rescuer” (McFarlane, 2016, p.82). This challenge was echoed by Payne (2022) who found that educators with a health professions background experienced role confusion. They had difficulty in determining where their duty as an educator ended and at what point to signpost the student to other forms of mental health support. This difficulty in establishing boundaries between the educator and health or social care professional roles was further raised by

Hughes and Byrom (2019) in their study of healthcare educators supporting students with mental health difficulties at five HEIs in the UK. Under the theme of *Academic versus professional roles*, Hughes and Byrom (2019, p.1543) highlight that educators experience overlap between pastoral support and clinical roles because they have the “professional desire to help” as well as the skills and experience to do so. Consequently, the educators found it difficult to signpost students on to centralised support services such as counselling.

The findings above suggest that it is hard for educators to separate the role identity of a healthcare professional from that of an educator. In their focus group study of 14 nurse educators in Spain, Roldan-Merino et al. (2019) found that educators experienced similarities between providing patient care as a nurse and pastoral support as an educator and perceived their personal tutor role as an important source of support for students. This suggests that separating the roles may be neither possible nor desirable from the perspective of the nurse educator. In their qualitative survey of health and social care educators in the UK, Ramluggun et al. (2022) came to a similar understanding. The educators experienced “blurred boundaries”, believing that they could do more to support the student as a healthcare professional, but recognising that they should not do so as an educator (Ramluggun et al., 2022, p.608). Nevertheless, Ramluggun et al. (2022, p.610) acknowledged that some educators in their study chose to adopt a “nurturing” role rather than signpost the student to centralised support. This interpretation aligns with that of Rhodes and Jinks (2005) who likened pastoral support to nursing care.

A further challenge of having dual identities was highlighted by Harrington (2004), who explored personal tutor and tutee encounters in two HEIs in the UK, interviewing 36 nurse educators and analysing the data using a descriptive phenomenological approach. This Doctor of Philosophy (PhD) thesis identified educators experiencing role conflict between providing pastoral support as a nurse educator, and as a registered nurse, being a “gatekeeper” to the profession to protect patients (Harrington, 2004, p.382). The educators interviewed by Rhodes and Jinks (2005) and Hughes and Byrom (2019) also shared their discomfort in supporting *and* monitoring students. For example, in supporting a student with mental health difficulties as an educator, but potentially withdrawing them from practice if they became too unwell.

2.4.4 Theme Four: Emotional impact of supporting students with pastoral needs

Supporting students with complex pastoral needs elicited emotional responses from the educators in 12 of the studies. This included feelings of worry, anxiety, fear and guilt, as well as a sense of being or becoming overwhelmed.

Educators recalled worrying about students (Walker, Gleaves and Grey, 2006; Ramluggun et al., 2022), which extended beyond normal work time (Huyton, 2011). They worried whether they would be able to respond to the students’ emotional needs (Roldan-Merino et al., 2019), whether they had done enough for the student (Ramluggun et al., 2022) or supported them in the best way possible (Hayman et al., 2022). Similarly, the educators interviewed by McFarlane (2016) described feelings of guilt and anxiety when they felt unable to provide adequate pastoral support to a student. Comparable findings were reported by Barlow and Antoniou (2007), who

interviewed 17 educators within their first three years of teaching at one HEI in the UK. These new educators felt guilty for not having the time to provide the support needed by their students. Both McFarlane (2016) and Barlow and Antoniou (2007) attributed this to increased student numbers and demand for pastoral support in their analyses, an assertion which agrees with that of Huyton (2011), who noted the educators felt under pressure by high student numbers. Similarly, student numbers impacted upon educators interviewed by Stephen, O'Connell and Hall (2008, p.456), who feared being overwhelmed, inundated or "swamped" if they made themselves available to students in need. Although some felt pastoral support was integral to their role, they perceived the increasing demand from students to be beyond their job role as an educator.

The diverse and complex range of pastoral support needs affecting students left some educators feeling "inadequate" (Walker, Gleaves and Grey, 2006, p.354), "terrible" (Ethan and Seidel, 2013, p.19) and "overwhelmed" (Barlow and Antoniou, 2007, p.71). One educator employed a vivid simile to describe how they felt: describing themselves as "like a mother with...a hundred babies hanging off" (Barlow and Antoniou, 2007, p.71). These findings were echoed by health and social care educators at one HEI in the UK, who described feeling emotionally overwhelmed listening to the distressing stories shared by their students (Ramluggun et al., 2022). Educators also experienced fear associated with not knowing how to support students with pastoral needs, as explored in theme one of this review, as well as fear of offending a student's culture should they advise them incorrectly (Ethan and Seidel, 2013).

Hayman et al. (2022) argue that the pastoral role is emotionally draining for educators, which aligns with Ethan and Seidel's (2013, p.22) assertion that educators pay an

“emotional toll” and McAllister et al. (2014) who highlight the emotional costs for the educator. Both Huyton (2011) and Hayman et al. (2022) interpret the educators as experiencing emotional labour. These experiences are compounded by the educators feeling isolated (Ramluggun et al., 2022) and fearing being seen as vulnerable should they ask for support (Huyton, 2011). The opportunity to debrief with a colleague was perceived as valuable by some (McAllister et al., 2014; Payne, 2022), whilst others felt alone and sought informal support from their spouse (Huyton, 2011; Ethan and Seidel, 2013). Huyton (2011) applied Goffman’s Dramaturgical Theory (1959) to her findings, using “front-stage” to describe the performance given during a pastoral support interaction with a student and “back-stage” to refer to offloading between colleagues. Huyton (2011) further develops Goffman’s theory adding the term “off-stage” to represent activities occurring outside of the HEI context, specifically, the offloading that occurs at home with family or friends.

However, despite the challenging emotional responses reported, educators also experienced satisfaction through their pastoral relationships with students (Rhodes and Jinks, 2005; McAllister et al., 2014; McFarlane, 2016), valuing the opportunity to get to know individual students (Harrington, 2004) and to build a rapport with them (Rhodes and Jinks, 2005).

2.5 Discussion

The requirement for pastoral support is widely acknowledged in HE and commonly enacted by the educator in their guise as a personal tutor (Advance HE, 2020). Yet, this

review suggests that many educators do not feel prepared for supporting the pastoral needs that students approach them with, and experience difficulties in their role.

Feeling unprepared for students experiencing mental health challenges was a particularly prominent experience for the educators. This was evident in studies focussed specifically upon students with mental health challenges (McAllister et al., 2014; Hughes and Byrom, 2019; Ramluggun et al., 2022), but also those studies exploring the educators' perceptions and experiences of providing pastoral support more broadly (Harrington, 2004; Rhodes and Jinks, 2005; Huyton, 2011; Ethan and Seidel, 2013; McFarlane, 2016; Hayman et al., 2022; Payne, 2022). Whilst for some there was a perception that the reduction in stigma associated with mental health challenges meant that students disclosed more frequently (McAllister et al., 2014) and that their interactions were increasing (Ramluggun et al., 2022), earlier studies also identified this as a prevalent aspect of an educator's practice (Harrington, 2004; Rhodes and Jinks, 2005). As acknowledged within chapter one, the number of students disclosing a mental health condition to their HEI has rapidly increased since 2010 (Lewis and Bolton, 2023) and the challenging transition experiences of young people entering HE are well documented (Stones and Glazzard, 2019), and thus, educators are likely to continue to meet students with mental health and wellbeing needs in the future.

The evidence presented in this review indicates that educators want more training and to feel better prepared for providing pastoral support. Primary research to explore the experiences of diagnostic radiography educators in the UK adds to the body of knowledge presented, with the potential for tailored training and guidance requirements to be established (if needed). I believe a tailored approach to guidance and training is

desirable given the unique challenges faced by pre-registration health professions students on practice placement in the NHS, as well as the private, voluntary, and independent sectors. The perceptions of health professions educators included in this review support this supposition.

Practice placement was perceived to be an additional stressor by the health and social care educators participating in Hughes and Byrom's (2019) research, with educators recalling students experiencing bereavement and isolation on placement, compounded by their placement location being remote from campus-based, centralised support services. Similarly, stress and anxiety were perceived to be more evident in nursing students endeavouring to combine study, placement, and paid employment with family commitments (Rhodes and Jinks, 2005). This proposition is further supported by Huyton (2011) who reasoned that student support needs were exacerbated by working long hours to fund university studies. It is evident from the findings of the more recent surveys presented in chapter one that finances remain a central concern for students, with the *National Student Money Survey 2022*, highlighting that 82% of students were concerned about their finances (Save the Student, 2022).

It is pertinent to note that since August 2017, the NHS student bursary has been replaced by student loans for students on health professions courses, including both pre-registration nursing and diagnostic radiography courses. With tuition fees exceeding £9000 per year, the HE landscape has changed, which may have an impact upon the pastoral support needs of current and future health professions students. Whilst 'home' students are eligible for the NHS Learning Support Fund (NHS Business Services Authority, 2024), many students continue to combine study, placement, paid

employment, and other commitments. Therefore, the unique experiences of health professions students on practice placement, coupled with the fiscal challenges of being a full-time HE student, reinforce the rationale for exploring the contemporary experiences of diagnostic radiography educators, for they are often the student's first port of call when experiencing distress.

As a diagnostic radiographer and educator, the perceptions and experiences of health professions educators were of particular interest to me. The participants in three studies were exclusively nurse educators (Harrington, 2004; Rhodes and Jinks, 2005; Roldán-Merino et al., 2019) and a mix of health and social care professions educators in a further two studies (Hughes and Byrom, 2019; Ramluggun et al., 2022). Although much of the data relates to nurse educators, the findings suggest that the perceptions and experiences of health professions educators differ from those of non-health educators. Health professions educators appear to occupy two role identities: educator *and* healthcare professional, causing difficulty in determining the extent of their caring role in providing pastoral support.

Nurse educators have likened caring for students to caring for patients (Rhodes and Jinks, 2005; Roldan-Merino et al., 2019), with Ramluggun et al. (2022, p.610) stating that health professions educators adopt a "nurturing" role in providing pastoral support and Hughes and Byrom (2019, p.1545) arguing that in doing so, educators are "translating their professional caring responsibilities into their education role". These observations and assertions piqued my interest because although I would describe myself as a caring professional, I did not find that my experiences as a radiographer were particularly useful in preparing me for providing pastoral support as an educator.

This realisation caused me to question whether this was my experience as an individual, or whether other radiography educators also felt this way. Becoming more conscious of my beliefs about my own preparedness was important in designing the interview schedule used in my research, taking care to avoid leading questions allied to my own experiences. I would argue that the protracted relationship cultivated between the nurse and patient, or educator and student, contrasts with that of the diagnostic radiographer and the patient, which is often transient, one-off and outcome focussed (Murphy, 2009; Strudwick, Mackay and Hicks, 2011). However, most HEIs have centralised support services that the educator can signpost or refer the student to, which may be more akin to the clinical role of the radiographer, in which the patient is cared for over a short period (frequently only a few minutes) before being transferred to another team (e.g., the Emergency Department, or a ward). Either way, the disparate relationships described limit the transferability of the findings from this review to diagnostic radiography educators, further justifying the value of additional primary research to explore their experiences.

Finally, the negative emotional impact upon educators is important to highlight. Educators experienced worry, guilt, fear, and anxiety in their pastoral role. Oftentimes, this extended beyond their normal working day (Huyton, 2011), with educators seeking informal supervision from their spouses (Huyton, 2011; Ethan and Seidel, 2013), in addition to colleagues and friends (McAllister et al., 2014; Payne, 2022). This caused some of the educators to feel overwhelmed (Barlow and Antoniou, 2007; Ramluggun et al., 2022) and emotionally drained (Ethan and Seidel, 2013; Hayman et al., 2022), with both Huyton (2011) and Ramluggun et al. (2022) arguing that educators in their studies were experiencing emotional labour.

The extent of their emotion work was a concern for the educators (Walker, Gleaves and Grey, 2006), and I would argue, it should also be a concern for the HEIs themselves. Continued involvement in emotionally demanding work situations, in both healthcare and education, can lead to exhaustion and burnout (Schaufeli and Greengrass, 2001 cited in Yusoff, 2018), which is known to be prevalent amongst educators (Eager, 2021). Primary research exploring the experiences of diagnostic radiography educators offers a clearer understanding of the emotional impact of providing pastoral support, and should it be required, provides a starting point for change to enhance the educator experience.

Becoming sensitised to the field in relation to educators' emotion work highlighted the potential for the educator to experience psychological distress recalling their experiences during my own data collection. This was subsequently considered in the risk assessment conducted as part of the ethical approval process, and discussed with the educator prior to gaining informed consent, intending to reduce the risk of harm (non-maleficence).

2.6 Conclusion

As advocated by Smith, Flowers and Larkin (2022), this systematic literature review (SLR) was undertaken to introduce the field of study, appraise the strengths and limitations of existing primary research, and identify the potential for my own research to add to the corpus of knowledge. Initially prepared in 2019, it was undertaken early in the research design process. At that point, a systematic search identified 11 studies

which explored the perspectives and experiences of educators providing pastoral support in HE. Updated in 2023 to include three additional studies published in the interim period (Hayman et al., 2022; Payne, 2022; Ramluggun et al., 2022), there remains no published research exploring the diagnostic radiography educator experience.

16 primary studies of relevance were identified, and following critical appraisal using the qualitative CASP tool, 14 studies were included within the evidence synthesis presented. These studies were published between 2004 and 2022 and included educators from a range of academic disciplines within HE in the UK, Australia, the USA and Spain. Four themes were developed from the literature to capture the perceptions and experiences of educators providing pastoral support in HE:

1. *Feeling untrained and ill-prepared*
2. *Providing pastoral support is time-consuming but unrecognised*
3. *Dual role identities: educator and healthcare professional*
4. *Emotional impact of supporting students with pastoral needs*

Each of the four themes were evident within research identified in both the initial and updated database searches (see **Appendix 9**).

In conclusion, this review established the scarcity with which educator experiences are explored, as well as highlighting the complete absence of the diagnostic radiography educator's voice. Familiarity with empirical literature from disciplines beyond radiography has supported me in demonstrating sensitivity to context, a quality criterion

employed in IPA research (Yardley, 2008); yet I am now more cognisant of the need to employ open questions in my own data collection to avoid inadvertently guiding participants towards the topics identified in this review. The findings of these studies offer some theoretical transferability to the experiences of diagnostic radiography educators; however, a primary, qualitative study offers an opportunity to better understand their experiences, including both areas of similarity with other educators and areas of distinctiveness. This is essential because in the absence of an in-depth understanding of the experiences of diagnostic radiography educators, opportunities to enhance pedagogic practice and subsequently, the educator, student and ultimately, patient experience, are limited.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter charts the development of my learning in relation to the philosophical and theoretical underpinnings of qualitative research and the subsequent application of methods. I start by offering the reader a brief history of the theory of knowledge to locate the philosophical assumptions underpinning my decision to use IPA to answer the research question: *How do educators make sense of their experiences of supporting the pastoral needs of undergraduate diagnostic radiography students in the UK?*

Phenomenological approaches to research are concerned with understanding the lived experience of a person or group of people (Bleiker et al., 2019), and as such, had a considerable influence on the research design. IPA is an interpretative phenomenological approach with three theoretical perspectives: phenomenology, hermeneutics and idiography, and thus, to avoid repetition, my decision to reject other phenomenological approaches to inquiry is integrated into my explanation of and justification for IPA within this chapter.

Having chosen IPA, I proceed to critically examine and justify the methods employed, demonstrating congruence with an interpretivist stance. This includes the purposive sampling and recruitment of participants, the justification for semi-structured interviews, the development of the interview schedule, and the conduct of the interview. I go on to demonstrate how I applied the six-step analytic process described by Smith, Flowers and Larkin (2009), and conclude with a discussion of rigour in IPA and the ethical

considerations associated with this study. Throughout this chapter, I have sought to demonstrate the impact of reflexive journaling, supervisory discussions, and a bracketing interview. Rather than a discrete section on reflexivity, I have integrated examples to demonstrate the impact of increasing self-awareness upon my research.

3.2 Philosophical approach

Researchers are influenced by their worldview, “a basic set of beliefs that guide action” (Guba, 1990, p.17). These fundamental beliefs and assumptions enable the individual to navigate and make sense of the world in which they live, inevitably informing the design and conduct of inquiry (Creswell, 2007). Given the impact of the researcher’s ontological and epistemological position on the strategy adopted (Grix, 2010), explicit articulation and association with the methods employed is essential (Taylor, 2013).

Ontology is concerned with the nature of reality and is the fundamental starting point of all research (Grix, 2010), whereas epistemology refers to the relationship between the inquirer and the known (Denzin and Lincoln, 2008), concerned with how and what we can know (Willig, 2013). Together, the ontological, epistemological, and methodological assumptions guiding research are referred to as a paradigm (Denzin and Lincoln, 2008). I will use the characteristics of positivism and interpretivism, paradigms anchored at opposing ends of a continuum, to explicate my ontological and epistemological position, demonstrating congruence with my chosen methodological approach of IPA.

Positivism is characterised by a naïve realist ontology, the belief that there is a single truth *out there* that can be discovered (Polit and Beck, 2017) and which exists

independent of the researcher (Dyson and Brown, 2006). This is contrasted with the relativist ontology of interpretivism, characterised by the belief that social reality is subjective with multiple realities constructed and interpreted by people (Rodwell, 1998; Denscombe, 2010). I do not believe in a single, objective truth; my presupposition being that educators will approach the pastoral role with a unique blend of personal and professional experiences, beliefs, tacit knowledge, perspectives and understanding, resulting in subjective experiences of providing pastoral support and thus, multiple realities which are consistent with a relativist ontological position.

In terms of epistemology, positivists assert that reality can be observed and quantified (Darlaston-Jones, 2007), independently of human involvement (Nicholls, 2009). This epistemological position is also referred to as objectivist (Crotty, 1998). Although the term positivism is used broadly in relation to non-qualitative research (Howitt, 2019), the underlying ontological and epistemological assumptions have evolved since Auguste Comte (1798-1857) first used the phrase “positive perception” to emphasise the role of empirical observation in generating objective, scientific knowledge (Moses and Knutsen, 2012, p.34). The philosophy of logical positivism, originating in the Vienna Circle in the 1920s, adopted the “principle of verifiability” (Crotty, 1998, p.24), espousing the belief that scientific fact can only be confirmed, and thus verified, through observation, echoing the earlier argument of Comte (Moses and Knutsen, 2012). However, Karl Popper (1902-1994) later reasoned that it was not possible to conclusively *verify* a scientific theory (Willig, 2013), instead proposing a deductive “falsification principle” (Moses and Knutsen, 2012, p.40). As post-positivism began to emerge out of discontent with logical positivism (Ponterotto, 2005), Popper’s epistemological position of hypothetico-deductivism gained acceptance, with research

focussed on testing scientific theories and either rejecting or tentatively accepting them as truth (until proven otherwise) (Willig, 2013).

At the opposite end of the epistemological continuum is the interpretivist (or subjectivist) position. Whilst positivists prioritise what Wilhelm Dilthey (1833-1936) and Max Weber (1864-1920) referred to as *Erklären*, meaning explanation (of the natural sciences), interpretivism is concerned with *Verstehen*, meaning understanding (of the human and social sciences) (Crotty, 1998). The interpretivist epistemological position holds that to create knowledge about the social world, one must seek to understand the subjective experiences and meanings of social actors (Allsop, 2013), in this case, radiography educators. In this way, knowledge about the social world is co-created between the researcher and participant (Denzin and Lincoln, 2008).

Until the mid-1960s, educational research adopted positivist and postpositivist viewpoints, and congruent quantitative approaches; however, an emergent interest in meaning and understanding in the classroom served to increase the legitimacy of qualitative inquiry (Eisner, 1993). Many radiography students seek pastoral support on their journey towards academic success; however, there is a paucity of research exploring this aspect of the educators' role. Pastoral support is a complex, contextualised, and socially constructed phenomenon, and thus positivist and post-positivist approaches to inquiry are rejected for failing to recognise the educator's ability to interpret and make sense of their social world (Darlaston-Jones, 2007). I believe that attempts to measure objectively and quantify numerically are insufficient to represent the richness of human experience and meaning attributed by educators to their

experience of providing pastoral support, and instead embrace an interpretivist epistemological position.

Upholding the belief that realities are multiple and socially constructed, and that understanding is developed through interaction between the researcher and participant, I situate myself within the interpretivist paradigm (Kivunja and Kuyini, 2017), and thus, explored qualitative methodological approaches to answering the research question.

3.3 Methodological approach

Methodology may be defined as the “general approach to studying research topics” (Silverman, 1993, p.1 in Langdrige and Hagger-Johnson, 2013). There are many qualitative methodological approaches to inquiry, including variations of phenomenology, grounded theory, discourse and narrative analysis (Willig, 2013). As phenomenological approaches to research are concerned with understanding the lived experience of a person or group of people (Bleiker et al., 2019), they have informed the choice of methodological approach and form the mainstay of the discussion here.

3.3.1 Interpretative Phenomenological Analysis (IPA)

There is an array of phenomenological approaches to research (Langdrige and Hagger-Johnson, 2013), ranging from descriptive to interpretative varieties (Willig, 2013). IPA is one such approach; congruent with a relativist ontology and interpretivist epistemology, it is an interpretative endeavour, attending to the detailed examination of lived experience. It is a structured, qualitative approach through which to explore how

participants make sense of their personal and social world (Smith and Osborn, 2008). IPA was developed in the seminal work of Jonathan Smith, published in 1996, serving to provide a discipline-specific qualitative approach to inquiry within the field of psychology. The approach has prevailed in health psychology but has also been adopted within the related disciplines of human, health and social sciences (Smith, Flowers and Larkin, 2009), including radiography (Page, Bernoth and Davidson, 2014; Woods, Miller and Sloane, 2016; Chipere and Nkosi, 2019; Cuthbertson, 2019; Miller, Booth and Spacey, 2019) and radiography education specifically (Naylor, Ferris and Burton, 2016; Nortje and Hoffman, 2018). Although educational research has incorporated and accepted qualitative approaches since the 1960s (Eisner, 1993), as a profession, radiography has tended to give preference to quantitative methods (Bleiker et al., 2019). However, a more recent acceptance of qualitative methods, and IPA specifically, mean the findings of my research can contribute to professional practice.

IPA has three theoretical foundations or perspectives: phenomenology, hermeneutics and idiography (Smith, Flowers and Larkin, 2009). The theoretical perspective is the “philosophical stance lying behind a methodology” (Crotty, 1998, p.67). The impending discussion serves to explain these underlying theoretical perspectives and justify my decision to adopt IPA as the methodological approach for this study.

3.3.1.1 Phenomenology

Phenomenology is both a philosophy and an approach to research, concerned with “understanding phenomena, or ‘things’, as they appear to, or are experienced by, others” (Farrell, 2020, p.2), and thus, IPA is phenomenological in that it aims to examine

lived experience in detail (Smith and Osborn, 2008). The systematic review conducted for this study (see chapter two) found that the radiography educator's experience of providing pastoral support was absent, and thus, an exploratory phenomenological study appeared to be well-suited to addressing the research question.

The German mathematician Edmund Husserl (1859-1938) is considered the founder of the phenomenological movement, marked by the publication of *Logische Untersuchgen* (*Logical Investigations*) in 1900/01 (Farrell, 2020). He envisioned phenomenology as the means to study "the essence of conscious experience" and famously exclaimed "Zu den Sachen selbst!", meaning "back to the things themselves" (Finlay, 2011, p.44). The 'thing' being the experiential content of human consciousness, with the aim of describing the "essential qualities" of that individual's experience (Smith, Flowers and Larkin, 2022, p.8). Whilst predominantly conceptual (as a philosopher, he did not define the steps required for getting to the *essences* – termed the *eidetic reduction*), Husserl's ideas led to the development of descriptive phenomenology as a research approach (Flood, 2010). This approach intended to describe lived experience and generate *essences* common to all experiencing that phenomenon (Lopez and Willis, 2004). It is noteworthy that an attempt to identify experiential features that are common to *all* educators providing pastoral support would be based upon realist assumptions and is thus incongruent with my ontological positioning. Although a descriptive phenomenological approach to answering the research question is unsuitable, IPA does draw upon some of Husserl's ideas.

Husserl believed that the researcher must set aside (or 'bracket') their taken-for-granted assumptions and preconceptions to focus on the essence of the lived experience of the

phenomenon being explored (Smith, Flowers and Larkin, 2022). He termed this process *epoché* (Urcia, 2021), meaning the suspension of the everyday *natural attitude* (Moran, 2000). Researcher reflexivity is a critical component of IPA, and it is Husserl's focus on setting aside our "habitual ways of perceiving the world" (Finlay, 2011, p.23) and adopting the *phenomenological attitude* that Smith, Flowers and Larkin (2022) argue have impacted upon IPA considerably. I do not believe it is possible to fully remove myself from my research, but in adopting a reflexive approach, making use of a journal, supervision, and a bracketing interview, I have been more able to identify my preconceptions and assumptions, and to consider the impact of my prior experiences and beliefs upon my research.

Martin Heidegger (1889-1976), a student of Husserl, moved beyond description towards meaning, leading to interpretive (or hermeneutic) phenomenology. Heidegger rejected the notion of bracketing, asserting that all understanding is derived from interpretation (Hollywood, 2011). He was critical of the idea of the existence of knowledge without interpretation (Smith, Flowers and Larkin, 2009), believing there to be no such thing as uninterpreted phenomena. He used the term *Dasein*, to mean being-in-the-world, to express that the individual cannot be separated from their world (Lopez and Willis, 2004). Nevertheless, Heidegger did acknowledge the potentially disruptive relationship between *fore-conception* (here, my prior experiences, assumptions and preconceptions surrounding pastoral support) and interpretation (Smith, Flowers and Larkin, 2009) but rejected the idea that such presuppositions could be bracketed out. Instead, Heidegger called upon the interpreter to examine their *fore-structures* (what we already know, consciously or unconsciously) and the impact upon their interpretations (Farrell, 2020). In adopting a reflexive approach, I have been able to become more aware of and

interrogate my fore-structures in relation to pastoral support. This has been important, because like Heidegger, I hold the view that experience and interpretation are inseparable - as we encounter information, we filter and interpret it. This is particularly apt given my positionality as a diagnostic radiography educator with a pastoral role.

3.3.1.2 Hermeneutics

Hermeneutics is the theory of interpretation. Whilst it is Husserl's work that provided the phenomenological focus on experience and its perception, Smith, Flowers and Larkin (2009) argue that it is the work of Heidegger that moves beyond description towards interpretation, aligning with attempts to interpret and make sense of peoples' relationship with the world in IPA research. Espousing the view that humans are sense-making beings, participants' accounts demonstrate an attempt to make sense of their own experience and thus IPA is an interpretative endeavour (Smith, Flowers and Larkin, 2009). Giorgi (2011), a psychologist and descriptive phenomenologist, is critical of this assumption, questioning the participant's ability to undertake conscious reflection during an interview, and thus their ability to make sense of their experiences. However, reflection is an established practise within the health professions (Health and Care Professions Council (HCPC), 2023), and thus, a radiography educator's ability to articulate their experience and to communicate the meaning they attribute to that experience is a realistic undertaking. Nevertheless, IPA is also interpretative in that it recognises the role of the researcher in interpreting and making sense of participants' accounts (Shinebourne, 2011) - the researcher is trying to make sense of the participant, who is trying to make sense of their experience - known as the *double hermeneutic* (Smith, Flowers and Larkin, 2022). This requires reflexivity on the part of

the researcher, which I engaged in throughout the study, making use of a reflexive journal, supervision and a bracketing interview.

The ideas of Hans-George Gadamer (1900-2002), published in *Truth and Method* in 1960, have also influenced IPA. Convalescing from polio infection in the 1920s, Gadamer read a manuscript written by Heidegger which captivated him (Grondin and Plant, 2014), leading to further development in the field of hermeneutics. Like Heidegger, Gadamer sees preconceptions as ever present with the potential to prevent interpretation of phenomena on their own terms (an aim of IPA). Although focussed upon the reading of historical texts, Gadamer highlights the non-linear relationship between fore-structures and understanding of phenomena; the phenomenon influences the interpretation, which influences the fore-structure, which can then further influence the interpretation (Smith, Flowers and Larkin, 2022). This back and forth means our interpretations are revised as part of the sense-making process.

The process of interpretation can be understood in terms of the *hermeneutic circle*, a dynamic relationship between the part and the whole, aligning with the iterative approach to analysis championed in IPA (Smith, Flowers and Larkin, 2022). This is further explored within the findings chapter, where provisional interpretations of the part (for example, a word, phrase or sentence) are re-examined within the context of the whole (for example, the interview) to illuminate meaning, and vice versa.

IPA's hermeneutic influence aligns with my epistemological position as an interpretivist, recognising my role in interpreting the experience of educators participating in the study,

leading to knowledge about the social world of educators that is co-created between myself as the researcher and the participant (Denzin and Lincoln, 2008).

3.3.1.3 Idiography

The final theoretical influence on the development of IPA is idiography. IPA is idiographic in that it is concerned with the particular; the experiences of and sense-making surrounding particular phenomena, for particular people in particular contexts (Smith, Flowers and Larkin, 2009), an emphasis which differentiates IPA from other hermeneutic approaches (Finlay, 2011). Data collection in IPA is focussed upon generating detailed accounts of experience and meaning-making from the participant's perspective, which are analysed one participant at a time (Smith and Nizza, 2022). Attempts to identify patterns of convergence and divergence across cases are only made once each participant's account has been analysed in depth and on its own terms. Given the lack of existing research on the radiography educator's experience of providing pastoral support, and my relativist ontological position, IPA's idiographic focus appealed to me over other interpretative phenomenological approaches, enabling me to explore each participant's experiences in detail, championing both their shared and individual experiences of providing pastoral support in the analysis.

However, this idiographic commitment has implications for sample size. Analysing each account separately and in detail is time-consuming, necessitating relatively small samples (Smith and Nizza, 2022). Although most IPAs have more than one participant, single case studies have been published to illuminate unusual or otherwise significant life events, for example, the lived experience of a traumatic brain injury (Walsh et al.,

2020). Such a focus on experiences of importance to an individual participant is advocated by Smith, Flowers and Larkin (2022). A single case design might be particularly useful in exploring the experience of a person presenting to a practitioner-researcher (for example, in accessing healthcare); however, this was not suited to exploring the experiences of radiography educators providing pastoral support.

The idiographic sensibility of IPA contrasts with positivists' attempts to generate nomothetic (or generalisable) knowledge (Rodwell, 1998), instead, aligning with my ontological position of rejecting the notion of a single, objective reality. Embracing an idiographic approach enabled me to explore and interpret the meanings attributed by educators to their experiences of supporting undergraduate diagnostic radiography students.

In summary, IPA is an interpretative phenomenological approach, and as such, has been influenced by the philosophies of Husserl, Heidegger and Gadamer. IPA has taken forth Husserl's writing on bracketing, but in the more realistic form of reflexive processes, as a commitment to examining experience on its own terms (Smith, Flowers and Larkin, 2022). IPA agrees with Heidegger that all description includes interpretation (Moran, 2000), and draws upon the ideas of Heidegger and Gadamer in applying the hermeneutic circle to interpretation through an iterative method of data analysis. Finally, IPA is idiographic in its commitment to the particular, employing small sample sizes and in-depth, detailed analysis of first-person accounts. IPA was chosen as a suitable methodology for addressing the research question.

3.3.2 Consideration of alternative methodological approaches

Given that phenomenology is concerned with understanding human lived experience (Farrell, 2020), and my research sought to explore the experiences of educators providing pastoral support to diagnostic radiography students, I primarily focussed on phenomenological approaches to inquiry; however, it is noteworthy that Constructivist Grounded Theory (CGT) was considered as an alternative to IPA. Initially developed by the American sociologists Barney Glaser and Anselm Strauss, grounded theory offers a structured approach to inquiry, intended to generate theory grounded in the data (Willig, 2013). Unlike Glaser and Strauss' early methods, which described the "discovery" of theory, congruent with a positivist worldview (Howitt, 2019, p.175), Kathy Charmaz' CGT recognises the role of the researcher in constructing meaning and the necessity for reflexivity (Charmaz, 2020). Both IPA and CGT are compatible with my epistemological position and offer suitable methods for addressing the research question; however, I chose to adopt IPA, enabling me to prioritise idiographic depth over the development of theory.

3.4 Methods

Influenced by phenomenology, hermeneutics and idiography, IPA is consistent with an interpretivist worldview and was chosen as a suitable methodological approach to answer the research question: *How do educators make sense of their experiences of supporting the pastoral needs of undergraduate diagnostic radiography students in the UK?*

In the remainder of this chapter, I explain and justify the methods used to collect and analyse data and demonstrate their coherence with my epistemological assumptions and the research question. I describe the purposive sample of diagnostic radiography educators who were recruited, facilitating access to the phenomenon of interest (pastoral support). I explain how semi-structured interviews were employed and a flexible interview schedule developed to stimulate an interpretative conversation with the participant, enabling me to cultivate an understanding of their subjective experiences, facilitating the co-creation of new knowledge between us. I go on to demonstrate how I applied the six-step analytic process described by Smith, Flowers and Larkin (2009), and conclude with a discussion of rigour in IPA and the ethical considerations associated with this study. This chapter is punctuated with applied examples and reflexive comments to demonstrate my learning throughout.

3.4.1 Sampling and Recruitment

A small, homogenous, and purposively selected sample of radiography educators was sought. This was to facilitate the exploration of experiential phenomena in meaningful depth (Smith, Flowers, and Larkin, 2009) and uphold the idiographic commitment of IPA. Whilst non-probability sampling is not suited to hypothetico-deductive methodological approaches in which generalisations are intended (Cohen, Manion and Morrison, 2018), purposively selected participants are able to share their perspective on providing pastoral support and are thus able to “represent a perspective rather than a population” (Smith, Flowers, and Larkin, 2009, p.49) and therefore, offer the potential of theoretical transferability. *A priori* inclusion and exclusion criteria (**Table 3**) were determined and applied supporting the identification of participants with access to the

phenomenon of interest, for whom the research question was relevant and meaningful (Smith and Osborn, 2008).

Table 3: Participant inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<p>Educators:</p> <ul style="list-style-type: none"> • Diagnostic radiographer teaching on a BSc (Hons) Diagnostic Radiography programme • Employed at one of the 25 HEIs offering undergraduate diagnostic radiography programmes in the UK (Universities and Colleges Admissions Service (UCAS), 2020) • With experience of supporting the pastoral needs of undergraduate diagnostic radiography students 	<p>Educators:</p> <ul style="list-style-type: none"> • With less than one year of experience in the HEI educator role • Employed at the same HEI as the researcher

Following confirmation of ethical approval (**Appendix 10**), the Heads of Radiography Education (HRE) group, a professional forum with representation from each HEI, distributed the participant Information Sheet (PIS) (**Appendix 11**) as an attachment to an email outlining my research (**Appendix 12**). Prospective participants were invited to contact me to register their interest, enabling them to self-select, consistent with the ethical principles of autonomy and voluntariness (Beauchamp and Childress, 2019).

Smith, Flowers, and Larkin (2009) suggest an analysis of between four and ten interviews for a professional doctorate; however, I knew that a pragmatic approach would be required, dependent upon the number of prospective participants that made

contact and consented to participate. 13 educators from HEIs in England, Scotland and Wales initially responded. Subsequently, I introduced myself via Microsoft Teams, expanding upon the information provided in the PIS. This enabled me to ensure that the participant was well informed prior to obtaining consent and to begin to build a relationship with them; acknowledging that a sense of trust and rapport is essential when interviewing (Finlay, 2011). One participant disclosed that they would have felt “intimidated” had the interview been the first time we met, and I had felt the same. In addition to building the research relationship, I enjoyed the opportunity to speak to other educators, particularly at a time of remote working. Our conversations often moved on to how we were managing our courses, what had worked well when teaching online and how teams had been supporting each other. However, I found one of the initial meetings more difficult (journal 02/11/2020). He was critical of giving participants until publication to withdraw their data, contrasting this with a shorter period offered in his own research. He consented but I felt apprehensive about conducting his interview, feeling I would be under the spotlight, being critiqued. Yet, the interview was not what I had expected - he was detailed, expressive and open. As a novice researcher, I had felt challenged by him, but as we built a rapport, I began to understand our initial meeting as collegial discussion. This change in my perception was important for my research (enabling me to analyse his transcript more openly), as well as for my development as a researcher (being able to weigh up different approaches, and to justify the approach adopted).

These initial meetings also offered an opportunity to test Microsoft Teams prior to collecting data, recognising that interview preparation is important (McGrath, Palmgren and Liljedahl, 2019). Of the 13 educators registering their interest, nine responded to arrange an initial conversation. One of the nine subsequently chose not to participate

as they wished to be interviewed in-person, which was not possible due to COVID-19 restrictions at that time.

3.4.2 Justification for semi-structured interviews

The phenomenological and idiographic commitments of IPA necessitate a data collection method suited to eliciting detailed, first-person accounts, offering the participant an opportunity to share their stories, perceptions, thoughts, and feelings (Smith, Flowers and Larkin, 2009). Although semi-structured interviews continue to be the mainstay of IPAs (Smith, Flowers and Larkin, 2022), other methods have been employed, including focus groups (for example, by Love, Vetere and Davis, 2020) and diaries (Howitt, 2019).

In selecting a phenomenological approach, I was committed to learning about the subjective experiences of the individual educator and to understanding “what it is like” for them to provide pastoral support (Willig, 2013, p.16). I chose semi-structured interviews, enabling participants to talk at length about their experiences of supporting students, and importantly, by using open questions, to do so on their own terms. I was concerned that the unpredictable dynamics of a focus group may prevent less assertive participants from voicing their experiences, a challenge raised by Wilkinson (2008), and thus, rejected this method. Moreover, there appeared to be a risk that if similar experiences, opinions or perceptions about pastoral support were shared, that these could become accepted as the norm, meaning divergent viewpoints would not be expressed. This would not be consistent with the idiographic commitment of IPA and further supported my decision not to employ focus groups.

I considered asking participants to keep a reflective diary of their pastoral interactions and using their entries to prompt discussion during a subsequent interview; later rejecting this to avoid placing additional demands upon the participant (Willig, 2013). This was a prudent decision as the COVID-19 pandemic and ensuing lockdown had already increased their workload, for example, in adapting assessment strategies and practicum elements of the curriculum.

3.4.3 Developing the interview schedule

Semi-structured interviews require a carefully constructed interview schedule comprised of open-ended questions (Langdrige and Hagger-Johnson, 2013). The development of the interview schedule was initially informed by salient methods literature, and subsequently refined having actively sought to bring my own experiences of supporting pastoral needs to the fore. Through critical reflection in the taught years of the doctorate (Hadwen, 2018), a bracketing interview (discussed in section 3.6) and peer discussion with a radiography educator not involved in the study (who is also a friend and mentor), I have been better able to understand the impact of my own experiences as an educator. Consequently, refinements were made to earlier drafts to avoid leading questions and thus allow the participant to share *their* experiences of supporting students with pastoral needs (Willig, 2013). The final interview schedule is presented in **Appendix 13**.

In committing to an open and reflexive approach, I was able to explore how unprepared I had felt for supporting complex needs as a new educator, leading to the removal of a

question asking participants about their preparedness for the role. I replaced this with “Is there anything else about providing pastoral support that you think it is important to share?”, thus offering the participant an opportunity to raise concerns of importance to them. In using this question, I explicitly invited the participant to share their perspective, taking the interview to what Husserl termed “the things themselves!” (Husserl, 1965, p.116 cited in Farrell, 2020). In addition, I concluded the interview with a further question designed to invite the participant to speak freely: “Finally, is there anything else that you would like to add?”.

3.4.4 Undertaking the interviews

Each participant was interviewed once in a cross-sectional design, with interviews ranging from 23 to 46 minutes in duration (mean average = 36 minutes). The interviews were completed between 22/09/2020 and 30/11/2020. Four of the participants were male and four were female. Five were employed at HEIs in England, and three in Scotland, with HE experiences ranging from two to 23 years. The sample was homogenous in that each participant was a diagnostic radiographer, with a least one year of experience supporting the pastoral needs of undergraduate diagnostic radiography students in the UK. The relative homogeneity of the sample enabled me to capture the detailed experiences of that group (Noon, 2018). I chose not to capture or include further demographic data, as I was conscious to avoid inadvertently breaching the confidentiality of the participant, or the student they described supporting.

Participants were initially given the option to be interviewed in-person or via Microsoft Teams. It was intended that the use of a synchronous online videoconferencing platform

would afford participants the opportunity to be interviewed in a setting of their choice (e.g., their own home) which may mean they would feel more comfortable (Lo Iacono, Symonds and Brown, 2016) and offer more flexibility to them in terms of the time and date (Archibald et al., 2019). Establishing a rapport between the interviewer and participant has been cited as a potential limitation of online interviews; with momentary delays in audio or video signal (Weller, 2017) and difficulty responding to non-verbal cues and body language when there is only video of the head and shoulders noted (Chiumento et al., 2018). However, more recent studies of participants' perspectives on being interviewed online were more positive, with 69% of nurse participants preferring this method (Archibald et al., 2019) and young people interviewed by Weller (2017) favouring the more relaxed online approach to that of a more formal in-person interview. I felt that in offering choice, the participant could choose the approach they felt most comfortable with, a crucial element in building rapport in the relationship. Whilst access to and familiarity with technology is often cited as a limitation of online methods; this was deemed less likely to affect educators who had been using such methods for teaching, learning and assessment during the pandemic. With the first interviews conducted in September 2020, data collection commenced amid varying local restrictions, and thus, all interviews were ultimately undertaken using Microsoft Teams¹, in accordance with the risk assessment (**Appendix 14**). Audio recordings of the interviews were made using QuickTime Player to facilitate verbatim transcription. No video recordings were made.

¹ At the same time, a colleague was in the process of moving her research online, moderating qualitative focus groups via videoconferencing facilities. An *ad-hoc* discussion led to a book chapter exploring our experiences and reflections:

Strudwick, R. M. and Hadwen, H. (in press) 'Adopting digital methods: Conducting qualitative interviews and focus groups in the midst of a pandemic', in: Hackett, P. M. W, Hayre, C. M., Muller, D., Scherer, M. and Gordley-Smith, A. (eds). *The Future of Qualitative Research in Healthcare: The Role and Management of Digital Methods*. Cambridge: Cambridge University Press.

Whilst an interview schedule was employed, the inherent flexibility of this guide meant I was able to follow up the concerns of importance to each participant, consistent with the inductive nature of qualitative research and the idiographic focus of IPA (Smith, Flowers and Larkin, 2009). As the experiential expert, the participant was given much freedom in their story, as advocated by Smith and Osborn (2008). If the participant seemed to be moving away from pastoral support (for example, toward academic support), I allowed them to continue and finish before returning to pastoral support more specifically. Such discussion of academic support was not unexpected given the interwoven nature of academic and pastoral support, seen in both the literature review conducted prior to this study and my own experiences as an educator.

Participants were invited to talk about their experiences of providing pastoral support, with probes (e.g., “How did you feel?”, “What happened next?”) used to encourage elaboration and elicit further information (Howitt, 2019). Similarly, it was recognised that participants may require specific prompts to answer the more expansive questions (Smith and Eatough, 2007). These prompts were used sparingly (e.g., “How did you come to know that the student required support?”) but I found them beneficial when a participant found the initial question too open or abstract (Shinebourne, 2011), or when their answer lacked detail. For example, Andrew initially offered a brief example of providing pastoral support to an anxious student, before exclaiming that he was “treading on [my] toes” (line 80) for what else to say. This prompt enabled him to expand meaningfully upon his initial response. Whilst I was conscious not to say too much during the interviews, such prompts and probes enabled me to learn more about the participants’ stories, feelings and experiences, facilitating a conversation in real-time

(Pietkiewicz and Smith, 2012), supporting my understanding and interpretations of their meaning-making.

3.4.5 Data analysis

Smith, Flowers and Larkin (2009) detail a six-step analytic process in IPA, in which the researcher moves from the particular meaning attributed by one participant to shared meanings between participants, and from describing the data to interpreting the meaning. It is an iterative process but offers a structured approach to in-depth analysis and the development of emergent and superordinate themes. This is the process I followed when commencing my data analysis, intending to culminate in the creation of a rich narrative highlighting the convergence and divergence of my participants experiences of providing pastoral support. However, in September 2021, I attended Professor Jonathan Smith's advanced data collection workshop at Nova Southeastern University (via Zoom) at which he announced there would soon be an updated analytic process published. In early 2022, the new IPA books became available (Smith and Nizza, 2022; Smith, Flowers and Larkin, 2022), describing changes largely in terminology. These publications required me to consider whether I continued as per Smith, Flowers and Larkin (2009) or adopted the updated terminology. Following discussion with my supervisors and reflection upon the impact of the changes, I decided to continue with the original terminology. Smith, Flowers and Larkin (2022, p.76) suggest that when the analysis is "well under way", as was the case for my research, one may continue with the original terminology. **Table 4** outlines the original (Smith, Flowers and Larkin, 2009) and updated (Smith, Flowers and Larkin, 2022) analytic processes in IPA, summarising the changes.

Table 4: Summary of data analysis steps in IPA

Smith, Flowers and Larkin (2009)	Smith, Flowers and Larkin (2022)	Key changes
Reading and re-reading	Reading and re-reading	Unchanged
Initial noting - including descriptive, linguistic, and conceptual commenting	Exploratory noting	Change in terminology
Developing emergent themes	Constructing experiential statements	"Emergent themes" have been changed to "experiential statements" to encourage a more grounded and full statement of experience (rather than notation of a brief theme).
Searching for connections across emergent themes, with clusters being called superordinate themes	Searching for connections across experiential statements	Change in terminology
	Naming the Personal Experiential Themes (PETs) and consolidating and organising them in a table	
Moving to the next case	Continuing the individual analysis of other cases	Unchanged
Looking for patterns (of similarity / convergence and divergence) across cases resulting in superordinate and subordinate themes	Working with Personal Experiential Themes to develop Group Experiential Themes (GETs) (with sub-themes)	Change in terminology

Although not intended to lack flexibility (Smith, Flowers and Larkin, 2009), IPA has been critiqued as “too structured and process-driven” (Dibley et al., 2020, p.27). As a researcher new to qualitative methods, I found the structure supportive rather than restrictive.

Step 1: Reading and re-reading to immerse myself in the participant’s lifeworld, to get to know their stories and to focus upon the detail of their experience. Smith, Flowers and Larkin (2009) argue the importance of attention committed at this stage, highlighting that it can help to avoid our inherent tendency for summarising text and thus reducing the participant’s experience. Starting with interview one and focussing upon one participant’s experiences at a time supported me in maintaining an idiographic focus. Practically, this approach also proved more feasible as I was a part-time research student and full-time educator.

Listening to the audio recordings of the interviews was enlightening. I remember finishing one interview and doubting that it would add much to my study. I did not feel that the participant shared his personal experiences, instead offering what I perceived to be textbook answers about the role. However, when listening back to the recording a couple of weeks later when I started the transcription, it became apparent that my initial perceptions were wrong (journal 29/10/2020). This change in my thinking was in part due to transcribing my own interviews. The transcription process became a very early part of the interpretation process, offering time and space to consider each word and sentence carefully, and to read between the lines, to uncover what my participant was *actually* communicating to me. Whilst transcription was time consuming, like Langdridge

and Hagger-Johnson (2013), I found transcribing the interviews myself enabled me to become more familiar with the data, supporting that first step in the analytic process.

As advocated by Silverman (2017), my ‘response tokens’ (e.g., mmmm), pauses and overlaps were included in the transcription to retain the nuances and context of the language used by myself and the participant in the interaction. For example, when the participant emphasised a specific word or phrase, I noted this in square brackets:

328	of this background where you're basically worn out with this
329	one particular student because they were constantly
330	[emphasis on “constantly”] at your door, constantly raising
331	things on email [emphasis on “constantly”] and very needy as
332	a student compared to a lot of the rest of the group
333	[emphasis on needy], erm and so when all of this came to

Figure 1: Excerpt to demonstrate the emphases (Sarah)

In this example, the emphasis (and repetition) upon the words “constantly” and “needy” helped to convey Sarah’s experience, and thus, were important to include during transcription. This facilitated more meaningful linguistic noting (step 2).

Transcribing myself also enabled me to anonymise the interviews, for example, removing university names:

19	before that, I did about 11 years at the university of xxxx
20	[name of university] in xxxx [name of country], er, as a
21	lecturer, yeah (excellent), before that I was clinical, I was a
22	clinical radiographer.

Figure 2: Excerpt to demonstrate the anonymisation of HEI (David)

At the time of data collection, diagnostic radiography was only offered at 25 HEIs in the UK. This, coupled with the distinctive stories shared by the participants, meant that anonymising the transcripts was crucial to protect the participant and the student being supported. In this example, the student may have been identifiable by the photograph they used on their online profile, and thus, I removed this from the transcript:

109	get the visual cues from them because you can't make them
110	turn their cameras on, so, I was basically talking to a picture
111	of a xxxxxx [image not included to protect identity of student],
112	because that's what he's got for his picture. It's just like, it's a

Figure 3: Excerpt to demonstrate the anonymisation of student (Mary)

Step 2: Initial noting to highlight words, phrases and experiences of importance to the participant (descriptive comments) and elements of language including pronoun use, laughter and metaphor (linguistic comments). This step also included making notes on how the experience was affecting the participant and how they were making sense of their experience (conceptual comments). I colour coded these initial notes; green for descriptive, blue for linguistic and red for conceptual.

The descriptive comments summarise what is happening, the content of the interview. Initially, I had to fight the urge to speed through this step as it felt repetitive to highlight what the participant had said. Nevertheless, I committed myself to the method and quickly realised that attending to the detail in this way was invaluable. It afforded me the opportunity to get to know the transcript well, as a whole and as parts that made up the participant's stories, perceptions, and experiences of providing pastoral support. With hindsight, slowing down (at this step, as well as when transcribing in step 1) was

particularly important for me as an 'insider'. As a radiography educator with a pastoral role, there was a risk of only seeing what I expected to see in the data. Instead, analysing each transcript in stages (descriptive, linguistic, conceptual) enabled me to better focus on the detail and really notice what it was like for that individual participant.

Moving on to the linguistic comments, Smith, Flowers and Larkin (2009, p.88) draw the analyst's attention to "pronoun use, pauses, laughter, functional aspects of language, repetition, tone, degree of fluency (articulate or hesitant)", focusing upon how language highlights meaning. I found this particularly interesting and regularly listened to the interview recordings again whilst looking at the transcript, finding it was not just what was said but the way in which it was said that was important. There were periods when a participant spoke fluently and calmly, suggesting a comfort or ease in their pastoral role. For example, in **Figure 4**, when asked to tell me about an experience of providing pastoral support, Christopher recalled a student experiencing marital difficulties:

<p>So, moving on to finding out a little bit more about your experiences. Can you tell me about an experience of providing pastoral support?</p> <p>60 Er, yep, yep, so, I use the example of one student who was 61 going through, er, marital difficulties at a time towards end of 62 term when he had a lot of assessments coming up, er, and 63 so he was, I would say it was a fairly, kind of, whatever, 64 isolated, acute type problem, he was always very, er, you 65 know, personable, enthusiastic, er, no problems at all kind of 66 up to this point, so it was him coming to me with like, 67 essentially, offloading his position of what was going on, erm, 68 and so my response was I suppose two fold, the first one was 69 explaining the processes that we have for situations like he 70 was in, in terms of, you know, extensions and deferrals, and 71 mitigation, and all that sort of stuff so explaining that, but as 72 well as kind of listening to his situation, er, trying to support 73 him, and then like, talk about signposts to other help if he 74 might need it, yeah, er, do you want me to expand on 75 anything else?</p>	<p>Student with marital difficulties – no other issues ("isolated", no problems "up to this point"), usually "personable, enthusiastic" (seen as good student?). Objective description of experience – processes, facts, outcomes. Was this a straightforward experience of providing pastoral support? Is this because Christopher feels confident or because he didn't find it complex (the student was otherwise doing well)?</p> <p>Using university processes (e.g., for extensions and deferrals) to support students to manage pastoral needs with assessments deadlines.</p> <p>Christopher describes his role - listening to the student and signposting to other support.</p> <p>When the scope of the role is clearly defined, Christopher appears to feel more comfortable.</p>
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Figure 4: Excerpt to demonstrate linguistic comments (Christopher)

Christopher's description was fluent and matter of fact, objectively listing the processes he went through and the outcome. I interpreted this fluency as conveying ease, a comfort in managing the situation.

Conversely, in **Figure 5**, Catherine describes an occasion upon which she met with a student and the student's mother. The way she describes the situation and her feelings, as well as how she speaks, conveys discomfort and uncertainty:

<p>83 there was an occasion where she wanted to bring her mum 84 and I said that's fine, it's fine to do that, erm, 'cause she just 85 felt her mum could give a bit of input as well, erm, so, yeah, 86 we ended up, it was about an hour and a half, and it was like 87 probably the longest [emphasis on longest], and I didn't feel 88 like I could draw it to a close actually, do you know, it was 89 one of those things where, you just felt they both need to talk, 90 but in some senses I'm thinking I'm not a counsellor and I'm 91 not there to, I'm not able to fix what your, what your 92 difficulties are (yeah), I'm just kind there to chat but and to 93 give you support where I can but, I, you know, I'm not the 94 right professional to be talking to and giving you sort of 95 strategies to deal with this level of anxiety, and she does, she 96 did understand that (yeah), erm, but I suppose it sticks out in 97 my mind most because it was so lengthy (giggles), and by 98 the end of it, I really thought, I don't know if I'm helping, do 99 you know, you don't know if you're actually, if it was going to 100 be a positive outcome, she seemed to be but I know it's, it's, 101 not gone away her anxiety and she's actually been worse</p>	<p>Met student's mother.</p> <p>Emphasis on "longest" – intense, time consuming - draining. Difficulty ending the interaction, feeling the student needed to talk.</p> <p>Empathy for the student and her mother but emotionally draining.</p> <p>Tone changes – shares her discomfort - "I'm not a counsellor" – asserting the boundaries of the role? "I'm not able to fix what your, what your difficulties are" – feels out of her comfort zone, not the remit of her role – does she feel the boundaries are being blurred?</p> <p>Feeling uncertain about whether she is helping, whether she is doing the right thing for the student. Experiencing self-doubt.</p>
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Figure 5: Excerpt to demonstrate linguistic comments (Catherine).

Part way through her recollection, Catherine's tone changes. She conveys discomfort and concern that she is ill-prepared for the role she is expected to perform, both in the words she uses ("I'm not a counsellor", "I'm not able to fix what your, what your difficulties are") but also in the pace (fast) and tone (seeming anxious and upset) she uses.

Finally, I made more interpretative, conceptual comments seeking to understand the meaning of the experience for the participant. For example, in **Figure 6**, David focusses upon how providing pastoral support had made him feel, which I have interpreted as his emotional reward:

<p>528 Yeah, really good, really good, and erm, it's a success, and 529 yeah, you go home, and you think, yeah, that's good, and I've 530 helped somebody [emphasis on "helped"], I've helped 531 somebody today, I've made a difference [emphasis on 532 "made"], yeah, and that may be a small difference or it might 533 be a massive difference, you may have persuaded them to 534 stay on the programme and then they rally and then they 535 finally graduate, and that's a lovely feeling, isn't it, at the end 536 of three years, we say, that students had so many problems, 537 we just had one graduate now, and she's been with us for</p>	<p>Emphatic talk, "really good, really good" – repetition, it makes him feel good. David is describing that satisfaction he feels in helping and in making a difference to students.</p> <p>Enjoys seeing the student progress and graduate. It's a "lovely feeling", heart-warming?</p> <p>Emotionally rewarding, satisfying – his intrinsic reward for his commitment to supporting students?</p>
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Figure 6: Excerpt to demonstrate conceptual comments (David).

Step 3: Developing emergent themes involved using the descriptive, linguistic and conceptual comments to develop preliminary or *emergent* themes grounded in the data but reflecting my interpretation (Smith, Flowers and Larkin, 2009). I found this stage challenging as I feared losing an interesting element of the participant's story, meaning the early themes I created tended to be more thematic than experiential. Through feedback and discussion during supervision, as well as reading a comparison of thematic analysis and IPA with examples written by Spiers and Riley (2019), I became more confident and revised my themes to focus more on the experiential, whilst still taking care to remain grounded in the data. For example, in **Figure 7**, Olivia recalls her own emotions during an interaction with a student, and the need to hold her emotions together:

Feeling unprepared and experiencing self- doubt	174 175 176 177 178	I think I feel, I suppose it's probably imposter syndrome, but I just feel I don't know what I'm doing, I'm not trained to do this and I'll er, if I give them the wrong advice or say something I shouldn't, I'm gonna get..., it's gonna spiral out of control and get worse, erm, and then you also feel like... emotional for	"I don't know what I'm doing" - Olivia is experiencing fear (of saying the wrong thing, of worsening the situation), uncertainty, anxiety, discomfort in the role. Feels unprepared. Emotional impact of listening to upsetting stories upon her as the educator. She talks about hiding her emotions from the students – is this about putting the student first, protecting them from her emotional response? Or is it about being or appearing to be professional? Emotional labour?
Emotional impact of listening to distressing stories	179 180 181	them too, like sometimes some of the stories, it's like how am I going to hold my emotions together for them? (nervous laugh)	

Figure 7: Excerpt to demonstrate development of emergent themes (Olivia).

I noted my tentative interpretations (protecting the student, performing emotional labour) as conceptual comments (step 2), before developing this to form the emergent theme (step 3), *emotional impact of listening to distressing stories*. Although grounded in this part of the transcript, I moved back and forth within the transcript as a whole to evaluate the credibility of each emergent theme, attempting to enhance my confidence in each interpretation. Smith, Flowers and Larkin (2009) identify this as one of the ways in which the hermeneutic circle is enacted.

Step 4: Searching for connections across emergent themes aiming to create clusters which capture important and interesting aspects of the participant's account (Smith, Flowers and Larkin, 2009). **Figure 8** demonstrates one of the clusters from the analysis of Sarah's transcript, in which the positive feelings she associated with providing pastoral support have been clustered together:

Cluster	Emergent Theme	Line No.	Quote or keyword
"the fuzzy glowing inside bit"; feeling rewarded	Feeling proud	573-575	"the fuzzy glowing inside bit, isn't it? You kind of puff your chest out and think you've made a difference to somebody's life in that day"
	Feeling satisfied	470	"it's quite rewarding"
		587-588	"it is a good thing when you know you've done well at something though, isn't it?"
	Feeling valued by the student	440-442	"I walked her to this xxxx [identifying feature] garden, and you know, she was amazed at the space and thanked me after".
		480-484	"it is rewarding when you, you have a student say oh you know, "that was really helpful" or "I couldn't have done that without you", or "oh my gosh, that's just changed something for me" or erm so that's, that's the nice element to it as well"
550-555		"the feedback I think matters from a student, for me. I think if you've got somebody that is able to kind of show that they are thankful for your support [emphasis on "thankful"], er then you get more support from me basically, which is probably not right, but I mean, that's what happens."	
	567-570	"you'll have students that you know, want to be your best friend for life 'cause you've helped them understand physics in 2 seconds so erm, I think, yeah, it's rewarding (sighs) when you get rewarded (laughs)"	

Figure 8: An example of the clustering of emergent themes (Sarah)

I produced a table for each participant, creating a detailed record of how emergent themes were grouped, along with the corresponding quote from the transcript. Not only were these tables useful to me in crafting the findings chapter, but such transparent reporting also facilitates an independent audit should this be required.

Step 5: Moving to the next case involved repeating steps 1-4 with the next participant's transcript, whilst endeavouring to put aside the ideas and themes developed from the first participant's case. Being a part time student inevitably meant there were gaps in time between analysing each participant's transcript. Although I initially found this frustrating, it proved to be advantageous, helping me to put one participant aside and focus upon the next, rather than unintentionally looking for similarity with earlier cases.

Step 6: Looking for patterns across cases to identify connected themes, grouping as superordinate themes which represent shared meanings. To facilitate this, I used Miro (2022), an online collaborative whiteboard platform. I initially printed the clustered themes for each case, using a different colour for each participant, and attempted to work with the cuttings; however, I found this difficult. Using Miro, I was able to note each cluster name on a digital sticky note, again using a different colour for each participant (figure 9), and then move the sticky notes around on a wide screen computer monitor.



Figure 9: Screenshot of Miro whiteboard to demonstrate individual participants' clusters at the start of step 6.

I saved screenshots for different iterations of clustering, providing me with a record of the process. As step 6 took several weeks, this was more feasible than keeping paper cuttings out. Through this process, I developed three superordinate themes and eight nested subordinate themes. It is noteworthy that although recurrence across cases is important in determining what constitutes a theme in IPA, no definitive numerical rules were presented by Smith, Flowers and Larkin (2009). Subsequently, Smith (2011) suggested that for studies with 4-8 participants, three participants should be evident for each theme, but this guidance was for assessing the quality of published papers using IPA, rather than determining the validity of a theme itself. However, in their most recent text, the presence of half of the participants in a superordinate theme (by then known as a Group Experiential Theme) was deemed a good “rule of thumb” (Smith, Flowers and Larkin, 2022, p.105). At least seven of the eight participants are represented in each of the three superordinate themes I developed.

Finally, it is pertinent to highlight that at this stage, some qualitative researchers present the analysis back to their participants as a validation strategy, seeking to check their interpretations. I decided against this as it is incongruent with my interpretivist epistemological position, recognising my role in co-creating knowledge through interaction with the participant. In employing IPA, I was attempting to make sense of the educator attempting to make sense of their own experiences of providing pastoral support (the *double hermeneutic*) and thus, my interpretations, which are grounded in the data, are a legitimate part of the findings (McConnell-Henry, Chapman and Francis, 2011). Furthermore, whilst Larkin and Thompson (2012) recognise this *may* be appropriate in single case studies, where interpretations relate specifically to the participant performing the check, my analysis is based upon the experiences of eight

participants, and thus, an individual participant reviewing these themes may not recognise their experiences in each of those presented. Whereas the findings chapter provides a detailed account of their experiences and meaning-making, actively exploring areas of convergence and divergence.

3.5 Ethical considerations

Ethical approval was granted by the University of Essex; however, it is acknowledged that ethics extend beyond the initial approval process (Israel and Hay, 2006). I maintained an ethical approach to practice throughout the study, in alignment with guidance from the British Educational Research Association (BERA) (2018). The principles of confidentiality and ethical practice entrenched within my professional practice as a registered radiographer were also upheld (Society and College of Radiographers, 2013; HCPC, 2016).

3.5.1 Consent

To ensure participants were suitably informed, I constructed a detailed PIS (**Appendix 11**). This was emailed and expanded upon when I “met” prospective participants, enabling them to ask questions. For those participants wishing to continue, the consent form (**Appendix 15**) was subsequently sent via email to be completed, signed, and returned. Prior to commencing the interview, a further opportunity for the participant to ask questions was offered and verbal consent reaffirmed.

Consent (point 7) was also obtained for the anonymised interview transcripts to be deposited in the UK Data Service repository, in accordance with the *University's Research Data Management Policy* (University of Essex, 2018). Such repositories facilitate secondary data analysis, a valuable approach for exploring sensitive issues (Long-Sutehall, Sque and Addington-Hall, 2010). Whilst a critique of secondary data analysis is beyond the scope of this chapter, it should be noted that it is for the secondary analyst to consider the epistemological and methodological issues inherent in reusing data (Chauvette, Schick-Makaroff and Molzahn, 2019).

3.5.2 Transparency

Within the PIS and throughout my interactions with the participants, I was open and honest about the purpose of the research, the expectations / commitment of the participant and the potential risks and benefits of participation. Participants were aware the study was unfunded and being undertaken in part fulfilment of my Professional Doctorate in Healthcare Education.

3.5.3 Right to withdraw

Participants were made aware of their right to withdraw. This was stated on the consent form (points 2 and 4) and reiterated at the commencement of each interview. Smith, Flowers, and Larkin (2009) warn against assurances of withdrawal at any point, recognising that this is not possible once data have been published, and thus withdrawal up to the point of publication or submission of the thesis was assured, upholding the participants' right to self-determination (Cohen, Manion and Morrison, 2018).

3.5.4 Incentives

BERA (2018) discourage the use of incentives for participation in research. No financial incentives were offered; however, participants were informed that talking about their experiences *may* provide them with a useful opportunity for reflection upon practice and/or Continuing Professional Development (CPD). During the post-interview debrief, it became apparent that some participants had found it helpful to reflect upon their practice in a confidential environment. However, it was not until I had completed the analysis that I appreciated that this aligns with “Feeling supported; The importance of social networks”, a subordinate theme of superordinate theme three, “Acceptance and Coping”. Whilst the debrief did not form part of the interview, and thus, was not recorded or included in the analysis, this realisation bolstered the confidence I had in my interpretation of their experiences.

3.5.5 Harm arising from participation in research

Exploring and reflecting upon personal experiences during interviews can be unsettling for participants (Finlay, 2011). I sought to ensure that participants understood that they would be asked to contribute their personal experiences, perceptions, and feelings about supporting pastoral needs. This was stated within the PIS; however, when contacting prospective participants, I was afforded a further opportunity to explain the details of, and answer questions about, the interview. This approach supported each participant in making an informed decision about whether they wished to discuss their personal experiences, thus aiding me in upholding the ethical principle of non-maleficence (Beauchamp and Childress, 2019). This was acknowledged on the consent

form (point 3) and evaluated in the risk assessment (**Appendix 14**). Participants were told where they could seek support (if required). One participant became tearful and upset during the interview, pausing to compose herself before opting to continue. Geographically remote from this participant, I felt uncomfortable and detached, almost powerless (journal 05/11/2020). I dwelled in feelings of discomfort for some time after the interview, wondering whether this may have been easier to manage if the interview had been conducted in person. I became aware just how important non-verbal communication is to me in such situations. Additionally, this participant's distress reinforced an earlier decision *not* to ask participants to check their transcripts for accuracy, a form of member checking (livari, 2018). I was keen to avoid any unintentional harm caused by asking a participant to re-visit an upsetting story from the interview, a possibility recognised by Hallet (2013).

A risk assessment was undertaken to identify and assess the hazard of COVID-19 transmission associated with conducting interviews in person. I had considered interviewing in well-ventilated rooms whilst maintaining social distancing and following contemporary Government guidance; however, the data collection period coincided with increasing local restrictions and thus, all interviews were undertaken online.

3.5.6 Privacy and data storage

As detailed previously, the transcripts were anonymised, and pseudonyms (Sarah, Olivia, Andrew, Steven, Mary, Catherine, Christopher and David) given. However, the inclusion of distinctive stories, experiences and anecdotes could inadvertently reveal the participant's identity (Gibson and Brown, 2009) and were carefully considered when

selecting quotes to illustrate themes. This was particularly important given the confidentiality of the participant as well as the student they had supported. Although my commitment to maintaining the confidentiality of the participant was explained in the PIS and affirmed on the consent form, it was during the interviews that I became more aware of the potential risk to the student. The participants took great care in selecting and discussing specific students, but the more personally challenging experiences they shared, were often distinctive. Having described a significant and unusual experience, Sarah exclaims “you’ll have to watch how much you put in (mmm) because I’ve described this person quite well (nervous giggles)” (lines 300-302), which captured my attention (journal 22/09/2020). As a radiographer and educator, I have always taken my moral and regulatory responsibilities to patient and student privacy seriously, so I was shocked that I had not thought more about the secondary risk to the student. This prompted me to more carefully consider the verbatim quotes and accompanying narrative included within this thesis.

Effective dissemination maximises the impact of the knowledge generated (Tarling, 2006, cited in Robson, 2011) and is thus a crucial component of the research process. The research findings have been presented at conferences, both HE and radiography specific, and will be submitted to peer-reviewed journals. Verbatim quotes have been used to represent the participant’s ‘voice’ (Holloway, 2005), as well as demonstrating sensitivity to context, and thus written consent was sought from the participants for the use of such data in an anonymised form in research publications (point 5).

Personal data were processed in compliance with current law; namely the General Data Protection Regulation (GDPR) and the *Data Protection Act 2018*. As outlined in Article

6 of the GDPR, one must have a valid legal basis for processing to be lawful (Information Commissioner's Office, 2020). Processing was undertaken under the lawful basis of 'consent'.

All personal data including consent forms, audio recordings (prior to deletion) and transcripts were stored on my personal, password protected hard drive and backed up on a secure, internet-based storage platform at the University of Essex (namely Box). During the study, only my research supervisors and I had access to the participants' personal data.

3.5.7 Disclosure

BERA (2018) state that researchers must be aware of their responsibilities to report concerns raised within their interviews e.g., abuse, proposed acts of terror. As a registered healthcare professional, I undertake regular mandatory training regarding such issues. No disclosures were made during the interviews that required me to report to relevant authorities.

3.6 Quality in IPA

A study is only ethical if it produces credible findings in relation to the aim of the research, necessitating explicit consideration of quality. Yardley's (2000, 2008) characteristics of quality are applicable to IPA, and have informed my approach from planning to completion. Here, I demonstrate how this study has met Yardley's criteria:

- Sensitivity to context

- Commitment and rigour
- Transparency and coherence
- Impact and importance

The SLR conducted as part of the study enabled me to become familiar with what is already known about educators' experiences of supporting pastoral needs, in other disciplines in the UK and beyond, and to situate my research, thus, demonstrating sensitivity to context. Furthermore, to enable the participant to share the experiences and perspectives of importance to them, and thus, demonstrate sensitivity to context, the interview schedule was comprised of open questions, allowing the participant to take me to "the things themselves" (Husserl, 1965, p.116 cited in Farrell, 2020). *Chapter Four: Findings* demonstrates sensitivity to context through the inclusion of verbatim extracts from each educator's interview, ensuring the voice of the participant is not lost.

Commitment is demonstrated through in-depth and detailed analysis of each particular case, recognising that the analysis is iterative, time consuming and moves beyond description (Smith, Flowers and Larkin, 2009). Rigour has been demonstrated in my approach to sampling; selecting a homogenous sample for whom the research question is relevant. Adopting a reflexive approach also supported this quality criterion, including a bracketing interview (29/07/2020) undertaken with one of my supervisors (SB) to aid me in identifying the assumptions and emotions allied to my own lived experience of providing pastoral support (Tufford and Newman, 2012). Although not essential within IPA, bracketing interviews have been used to increase self-awareness (Boddy et al., 2017; Walker, Mills and Gilchrist, 2017) and by researchers cognisant of their closeness to the phenomenon of interest (Grace and Butryn, 2019). Using the interview schedule

drafted for use in my own research, I described students who were particularly memorable to me. This was the first opportunity I had been given to talk through my own experiences, finding it both challenging and cathartic. I came to appreciate just how strongly I felt about looking after *my* students. Despite the challenges, I always committed to doing my best, and to responding to students with compassion, but in debriefing with my supervisor, I started to better understand the sense of pride I felt in playing a small part in the student's journey. It was evident that my own values could impact my interpretations of the data, but also, how I conducted the interview. I was mindful of how I responded to participants, both verbally and non-verbally, when their beliefs appeared to differ from my own.

In terms of research design, the bracketing interview reaffirmed my decision to exclude educators from the HEI at which I am employed. I felt exposed sharing my personal experiences, perceptions and feelings with my supervisor, and did not feel it would be appropriate to ask my colleagues to share with me in this way.

In choosing IPA, the researcher commits to a detailed examination of the particular (Smith, Flowers and Larkin, 2009). In recruiting a small, purposively selected sample of educators and inviting them to offer detailed, first-person accounts of supporting the pastoral needs of students, I demonstrated coherence between theory and method. Transparency of reporting in this thesis was essential, including verbatim quotes to demonstrate superordinate themes across cases, being reflexive and open about my background (Yardley, 2008) and demonstrating the process of analysis (e.g., excerpts with descriptive, linguistic, and conceptual comments). This also supports those reading the thesis (or part thereof) to consider my study in relation to their own context, enabling

them to determine the theoretical transferability of the findings (Smith, Flowers and Larkin, 2009). To that end, this study contributes to the corpus of knowledge identified within the SLR I conducted, providing an insight into the radiography educators' lifeworld. In addition to enriching our understanding, there is potential for a practical impact upon professional practice in the realm of pastoral support, explored in my recommendations.

3.7 Conclusion

In this chapter, I have articulated my philosophical positioning as an interpretivist, and justified IPA as a congruent methodological approach for exploring radiography educators' experiences of supporting undergraduate students with pastoral needs. I detailed the recruitment of a small, homogenous sample of eight educators and the development of a semi-structured interview schedule, designed to stimulate interpretative conversations enabling me to understand and interpret the subjective experiences and meaning-making of each individual educator. Employing the six-step analytic process detailed by Smith, Flowers and Larkin (2009), I have peppered the chapter with examples to bring my analysis to life for the reader and to uphold the principle of transparency. I concluded the chapter by examining the ethical practices adopted to protect the educators, and by highlighting my approach to promoting quality in IPA, using the criteria put forth by Yardley (2000, 2008).

CHAPTER FOUR: FINDINGS

4.1 Introduction

In this chapter, I present an interpretative phenomenological analysis of radiography educators' experiences of supporting students with pastoral needs. To provide context to the upcoming analysis, it is helpful to start by offering a brief overview of the support needs that the educators chose to talk about during their interviews. These needs were diverse, aptly characterised by one participant as varying from the "mundane ... to the extremely serious" (Steven, lines 46-48).

Students experiencing mental health problems, including anxiety, depression, and self-harm, featured prominently in the educators' stories. This may suggest educators are encountering a higher frequency of pastoral interactions focussed upon mental health difficulties, which would coincide with the increasing number of HE students disclosing a mental health condition (as explored in section 1.2.2), or that the stories the educators chose to share represent the interactions that they found more challenging or otherwise noteworthy. They also described supporting students with a range of physical, social, intellectual, and emotional issues. This included financial difficulties leading to homelessness, bereavement following the death of a close family member, caring responsibilities, marital breakdown and relationship difficulties, cultural differences experienced by international students, sexual assault, pregnancy, and uncertainty regarding career choice. The significance of the personal difficulties that students chose to disclose suggests that students consider their educators to be a trusted and important source of support.

Following the analytic process detailed in section 3.4.5, I identified three superordinate and eight nested subordinate themes, as presented in **Table 5**.

Table 5: Master table of themes

Superordinate Theme	Subordinate Theme
Disorientation and Distress	“Winging it”: Feeling unprepared
	Feeling overwhelmed
	“Where do you cross the line?”: Experiencing uncertainty
Connectedness	"The fuzzy glowing inside bit": Feeling rewarded
	Becoming connected
Acceptance and Coping	"It's not for you to fix": Making sense of the pastoral support role
	Feeling supported: The importance of social networks
	Experience-informed practices

Superordinate theme one, “Disorientation and Distress”, presents a detailed account of the educators’ experiences of feeling overwhelmed, unprepared and forced to practise outside of their comfort zone. They experienced uncertainty in defining the boundaries of their pastoral responsibilities, questioning where ‘the line’ is, which caused them disorientation and doubt. Despite their distress, the educators felt they were making a difference to the lives of their students. Their emotional reward is explored in superordinate theme two, entitled “Connectedness” to capture the sense of emotional

wellbeing they experienced having nurtured close and meaningful relationships with students.

The third and final superordinate theme, “Acceptance and Coping”, focusses upon interpretations of coping within a pastoral support role. It speaks to the educators’ efforts to construct and enforce boundaries to manage uncertainty, with varying success in alleviating distress, and the supportive interpersonal relationships they relied upon within their respective teams. Feeling untrained and unprepared, the final subordinate theme illuminates how the educators made sense of their approach as one drawn predominantly from roles and experiences outside of their educator role.

Whilst recurrence across cases is consistently highlighted as important in determining what constitutes a theme in IPA (Smith, Flowers and Larkin, 2009; Smith, 2011; Smith, Flowers and Larkin, 2022), there has been changing guidance on how best to illustrate this to demonstrate quality. I have chosen to include **Table 6**, adapted from Smith, Flowers and Larkin (2009), to provide an overview of the corpus at the beginning of this chapter, demonstrating recurrence as well as highlighting the shared and divergent experiences of educators, important in upholding the idiographic commitment of IPA. Such attendance to convergence and divergence is recognised as a quality marker in IPA (Nizza, Farr and Smith, 2021).

Table 6: Prevalence table demonstrating the participants represented in each superordinate and subordinate theme

	Sarah	Olivia	Andrew	Steven	Mary	Catherine	Christopher	David
<i>Superordinate Theme 1: Disorientation and Distress</i>								
"Winging it": Feeling unprepared	N	Y	Y	Y	Y	Y	Y	Y
Feeling overwhelmed	Y	Y	N	N	Y	Y	Y	Y
"Where do you cross the line?": Experiencing uncertainty	Y	Y	N	N	Y	N	Y	divergent
<i>Superordinate Theme 2: Connectedness</i>								
"The fuzzy glowing inside bit": Feeling rewarded	Y	Y	Y	Y	Y	N	Y	Y
Becoming connected	Y	Y	Y	N	Y	N	Y	N
<i>Superordinate Theme 3: Acceptance and Coping</i>								
"It's not for you to fix": making sense of the pastoral support role	Y	divergent	N	N	N	N	Y	Y
Feeling supported: The importance of social networks	Y	Y	N	Y	Y	Y	Y	N
Experience-informed practices	N	Y	Y	Y	Y	N	N	Y

4.2 Themes

4.2.1 Superordinate Theme One: Disorientation and Distress

The superordinate theme “Disorientation and Distress” captures the educators’ experiences of bewilderment and the emotional distress caused by the nature of the students’ pastoral support needs. The lived experiences of all the educators are featured in this superordinate theme, within which, I have nested three subordinate themes:

Table 7: Superordinate theme one

Superordinate Theme	Subordinate Theme
Disorientation and Distress	"Winging it": Feeling unprepared
	Feeling overwhelmed
	"Where do you cross the line?": Experiencing uncertainty

"Winging it": Feeling unprepared

This subordinate theme reveals the unpreparedness felt by the educators, and the distress this caused them to experience. Most of the educators are evident within this subordinate theme, suggesting this was a shared experience of supporting radiography students with pastoral needs. The educators spoke anxiously about how unprepared and untrained they felt for such complex pastoral needs. This experience was exemplified by Catherine who described herself as “winging it”, conveying the

uncomfortable lack of practice, training and thus, lack of preparedness she felt: “you’re kind of just winging it on your own personal experience” (Catherine, lines 137-138).

Similarly, recalling how he felt when approached by a student needing support for anxiety, Andrew described himself as: “Out of my comfort zone!” (Andrew, line 98). In contrast to being within his comfort zone, a psychological state in which he is likely to feel safe and in control, Andrew is communicating a state in which he feels uncomfortable and ill-prepared.

Andrew was not the only educator to feel unprepared for supporting students experiencing anxiety. Supporting students with mental health problems was of particular concern for Olivia and Catherine, both of whom felt unprepared for the issues students sought support for. Catherine recalled a particularly difficult conversation with a student:

“I had to ask the question “Are you suicidal?” (mmm) and that’s not one I’ve ever really had to do before professionally and it was, it was quite difficult”
(Catherine, 107-110)

It was evident within the interview, in her tone of voice and facial expressions, that this was a difficult experience for Catherine, and not one she had anticipated or felt prepared for. Olivia expressed a similar sense of disorientation:

“I don’t know how, how to handle this because I’m not, because they are coming to you almost wanting a counsellor, maybe sometimes, and erm, I don’t know how to counsel, I don’t know what to do” (Olivia, lines 140-143)

Olivia's tone changes during this section of her interview. She repeats the phrase "I don't know" three times, conveying her distress. This is echoed at two other points in her interview also:

"I think I feel, I suppose it's probably imposter syndrome, but I just feel I don't know what I'm doing, I'm not trained to do this and I'll er, if I give them the wrong advice or say something I shouldn't, I'm gonna get..., it's gonna spiral out of control and get worse" (Olivia, lines 174-178)

Again, Olivia repeats the phrase "I don't know". She feels unprepared for what to say and what to do in difficult situations. Olivia is fearful of saying the wrong thing to the student and inadvertently worsening the situation, of causing it to "spiral out of control". Later in the interview, Olivia again conveys how unprepared she feels and again uses the phrase "I don't know":

"I know like loads of people have had even worse situations, and people who, you know, they're on the brink of suicide and things like that, and you know, I just, I don't know how I'd handle, handle that situation" (Olivia, lines 273-277)

Much like Olivia, Catherine experiences self-doubt, questioning her preparedness for helping a student with anxiety, exclaiming that she was "not the right professional [for the student] to be talking to" (lines 93-94):

"I really thought, I don't know if I'm helping, do you know, you don't know if you're actually, if it was going to be a positive outcome" (Catherine, lines 98-100)

Feeling unprepared for providing pastoral support has caused both Catherine and Olivia to experience fear and distress. This is not unique to their experiences; it is seen in the stories told by Steven also. He recalled an occasion upon which he met with a bereaved student whose child had recently died. He knew that he needed to, and wanted to, provide pastoral support to the student but felt unprepared, repeating the phrase “What on earth do you say?”:

“I recall a distinct nervousness, erm, before meeting the student for the first time after this had happened. Erm, you feel on edge, er, you feel, you are worried about saying the wrong things, erm and you want, you, it’s one of those, what on earth do you say to somebody whose teenage child has just died? What on earth do you say?” (Steven, lines 140-146)

Despite this occurring many years earlier, Steven remembered the nervousness and fear he experienced prior to meeting the student. In using the idiomatic expression “what on earth do you say?”, Steven’s language conveys the shock and bewilderment he experienced. He felt unprepared for what to say to the student and this caused him to experience disorientation and distress. Time was also a factor for Steven, meaning he felt rushed into making a decision despite feeling unprepared for doing so:

“I don’t remember having a lot of time to think. Erm, I think it was a question of, erm, right, something, we need to do something now, what on earth are we going to do? Er, right, let’s do this, this, this and this” (Steven, lines 130-133)

Feeling rushed appears to amplify Steven’s anxiety and likely contributed to the clarity with which he remembers the situation now, despite the passing of time. Steven associates feeling unprepared with a fear of saying the wrong thing.

For Catherine, Olivia, Christopher and Andrew, their perceived lack of transferable professional experience as a radiographer, alongside limited training for supporting students with pastoral needs as an educator, heightened their experience of feeling unprepared; this is how they make sense of their feelings and experiences. Catherine recalled feeling unprepared for what to say to a student experiencing anxiety:

“you’re going blind [emphasis on “blind”], you’ve never really observed anybody else, kind of, what do they say? you know, how does, how do they resolve it, how do they know if the students worked through it and is satisfied by the end of it? Erm, so you are really just kind of going on your own personal experience really” (Catherine, lines 196-201)

In describing her experience as going in “blind”, Catherine expressed that she had been forced to approach some of her pastoral interactions with limited guidance or instruction, suggesting that her approach had instead been based upon personal experiences, alongside intuition and guesswork. This expression highlights that she felt unprepared for providing support in some situations, in stark contrast to being a radiographer in practice when she had a “bank of things that you say because you’ve listened to other people saying it” (Catherine, lines 193-194).

Like Catherine, Olivia did not feel adequately trained for more complex situations, such as those that would “involve the police” (line 124):

“you don’t expect that to happen to you maybe (mmm). Erm, so everything I think, you hear all sorts of walks of life, erm, (pause) and you’re not, you don’t know, and you’re not trained for it” (Olivia, lines 125-128)

The distress experienced by Olivia appeared to be heightened by the unexpected pastoral support needs she was faced with. Olivia reiterated how unprepared she felt later in the interview:

“I think the most important thing to get across is that we’re not trained to do this [emphasis on “not”]” (Olivia, lines 267-268)

The repetition and emphasis on *not* being trained conveys the prominence of this lived experience for Olivia and the sense she makes of her experiences. This feeling of ill-preparedness is shared by Andrew:

“you’re getting emotionally involved with a student, and it was something that I can’t say I was wholly prepared for, either training wise or experience wise” (Andrew, lines 104-106)

Similarly, Christopher did not feel the skills he honed as a clinical radiographer were directly transferable to providing pastoral support in the HEI setting:

“I wouldn’t say get much, I mean, practically speaking you obviously have experience as a diagnostic radiographer, er, which gives context to what you’re talking about, I wouldn’t say necessarily the skills [emphasis on “skills”] I developed as a radiographer directly help” (Christopher, lines 138-143)

The educators perceived themselves as unprepared and untrained for providing pastoral support, causing them to feel anxious and fearful of saying or doing the wrong thing. They made sense of their approach to pastoral support as “winging it”.

More experienced educators like David still experienced new situations in which they felt unprepared:

“the first time you’re confronted with something, a problem, a student brings to you, if you’ve never come across it before, it might be outside of your own experiences, and you think wow, I don’t know what to say or what to do here at all, it’s new to me” (David, lines 603-608)

When David’s interview is taken as a whole, it is evident that he does not experience distress due to unpreparedness in the way that the other educators did; nonetheless, this excerpt highlights that there is always a first time (“it’s new to me”, line 608) when he has no personal or professional experience or training to draw upon. In these moments, although not distressed, David is disoriented. Yet, unlike the other educators, he does not feel forced into “winging it”. Instead, it is apparent within the complete interview that he remains calm and can find a solution, for example, by contacting centralised support services.

For Mary and David, changes in contemporary higher education had raised different challenges for them as educators, leaving them feeling unprepared. A new reliance upon videoconferencing during the pandemic caused Mary distress as she felt unprepared for supporting students online, an environment which she did not feel was conducive to providing pastoral support. Recalling a student that may have been self-harming, Mary described meeting them over Microsoft Teams as “the worst thing to have to do online [emphasis on “worst”]” (Mary, lines 105-106), expanding to explain that it:

“was probably particularly difficult for me because it was the most serious thing I’ve had to do and deal with, but also, in this environment, just, the two didn’t go together” (Mary, lines 114-116)

As the student had opted to turn off their camera when online, Mary was unable to use the visual cues she would usually rely upon to communicate effectively and evaluate the student’s wellbeing during a conversation conducted in-person. This was particularly challenging for Mary and caused her to break down in tears during the interview. Mary felt better prepared for providing pastoral support in a shared physical environment, whilst she felt it was “just horrible doing it online” (lines 73-74).

Like Mary, David experienced a “disconnect” (line 293) from the student when moving online, causing him to be concerned that he would “miss” (line 297) the students with pastoral issues who would previously have turned up in the office. For this reason, he favoured the team’s open-door policy:

“it’s the kind of handle on the door syndrome isn’t it, you know, oh by the way, this is all going on, but I haven’t told you about this bit, this is the important bit, and I’m, I think we’re missing it, I think we’re all missing it” (David, lines 307-311)

David refers to “handle on the door syndrome” which conjures the idea of “doorknob syndrome” in healthcare in which patients raise a concern as they are about to leave at the end of a consultation. This excerpt suggests that David felt the processes that had worked for him in the past are no longer fit for purpose with the move to remote interactions, meaning he feels unprepared for supporting these students.

As an experienced educator, David had noticed another change which he felt unprepared for. He described the increasing frequency and complexity of parental involvement during his interview. Whilst he acknowledged that they are “just concerned about their child” (line 128), he concedes that it adds “another kind of layer” (line 130) to providing pastoral support. Following an initial discussion with the student:

“the parents got involved, erm, and then they came in to see me, er, about it, and they were quite, er, vocal in their concerns” (David, lines 164-166)

In describing the parents as “vocal”, David is expressing that the situation was challenging, however, he went on to share that he “learnt a lot” (line 176) from dealing with the student as well as his parents. This suggests that he might feel more prepared in future interactions.

It is evident that whilst most of the educators felt unprepared for the challenges they faced, their experiences of ill-preparedness differed. Olivia, Andrew, Steven and Catherine found this distressing, and along with Christopher, made sense of this discomfort as being caused by a lack of training and transferable skills. Whereas Mary and David felt confident until they encountered an unfamiliar situation, namely moving support online and managing parental involvement.

Feeling overwhelmed

This subordinate theme encompasses the educators’ experiences of feeling overwhelmed by their pastoral support role and was expressed by most of the educators interviewed. Sarah, Olivia, Christopher, Catherine, and Mary all

experienced feeling *emotionally* overwhelmed, with both Christopher and Sarah specifically and repeatedly describing providing pastoral support as “draining”. Recalling a morning in which he met students for personal tutorials, Christopher said:

“I had six students, and I’d scheduled them all kind of back-to-back and er, three of the six cried in that tutorial (nervous giggles) so it was er, quite, yeah, quite a draining er, morning of er, offering all that support” (Christopher, lines 333-336)

Although draining could suggest Christopher felt physically exhausted or sapped of his strength following a busy morning of tutorials, when referring to “offering all that support”, the term points towards him feeling emotionally or mentally worn out. This interpretation aligns with Sarah’s experience of providing pastoral support as being emotionally draining. When talking about a student she had supported over a protracted period:

“it’s tiring [emphasis on “tiring”], actually, it requires a lot of your own emotional, erm, well it’s like emotional labour isn’t it, when you’re in clinical practice. It’s, it’s draining [emphasis on “draining”] on your own emotions to have to listen to and try and work out, without falling into a counsellor role, how you’re going to help those individuals and I think, I was already exhausted [emphasis on “exhausted”] with this person before all of this came out, erm, so, it’s really challenging I think sometimes, to, you put on a good face I think, like you would do in clinical practice. Erm, but then sometimes in the background, you’re thinking “oh my gosh” (nervous giggles) “Where do I go with this?”.” (Sarah, lines 343-354)

This excerpt conveys Sarah’s exasperation. She wants to support the student, but she is exhausted and overwhelmed, thinking “oh my gosh, where do I go with this?”,

suggesting she does not know what to do for the best. Making use of the hermeneutic circle, the interpretation that she is doing her best but feels overwhelmed is further supported in this extract:

“it sounds really heartless actually (nervous giggle), but it does show you, kind of, you try and be your best, the best of yourself and the best person all the time, but actually some people, erm, (pause) you do to some level want to kind of go “oh my gosh, just take this person and fix them (nervous giggles) and return them”.” (Sarah, lines 337-342)

Sarah wants someone to “fix them [the student] and return them” because she is overwhelmed by the needs of the student and the emotional impact upon her.

The distressing nature of the stories that students shared with the educators also had an emotional impact on them. Olivia found this particularly difficult:

“you also feel like... emotional for them too, like sometimes some of the stories, it’s like how am I going to hold my emotions together for them? (nervous laugh)” (Olivia, lines 178-181)

Olivia is overwhelmed by the emotional impact of the stories that are shared with her but is conscious of protecting the student from her emotional response. Sarah had also struggled with the emotional impact of listening to distressing stories:

“there was a lot of conversation about past attempts to erm, end their life and, it was quite intense” (Sarah, lines 283-284)

The interpretation of Sarah as feeling overwhelmed is strengthened when she proceeds to explain how supporting this “needy” (Sarah, line 321) student left her feeling “worn out” (Sarah, line 324). Here, the ongoing nature of the student’s pastoral support needs compounded the emotional impact of the distressing stories on Sarah, further conveyed by her emphasis on being “worn out”. Catherine also found the enduring support needs of some students to be emotionally draining and overwhelming. Here she recalls a student with whom she met regularly:

“I found that one difficult [emphasis on “difficult”], because he was, there really wasn’t many positive things for him so it was hard to keep motivating him and kind of finding, erm, you know, ways to help him, I think, erm, and quite often, whenever we would meet there would be another difficulty in his personal life that would, you know, be affecting him, so yeah, erm, that one I found quite, quite hard to know that I was getting it right (mmm), to help” (Catherine, lines 169-177)

Sarah, Olivia, Christopher, and Catherine all described difficult experiences in which they felt overwhelmed by the pastoral support needs of the student. Sometimes this was because of the distressing nature of the stories shared, whereas for others, it was caused by the exhausting cumulative effect of the student’s ongoing support needs. Either way, these educators were open to sharing their feelings and experiences. For Mary, a recent experience with a student who was self-harming (also explored within the previous subordinate theme) had been particularly distressing. Unbeknown to her before the interview, this experience had a more profound emotional impact upon her and caused her to break down in tears. This surprised Mary:

“you don’t realise that you’re not maybe dealing with it the way you should be until that prompt question comes, and then you think, oh, wait a minute (giggles), I’m maybe not dealing with this” (Mary, lines 127-130)

Mary acknowledges her vulnerability and goes on to talk about the support networks she has available to help her when she feels upset and overwhelmed.

Although much of the educators’ talk focussed upon feeling overwhelmed by the *emotional* demands of providing pastoral support, Catherine, David, and Sarah expressed concerns about the time commitment also. As a programme leader, David provides pastoral support to students but also supports other educators in his team by managing more complex cases:

“I have my fingers in lots of pies really, sometimes too many, erm, you know sometimes it is stuff that the staff can deal with and do, and other times we have to take it further or have to take it through the university, or back via the clinical departments, so, there’s a lot, a lot of traffic if you like, coming and going, personal issues all, all [emphasis on “all”] the time” (David, lines 46-52)

David describes himself as having “fingers in lots of pies”, which suggests he might feel that he is involved in “too many” tasks to be effective – his resources, namely time, are being stretched, and he is overburdened, leaving him feeling overwhelmed. The demanding nature of his role is further illustrated by the repetition of, and emphasis placed on, the word “all”, as well as the use of the term “traffic” to suggest a continual flow of students needing pastoral support. The interpretation of David being overwhelmed is further supported by an excerpt from later in his interview. Of providing pastoral support, he says:

“I think it needs more profile [emphasis on “more”], and more, er, availability, and recognition of people’s time [emphasis on “time”], it’s a time issue, you know, so if you know, you hadn’t achieved all your objectives at the end of the year, for example, you know, your line manager says well why haven’t you achieved all your objectives, you say I had a hundred and fifty emails from students and I had to see four of them, and two of them are really, oh really, when did that happen then and you know, that’s not seen (mmm) is it, it’s invisible, it’s an invisible role” (David, lines 488-498)

David is emphasising the heavy time commitment necessitated by the number of students he is involved with, whilst indicating a sense of frustration that his commitment to providing pastoral support can go unrecognised by his line manager, describing it as an “invisible role”. Sarah alluded to student numbers also, describing her time as “thinned out”, suggesting she feels stretched:

“it’s just a checking in but erm, it’s trying to transfer that in the time that you’ve got to do it for a number of students, erm, and I think that’s when it can get a little bit thinned out” (Sarah, lines 584-586)

Catherine echoes David and Sarah’s concerns about the amount of time required to support students with pastoral needs. She raises the issue of workload allocation, whilst acknowledging the unpredictability of providing pastoral support:

“it’s not something that is ever factored into your work allocation though (giggles) for example, you know, that hour and a half that I spent with that student and her, you know, there was absolutely no way that you would have sent that student away but you don’t get time in that kind of, erm, in your workload to really sort of think about where you’re factoring it that in in a day” (Catherine, line 214-220)

Despite being concerned about the scarcity of her time, Catherine demonstrates a commitment to the student in need, stating that there was “absolutely no way” she could have “sent that student away”. Like Catherine, David accepts the difficulty in allocating time to providing pastoral support:

“I don’t know how you would do workload balancing, but it never features in anything whatsoever, and yet it can be a huge amount of work for you [emphasis on “huge”], and all you need is two or three little issues and it takes up all your time and no time to prepare lectures or do research, got to sort all the students out, but we do [emphasis on “do”], because we put them first”
(David, lines 466-472)

Like Catherine, despite being overwhelmed by the time commitment, David also demonstrates a commitment to supporting the student in need, stating that he and his team “put them first”.

The sensitive and enduring nature of their students’ pastoral support needs caused the educators to feel emotionally drained and overwhelmed. Despite frustrations that their pastoral work was unrecognised by institutional workload allocations / modelling, they sought to prioritise the needs of the student.

“Where do you cross the line?”: Experiencing uncertainty

“Where do you cross the line?”: Experiencing uncertainty” is the third and final subordinate theme within the overarching superordinate theme of “Disorientation and Distress”. Christopher, Sarah, Olivia, and Mary expressed uncertainty in their role,

predominantly regarding the boundaries of the role and the expectations of the educator. For Christopher, this uncertainty is ongoing:

“I think one thing that’s always a struggle, and something that’s kind of, we talked about as a staff group, is where that line is” (Christopher, lines 221-223)

In attempting to identify “where that line is”, Christopher is referring to an invisible line that defines the limits or boundaries of his responsibility for providing pastoral support. “That line” is also a concern for Olivia. In describing the relationship she has built with a small group of international students, she questions the point at which that line is crossed:

“I’ve created a great bond with these women, so, and I suppose there is a, there is a line and where do you cross that line?” (Olivia, lines 240-242)

Olivia is keen to continue to nurture the bond with this group of students but conveys her uncertainty about the boundaries or limits of that relationship. For Christopher, it is evident that this uncertainty is causing him to question the extent of his involvement in certain situations, asking “when do you panic?”:

“Where does our duty of care lie? erm, similarly, if they’re, they’re actually on placement and you know, they don’t show up for a shift, when do you panic? (giggles) it, most of the time it is just a roster mix up, but erm, and again, like we talked about with the cases in Bristol, where there was some criticism of the, the university staff, er, from parents in the article anyway, that they should have done more” (Christopher, lines 240-247)

In exploring the concept of “duty of care”, Christopher reflects upon the cluster of suicides that have occurred in recent years at the University of Bristol. He specifically mentions the criticism levelled against the university by the parents of those students. This is the second time within the interview that Christopher mentions the students in Bristol, suggesting this is a concern for him.

Christopher’s concerns regarding role uncertainty are illuminated by a difficult experience that Sarah chose to share during her interview. Sarah was approached by a student who requested her physical presence and emotional support during a medical procedure (the nature of which has been removed to protect the anonymity of both Sarah and the student). Sarah was initially clear on her role, describing the student’s request as beyond what was expected of her as an educator:

“She wanted me to support her through [the medical procedure], and this was difficult for me on multiple levels because a, I kind of felt this was outside of the boundary of being a personal academic tutor” (Sarah, lines 92-95)

Sarah goes on to reiterate the challenging nature of that student’s request:

“it was really challenging because, I, like I say, I didn’t feel like it was almost appropriate for me to go and support her with that, as an academic” (Sarah, lines 101-103)

However, it became apparent as the interview progressed that Sarah *had* attended the medical procedure as the student was adamant that she had no one else to support her. Sarah acknowledged that her colleagues had attempted to reassure her that this was beyond her role, again referring to the “line”:

“I did speak with the student’s permission to my line manager and obviously then the Dean, and it had been discussed, and a lot of people were like “ahh, you don’t need to do this xxxx [name of participant]”. This is not, you know, I think the general feeling was that this was outside your role as an academic, er, and there are people that you can direct her to, and you can draw a line and feel comfortable” (Sarah, lines 175-182)

Nevertheless, Sarah did not feel comfortable directing the student elsewhere, and instead, approached the Dean for permission to attend the medical procedure. Sarah talked at length about this, suggesting that having permission to overstep the boundary she had previously identified was important for her. It might also have been to justify her decision to me as another educator, fearful of being judged for the decision she made. Either way, it is evident that for Sarah, the uncertainty in her role and what was “allowed” was difficult for her to navigate:

“I think the most, the most challenging bit was trying to balance if I was still, if I was allowed [emphasis on “allowed”] to do it was my most challenging bit.” (Sarah, lines 172-175)

Yet, when there was clarity, in the form of permission, Sarah felt more comfortable:

“I think how I managed that was, was practically, going to the Dean and getting that permission, and I think that, that okayed it for me, as a, okay, this is now considered okay within my job role [emphasis on “okay”]” (Sarah, lines 185-189)

Explicit permission from the Dean reassured Sarah that it was “okay” for her to support the student in this way, reinforcing the interpretation that role uncertainty was the cause of her distress. In this situation, the Dean’s permission provided certainty.

Much like Christopher, Sarah acknowledged that uncertain boundaries and a sense that the “line” is ambiguous are causes of distress:

*“it can be challenging as to where the line is drawn and obviously with that first example, the line, the line can be quite (laughs) (**absolutely**) quite challenging”* (Sarah, lines 168-170)

Mary also experienced uncertainty. For her, this uncertainty focussed upon how much support it was appropriate to give. She recalled supporting students with enduring pastoral needs, but had begun to doubt whether this was in the students’ best interests:

“we’ve currently got one in third year, erm, who you think, have you actually done them any favours by getting them that far? With the support that you’ve provided them, because we’re still not convinced that this persons actually get out the other side and graduate” (Mary, lines 237-241)

In considering this student, Mary sighs, emphasising the self-doubt she is experiencing. The uncertainty she feels about how much support to give causes her to question her approach, later sharing her fear that by supporting the student to get this far, she is “going to add more pressure to him” (Mary, line 252).

David also raises the boundaries of the educator’s pastoral role in higher education, recalling his response to a student who appeared to have gone missing:

*“you’re emailing and you’re phoning and no response etc., er, anyway, it turned out he’d found a girlfriend over there and he was staying for a few days with her (**gosh**), so you’ve got to be careful”* (David, lines 409-413)

David's admission that "you've got to be careful" suggests that he has learnt from this situation and in attempting to negotiate a balance between the autonomy of the student and the responsibilities of the educator, appears to have greater clarity in his role when discussing students who are absent from lectures:

"we will try to erm contact them with all the contacts that we have, erm, I will then ask, ask the xxx [University specific name of student support team] to intervene, and they will phone the parents [emphasis on "they"] at that point (mmm), but again you see, you have to be very careful, because these are adult learners, they're independent" (David, line 424-429)

David's account is divergent from those of Christopher, Sarah, and Mary. When he has concerns about the wellbeing of a student, he will attempt to contact the student, but if he cannot make contact or the concerns remain, he asks the centralised student support team at the university to "intervene", suggesting that David feels more confident in where "the line" is. David's approach means he does not appear to experience the uncertainty and associated distress that affects Christopher, Sarah, and Mary.

The educators experienced uncertainty in defining the limits of their pastoral support role. They refer to 'the line' to acknowledge boundaries but appear to negotiate these individually, rather than relying upon any institutional demarcation.

4.2.2 Superordinate Theme Two: Connectedness

The second superordinate theme, entitled "Connectedness", captures the experiential elements of providing pastoral support that the educators have conveyed more

positively. The experiences of most of the educators are seen within this superordinate theme, within which, two subordinate themes are nested:

Table 8: Superordinate theme two

Superordinate Theme	Subordinate Theme
Connectedness	"The fuzzy glowing inside bit": Feeling rewarded
	Becoming connected

"The fuzzy glowing inside bit": Feeling rewarded

This subordinate theme was seen in most of the educators interviewed. Despite the experiences of disorientation and distress explored in superordinate theme one, David, Olivia, Andrew, Sarah, Mary, Steven and Christopher also felt rewarded. The reward experienced was a personal, internalised reward as opposed to being tangible or measurable, for example, an increased salary. This emotional reward saw the educators experience satisfaction, fulfilment, and enjoyment.

Mary describes the pastoral interactions with students as what makes her role "enjoyable" (line 369) and "worthwhile" (line 382), which is evident throughout her interview. Similarly, Steven describes his pastoral role as one he can "feel happy doing" (line 506) and Christopher explains that providing pastoral supports gives him job "satisfaction" (lines 87). Nevertheless, the satisfaction Christopher experiences through his pastoral relationships with students was not without difficulty. He recalled supporting a student over a protracted period:

“that has been quite rewarding because it’s been, although it’s been tough and has, I mean it in a nice way, it’s been time consuming, but you know, naturally the support process has taken a lot of time but it’s going well [emphasis on “well”] so that’s been quite rewarding erm, yeah” (Christopher, lines 161-166)

Christopher’s experience is mixed, describing supporting the student as “tough” and “time consuming” but also “rewarding”. Nonetheless, in weighing his experiences, the effort is worthwhile, an opinion echoed by Olivia:

“I think maybe in the pastoral care, suppose I was thinking about it, about all the negative things but it’s good to have those kind of positive ones too (mmm). And we hear loads of the positive stories don’t we, like loads of the fourth years, the fourth years in Scotland, coming to us, when they’ve had their job interview and they’re dead excited and things like that, so you do, you do get the fun stuff too, so we must remember that (laughs)” (Olivia, lines 259-266)

Olivia experiences an emotional reward, a sense of satisfaction when the students are successful in gaining their first posts as qualified radiographers. In referring to the “positive” and the “negative”, she is balancing what she perceives to be the positive experiences against the more challenging ones. This balance is also reflected in David’s interview:

“I know some days it is, it is difficult, and you’re dealing with lots of things and lots of issues [emphasis on “issues”], I do, I do enjoy it and I’ve always enjoyed that aspect of my work, I have to say” (David, lines 53-56)

Despite the difficulties associated with providing pastoral support, it is evident that the educators' experience social connectedness through their active engagement with students. Christopher, Olivia and David make meaning of these relationships as their reward.

Mary was also particularly enthusiastic:

“that kind of chat with the students, which as I say, I think is one of the best parts about my job, erm, and what makes it doable, erm, that you’re making a difference for people, again that might be related to the healthcare aspect but erm, yeah, I think making a difference for anybody in their life is worthwhile”
(Mary, lines 377-382)

In describing the provision of pastoral support as “one of the best parts” of her job, Mary conveys the satisfaction she experiences. Mary twice refers to “making a difference”. It is apparent throughout her interview that making a difference to others is of central importance to her and her identity as a radiographer and as an educator. For her, providing pastoral support is about making a difference to the student through her relationship with them.

Mary was not the only educator who described making a difference to students through their pastoral role; David, Christopher, Sarah, and Andrew all experienced feeling proud having made a difference. David spoke of his wish for “happy, healthy students” (line 485) finishing the course. When asked about how this made him feel, David enthusiastically exclaimed:

“Yeah, really good, really good, and erm, it’s a success, and yeah, you go home, and you think, yeah, that’s good, and I’ve helped somebody [emphasis on “helped”], I’ve helped somebody today, I’ve made a difference [emphasis on “made”]” (David, lines 528-532)

It is evident here that David experienced satisfaction in helping students to succeed. The emphasis placed upon helping and making a difference reiterates the importance of this for him; it makes him feel “really good, really good”.

Sarah also conveyed the satisfaction she experiences, articulating an embodied experience of pride in her work:

“the fuzzy glowing inside bit, isn’t it? You kind of puff your chest out and think you’ve made a difference to somebody’s life in that day and that’s, that’s a good thing. And it does I suppose spur you on to do it a little bit more and a bit better” (Sarah, lines 573-577)

To puff out one’s chest is an idiomatic expression used to convey that one is standing tall with pride, which coupled with the “fuzzy glowing inside bit” expresses the warmth, satisfaction, and pride she experiences when she feels she has made a difference to a student.

For David, an educator with many years of experience, the sense of pride in his work is enduring:

“it is a nice feeling and when I look back over, over many years of students and things, and some of the things that have come out and have been positive, and yeah, it’s a nice part, and it’s a nice part of the job, I will, I will be

honest with you, and something that I, I, I've always kind of prided myself in and something I've always thought yeah, that's good, making a little difference to people's lives is important" (David, lines 546-552)

Even when a student did *not* go on to successfully complete the degree programme, Christopher was able to experience satisfaction:

"she still appreciated the support, so I still got satisfaction from helping her through that tough part of her life" (Christopher, line 278-280)

Similarly, the sense of satisfaction and emotional reward experienced by David and Mary was particularly evident when talking about students who had experienced personal difficulties but *had* gone on to graduate:

"you may have persuaded them to stay on the programme and then they rally and then they finally graduate, and that's a lovely feeling, isn't it, at the end of three years, we say, that students had so many problems, we just had one graduate now, and she's been with us for over five years" (David, lines 533-538)

David goes on to describe himself as being "thrilled for her" (line 543). Having supported her during the course, her success is rewarding for him. Coupled with describing the "lovely feeling" of seeing the student graduate, it is evident that this student has had a positive emotional impact upon David. This emotional reward experienced by David is echoed by Mary, particularly for those students that she thought were "not going to make it":

“Delighted, because you know that way get the students and you think they’re not going to make it, they’re really not going to make it, but you know that you’ve made a difference and that they are going to make it” (Mary, lines 221-224)

Mary is referring to students successfully completing the course and qualifying as radiographers. The students becoming radiographers is important to Olivia also, who feels it is “all worthwhile, when we make good radiographers” (Olivia, line 375), suggesting that she experiences satisfaction despite the challenges of supporting students. Olivia goes on to say:

“it’s nice to get to know your patients but it’s more [emphasis on “more”] important to get to know your students isn’t it, because actually I still work in MRI [Magnetic Resonance Imaging], I might end up working with that person later, I always sometimes think that, I’m like I’ll be dead excited when I get to work with them later” (Olivia, lines 383-387)

Olivia is looking forward. She feels she will further reap the reward of supporting these students when she gets to work with them as qualified radiographers. She speaks enthusiastically and describes herself as “dead excited” at this possibility, highlighting the further emotional reward she anticipates.

Through the provision of pastoral support, the educators were able to make a difference to the lives of their students, supporting them to succeed in their studies and in becoming radiographers. They perceived their role to be meaningful and experienced a sense of pride and satisfaction in this work, emotional rewards which can be interpreted as compensation for the disorientation and distress explored previously. I have nested this subordinate theme within the superordinate theme of

“Connectedness” because in caring for and about the student, the educator experiences a boost in their own emotional and social wellbeing, suggesting they are experiencing connectedness in that relationship.

Becoming connected

As indicated in the previous subordinate theme, many of the educators talked at length about the relationships fostered with students. Initially, this appeared to focus upon the social processes associated with the formation and maintenance of educator-student relationships. However, as I engaged in the double hermeneutic, attempting to make sense of the educator attempting to make sense of their own experiences, it became clear that the more rewarding emotions and experiences of providing pastoral support were underpinned by the sense of connectedness they experienced in the relationships they had nurtured. Whilst it might be anticipated that the relationship would be valuable for the student, a relationship designed to support them to succeed in their studies, the relationships were meaningful for the educator too.

In nurturing the pastoral relationship, the educators focussed on getting to know students as individuals. When asked about her understanding of the pastoral support role, Sarah replied:

“I think basically it’s a holistic approach to, erm, being there for somebody”
(Sarah, lines 40-41)

Sarah is committed to actively engaging with the student, to helping and supporting them in times of difficulty. Sarah goes on to further characterise the relationships she has experienced:

“I was in my first year as academia, er academic and I, er, in that university, you were the personal tutor for the whole year group, and you then followed that year group through each of their years, so you really [emphasis on “really”], really got to know them (mmm). Erm, and they got to know you quite frankly” (Sarah, lines 82-87)

Repetition and emphasis upon the word “really” accentuates how close Sarah experienced the educator-student relationship to be. She also alludes to a reciprocity in the relationships built through pastoral interactions; she got to know the students, *and* they got to know her. Over time, the relationship changes and develops, with them getting to know each other “really” well, leading Sarah to experience connectedness.

Unlike Sarah, Christopher did not follow his personal tutees throughout each year of their course; however, he recalled a student who had requested that he remain as her tutor despite progressing to the next year group. Christopher had found this beneficial in developing the educator-student relationship:

“I really know her situation, erm, and can, we can kind of hit the ground running when we do talk, don’t have to kind of catch up on getting her to explain where she’s at, er, every time, so it’s become more relaxed and as a result she’s probably been more forthcoming with some of the things that are really bothering her” (Christopher, lines 190-196)

Christopher describes a more “relaxed” educator-student relationship. Over time, he has come to know this student and her situation well, with a growing sense of connectedness as the relationship developed.

The educators’ perceptions of the students as being “like me” (Mary, line 310) further suggests a connection. Both Mary and Olivia draw parallels between themselves and the students, referring to the students as radiographers and women, like them, respectively. In cultivating the relationship, Mary actively sought to reduce the inherent power differential between the student and educator; they were not just students, they were future radiographers:

“I think it’s trying to break down that school pupil and teacher relationship and realising that you’re a professional, I’m a professional, we’re going to be professionals in the same career, so, actually you need to break that down because they’re going to be working with people like me, so, erm, I do, I do like that, erm, kind of less formal relationship that you can get with them”
(Mary, lines 305-312)

Mary favours a more equal relationship, recognising that once the student qualifies, they will be professionals with the same career – in this way, she sees the student as being like her and experiences a relatedness and shared sense of belonging to a group or community (the profession of radiography) that fosters connection.

Olivia also experienced a sense of connectedness. Recalling an occasion upon which she met a group of students together, she says:

“you’re chatting to them and erm, creating a bond with them, like, I’ve created a great bond with these women” (Olivia, lines 239-240)

Olivia’s use of language highlights the meaning she attributes to this connection, not just in describing the interaction as the creation of a “great bond”, which conveys a growing relatedness, but more subtly, in the way she refers to them as a group of “women” rather than students. Much like the way in which Mary likened herself to the students (“professionals in the same career”), this could be interpreted as Olivia seeing these women as being like her, as part of a shared group or community. She talks enthusiastically about how she felt when she told her colleagues about the meeting:

“I was just amazed by that interaction, like, I came back and I was like “oh, I’ve had such a great chat with my girls today, they told me this and it was just amazing, I learnt so much from it” so I really felt, again you’re reflecting on it because you’re like I’ve learnt so much information that I can use going forward with, erm, in similar situations, so I think it was, that was very positive” (Olivia, lines 252-258)

Here, Olivia refers to the students as “my girls” (rather than “women”), phrasing which may point to a maternal bond, suggesting that she experiences connectedness akin to that of a parent-child relationship. This is explored further in the subordinate theme “experience-informed practices”, where Mary, Steven and David draw parallels between students and their own children, suggesting they too are experiencing connectedness.

Interestingly, recalling her experiences at this point causes Olivia to reflect upon this as a “positive” experience of providing pastoral support, despite, by her own

admission, tending to focus upon the negative during the interview. In superordinate theme one, “Disorientation and Distress”, it is evident that Olivia experiences uncertainty in her role, often feeling overwhelmed and unprepared. In taking the part (Olivia’s experience of forming a “great bond”) and interpreting it in the context of the whole (Olivia’s experiences of providing pastoral support as explored in the complete interview), employing the concept of the hermeneutic circle, it is possible to further interpret Olivia as experiencing satisfaction and connection despite difficulty.

Andrew experiences connectedness differently. He recalls how he felt as an inexperienced educator being approached by a student:

“I think I felt [pause] in a small way honoured that they would want to speak to me, er, that they thought that I was worthy of answering their questions”

(Andrew, lines 121-123)

Instead of seeing the student as being like him, he feels “honoured” that they felt he was “worthy of answering their questions”, and it is the interest in and respect the students have shown for him that have led to him feeling a connection with them.

The educators in this study experience connectedness through the meaningful educator-student relationships they have nurtured and developed over time, getting to know their students well and becoming connected. Shared membership in a group or community can also foster connectedness and is evidenced in the way that some of the educators see the students as being like them, as being radiographers, or being women.

4.2.3 Superordinate Theme Three: Acceptance and Coping

I have entitled the third and final superordinate theme “Acceptance and Coping” to encapsulate the sense educators make of their role in supporting students with pastoral needs and in attempting to manage the challenges they experience in doing so. The experiences of each of the educators are seen within this superordinate theme, within which, three subordinate themes are nested:

Table 9: Superordinate theme three

Superordinate Theme	Subordinate Theme
Acceptance and Coping	"It's not for you to fix": making sense of the pastoral support role
	Feeling supported: The importance of social networks
	Experience-informed practices

"It's not for you to fix": making sense of the pastoral support role

The first subordinate theme explores the ways in which David, Christopher and Sarah make sense of the scope of their role in supporting students with pastoral needs. They articulated this to be confined to listening and “signposting” (David, line 37 and Christopher, line 40) or “directing” (Sarah, line 49) the student to specialist, centralised services such as occupational health and counselling. They were all keen to assert that they were *not* counsellors:

“we’re not trained as counsellors” (Sarah, lines 48-49)

“I’m not a counsellor” (Christopher, line 226-227)

“we are not here as trained counsellors” (David, line 103)

They each spoke fluently and confidently when separating their role as an educator from that of a counsellor. Their comfort and ease contrasts with the anxiety and fear of being expected to do more than listen and signpost, which is particularly prominent in the interviews of Olivia and Catherine. Olivia argued that whilst “signposting” (line 25) was important when providing pastoral support, she found this difficult to put into practice. She described feeling anxious about signposting as she felt the student expected her to counsel. This suggests Olivia is experiencing internal conflict, on the one hand acknowledging that she is not a counsellor, but on the other, feeling unable to signpost the student to a counsellor. This mental struggle may be linked to Olivia’s sense of professional identity as a radiographer, which she describes as being “tattooed on [her] forehead” (lines 296-297), and the “caring professionalism in us, that doesn’t go away” (lines 392-393). The meaning she attributes to the educator-student relationship is one of caring, aligning with the meaning she ascribes to the radiographer-patient relationship.

Unlike Olivia, Christopher was adamant that signposting was “a really important part of the role” (line 294) and being a radiographer, he felt he was well-placed to signpost radiography students:

“I understand the course, I understand the job of being a radiographer so I can listen to what students are experiencing with that context, erm, but other

than that, predominantly kind of signposting, so, er, once, I've listened, assuming it's not kind of a quick, kind of factual type answer of how to find something, er, I often end up kind of explaining what other resources are available, who else is there, depending on what the support needs are"
(Christopher, lines 37-44)

Day to day, this is what Christopher feels comfortable doing. Similarly, Sarah was comfortable providing "some form of support", but focussed upon listening and directing on to other services:

"some form of support, not in terms of counselling, because we're not trained as counsellors, but listening skills or, erm, directing them" (Sarah, lines 47-49)

Furthermore, the maintenance of boundaries and "formality" in the provision of pastoral support was particularly important to Christopher:

"I'm quite, generally quite keen to keep boundaries (mmm), I'm very aware of that. Erm, so, it's trying to keep like some formality, is the word I would use, but erm, just trying to have, I wouldn't, I don't kind of pre-state them or anything but some boundaries to the, I'm not kind of, er, I'm using formal communication, so it's like through emails, er, we're booking in meetings, erm, we do do phone calls but I've got my phone that caller ID off, and erm, it would only be an arranged phone call, as opposed to, you know, just dropping a text or just calling maybe, so it's always kind of scheduled support [emphasis on "scheduled"], erm, so we've got that kind of, that boundary around the role" (Christopher, lines 167-178)

In describing a "boundary around the role", Christopher conveys separation from the student, or insulation from their difficulties, affording himself protection. He makes sense of his role as being limited to listening and then signposting.

The maintenance of boundaries and the use of personal phone numbers was a concern for David too. He was alarmed to see less experienced educators within the team “go a bit too far” (line 336), warning:

“it then turns into a personal thing, and then they’re contacting them or giving them their email, or giving them their phone numbers, and I’m saying please don’t go there, you don’t need to do that, well I’m helping, they’re having a terrible time, but yeah, I know that but where does your role finish? ‘cause it has to have an end point, you know, you are not a member of their family, you are not their personal friend and you should not be a personal friend” (David, lines 342-349)

During the initial noting stage of data analysis, I commented that this was “interesting but not specifically related to *his* experience of providing pastoral support”. However, David repeats his observation of *other* educators being “sucked” into (lines 107, 340, 352) difficult situations three times. This, coupled with frequent mention of *not* being a counsellor and the need to signpost on, is not simply a warning to other educators not to get too involved, but serves to emphasise how important boundaries are to him and his experience of coping with the pastoral support needs of radiography students. He maintains boundaries to protect himself.

As explored in superordinate theme one, Christopher had initially struggled with where “that line” (line 223) was; however, in identifying the scope and maintaining boundaries, Christopher felt more comfortable over time:

“I can kind of manage that fairly well now, I know where that boundary is and can convey that to the student” (Christopher, lines 226-233)

All three educators are cognisant of not doing too much, with both Sarah (line 419) and David (line 337) referring to this as a “danger”. Sarah says:

“I think the danger is you can try and fix it yourself, and quite often it’s not for you to fix” (Sarah, line 419-420)

Sarah describes herself as “a bit of a fixer” (line 471), which causes her to reflect upon her approach to providing pastoral support:

“my natural way of wanting to provide a solution or fix a problem, I need to try and take a step back from that, er, and try and allow the students to work it around themselves” (Sarah, lines 477-480)

Sarah is making sense of her role in providing pastoral support and acknowledging that it is at odds with her personality, her being a “bit of a fixer”. In doing so, she recognises that she needs to “take a step back”, both to allow the student to develop their own coping strategies and to protect herself. For Sarah, this appears to be a work in progress, whereas David is more confident:

“if a student comes to me and says I’ve got no money and I’m homeless or whatever, I say right okay, there’s the number, there’s the email, off you go” (David, lines 383-386)

Akin to a handover in healthcare, in which key information is provided to another professional or team of professionals to support the ongoing care of the patient, David can “hand it [the responsibility] over” (line 394) to centralised university support services. David says: “over to you, you’re the experts, we’re, we’re not” (line 395).

Being able to signpost students to “the experts” is reassuring for David, enabling him to cope with the more challenging pastoral issues that students share with him.

David’s comfort in signposting contrasts with that of Olivia, who described concern that centralised support services were “overwhelmed” (line 356). To confidently signpost the student, Olivia described needing to know the student would be seen “soon and not in six weeks’ time” (line 362). Olivia was anxious to know the student would have support and was therefore unable to step back from supporting the student herself, further aligning with the earlier interpretation of Olivia making sense of her role as one of a caring professional.

This subordinate theme explored how some educators chose to assert the scope of their pastoral support role and thus, set expectations - I can listen to your concerns and signpost you, but I cannot be your counsellor. The setting and maintenance of boundaries in this way is interpreted as a protective mechanism, as for Sarah, David and Christopher, this provides them with some protection from the feelings of vulnerability explored in superordinate theme one. Yet, other educators in this study found boundaries more difficult to construct and enforce, leaving them feeling anxious and exposed.

Feeling supported: The importance of social networks

Most of the educators interviewed felt supported by others in their pastoral role. They experienced meaningful interpersonal relationships which enabled them to make sense of the challenges they faced in supporting students and sustained them through

the emotional difficulties they experienced. This support enabled the educators to cope with the disorientation and distress they experienced. For Christopher, Steven, Olivia, Catherine and Sarah, these relationships centred around being part of a team of radiography educators. For Mary, the team were important, but she also valued her family in times of emotional distress.

Mary (line 131) and Steven (line 364) described their teams as “close-knit”, suggesting a strong relationship. This closeness was felt by Christopher also, whose team “lean on each other” (line 125) for support when managing challenging pastoral situations. This team dynamic enabled the educators to access emotional support, through “sharing” (Sarah, line 374), “talking” (Catherine, line 142 and Olivia, line 213) and “debrief” (Christopher, line 123). Talking about difficult experiences was an important coping strategy for Sarah, Olivia and Catherine. Sarah managed feeling overwhelmed and emotionally drained by “venting” (line 355):

“I find somebody who I can vent to about it and go “oh my gosh, this is now happening” and basically offload to someone else” (Sarah, lines 355-357)

Being able to “offload” enabled Sarah to share the emotional burden. When Olivia was upset by disclosures from students, she did the same:

“I think the only thing you can do is then talk to somebody else” (Olivia, lines 211-212)

Talking was an effective coping strategy for Catherine too, equating this to how she managed the emotional distress of caring for sick patients as a clinical radiographer:

“you probably just use all the same coping strategies that you’ve got for that I would think without erm, but yeah, I think talking, talking seems to work for me, talking to my colleagues” (Catherine, lines 140-143)

Christopher had organised a journal club which had triggered him to reflect upon the need for a “debrief” following difficult pastoral interactions:

“we talked about erm, the Bristol situation, the suicides in Bristol and er, we got us talking about our own experiences, and how sometimes we need to debrief each other as tutors” (Christopher, lines 120-123)

Discussing the cluster of suicides that had occurred in recent years at the University of Bristol had proven to be a prompt for the team talking about their experiences, which Christopher had found valuable. The insights provided by Christopher, Sarah, Olivia and Catherine highlight how educators actively share their experiences with the other educators in their team to share the emotional burden.

The significance of a supportive team is further highlighted by Mary. She uses the phrase “about to go off”, which may refer to recognising when a colleague needs to take some time off work, but also conjures the image of a bomb exploding, conveying the vulnerability of the educator. Both meanings communicate the importance of support provided intuitively in her team in these situations:

“we recognise when somebody is about to go off and like, if it’s all becoming too much” (Mary, lines 154-156)

Like Olivia, Christopher, Catherine and Sarah, Mary values the support of the team she works with but is the only educator to express the importance of the “support mechanism” (line 137) that is her family. She acknowledges that she requires emotional support when providing pastoral support to students: “If things are not going well for me, I’ve got very good family nearby” (Mary, line 132-133). She is cognisant of the need to protect herself as well as support the student. Here, she uses the word “overtake” to convey the risk of being overwhelmed:

“it’s that balance, about trying to support them but not letting it overtake you”
(Mary, lines 282-283)

Despite feeling supported by others, Mary recognised that she remained vulnerable to the emotional strain of providing pastoral support.

It was not just having someone to share their experiences with that the educators valued, they sought and received reassurance and advice regarding pastoral support from their peers too. This was apparent for Christopher, Steven, Mary, Catherine and Sarah. Hearing the perspectives, ideas and opinions of others supported these educators in deciding how to approach new, unusual or complicated pastoral support situations. Christopher, Mary and Catherine used similar phrasing when explaining the value of informally discussing ideas and perspectives with others:

“they can be really good to just bounce things off” (Christopher, lines 350-351)

“we kind of do talk, bounce things off each other and chat that way” (Mary, lines 149-150)

“we talk about it lots in the team I think, we talk, we do sort of, without breaking confidences (mmm), we do kind of, maybe if we’ve had an experience like that [a distressing interaction with a student with severe anxiety], where we find it difficult, there’s a lot of bouncing back and forward” (Catherine, lines 129-133)

For Sarah, this enabled her to see situations differently, conveyed by the idiomatic expression of putting “a different light on it” (lines 385-386).

More senior educators were also seen as important. Christopher valued their advice:

“we have a senior tutor who oversees, you know, tutorial arrangements and so they’re kind of valuable to lean on if you need some advice” (Christopher, lines 125-127)

This suggests that one of the ways Christopher copes with the disorientation and distress he experiences, is by acknowledging the limits of his practice and seeking advice. Similarly, Steven valued the physical presence of more senior educators in unfamiliar situations, particularly at a time when he had “not been doing this very long” (lines 88-89). Recalling a difficult meeting with a student who had experienced an “utterly horrendous” (line 86) life event, Steven says:

“I appreciated at the time having a little bit more senior support around, from people who had been experienced much longer” (Steven, lines 104-106)

Now more experienced, Steven still finds value in discussing more challenging pastoral interactions with members of the academic team:

“I went back to the rest of, a couple of people in my team and said “look, this is what has happened, this is what I’ve done, do you think this is the right thing to do?” and they actually said yes, they thought I’d, I’d managed that correctly pretty much” (Steven, lines 319-323)

In sharing his decisions, Steven is looking to his peers for reassurance or “back up” (line 332) that he has supported the student in the “right” way. Reassurance was important to Christopher also:

“just talking to other staff about experiences and get that reassurance that other staff are having similar experiences and, saying similar things, when you kind of debrief” (Christopher, lines 115-117)

It is evident within this subordinate theme that the educators experienced and valued being part of “close-knit” diagnostic radiography teams at their respective HEIs. These relationships provided emotional support, reassurance and advice which assisted the educators in coping with the disorientation and distress explored in superordinate theme one. They relied upon the support of their peers, but also attached meaning to their experience of learning from them.

Experience-informed practices

Superordinate theme one explored the educators’ experiences of feeling unprepared for supporting the pastoral needs of their students. To cope with their inexperience, the educators called upon their personal experiences as a parent or sibling, and to a lesser extent, their professional experiences as a radiographer. Feeling untrained and

unprepared, this subordinate theme illuminates how the educators made sense of their approach as one drawn predominantly from roles and experiences outside of their educator role. The experiences of Olivia, Andrew, Steven, Mary and David are evident within this subordinate theme.

Olivia, Mary and David likened caring for students to caring for patients, with Olivia exclaiming: “now our patients are our students” (Olivia, line 338). For Mary, being a radiographer meant being caring and nurturing, qualities that she had carried into her educator role:

“working in healthcare, you have to have this kind of care [emphasis on “care”], nurturing outlook on life, because you’ve got patients and you look after them, and you care for them, and I was always told when I started, when I moved from the clinical department to the academic side, that basically my students would become my patients, and that’s who I would end up caring for and it is very much like” (Mary, lines 287-293)

For David, being caring and empathetic is innate or “instinctive”. It is part of who he is as a radiographer and an educator:

“I think because we come from a healthcare background, we do naturally have these instinctive [emphasis on “instinctive”], erm, empathy, and sympathy for our students, and also for their lives [emphasis on “lives”]” (David, lines 319-322)

Akin to Mary, he understands his approach as caring and empathetic based upon his background in healthcare. Likewise, Olivia acknowledges that whilst patients and students are different, there is a similarity in the way she cares as an educator and as

a radiographer, describing it as a “caring professionalism in us, that doesn’t go away” (Olivia, lines 392-393).

In making sense of their approach to supporting students, David, Olivia and Mary associate providing pastoral support to students with caring for patients as a radiographer. The similarity is focussed upon the qualities of the educator, as opposed to the skills of the radiographer. This is exemplified by Mary who says:

“your care and compassion, you know, how you would treat a patient is generally how you would treat your students, so you care for them, you’re compassionate about them, you show empathy” (Mary, lines 399-402)

Although David, Mary and Olivia described themselves as being caring, compassionate and empathic, Olivia also acknowledged the differences:

“it’s different because (pause) we’re with our patients for such a short time as radiographers” (Olivia, lines 376-377)

She contrasts the educator-student relationship, characterised by longer, repeated interactions, with that of the radiographer-patient, which tends to be brief and often one-off. This suggests that being a radiographer has not fully prepared her for being a radiography educator, enabling her to make sense of her experience of feeling unprepared and untrained. Despite describing her radiographer identity as being “tattooed on [her] forehead” (line 296-297), Olivia feels that having moved into education, she has “changed career” (Olivia, lines 284).

For Steven, the value of experiences beyond education was not confined to that of being a radiographer:

“the experience, erm, both inside and outside the profession, I think can improve your ability to be a good personal academic tutor” (Steven, lines 279-281)

Steven, Mary, and David used their experiences of being a parent, and Andrew as a sibling, to guide and make sense of their approach to supporting students with pastoral needs. Mary likened her pastoral role to that of a “parent figure” (line 51) or “substitute parent” (lines 299-300):

“I find myself telling the students things that I tell my kids!” (Mary, lines 293-294)

In advising the students the way she would advise her own children; Mary uses her experiences of being a parent to inform her approach to providing pastoral support. In drawing upon her parental role identity, Mary feels more comfortable and can navigate aspects of her pastoral role. David also called upon his personal experiences as a father:

“my own kids have gone through university and they’ve come back with things, and I’ve been able to advise them and so, so yeah, and also you know, to use that experience to tell the students, say “well, I’ve come across a similar situation to yours before and this is what the student did, blah, blah, blah”” (David, lines 612-616)

Steven believed that being a parent gave him a better insight into the challenges faced by students, enabling him to empathise with them:

“you have, erm, a greater understanding of the challenges that your students who are parents and, are trying to juggle, and not just parents, but carers as well (mmm), trying to juggle the demands of the course and parenting” (Steven, 283-286)

At first pass, it is evident that Mary, Steven and David are calling upon their experiences as parents to inform their approach to providing pastoral support. However, in drawing parallels with their own children, they are also experiencing connectedness with the students they support, aligning with superordinate theme two.

It is not clear whether Andrew is a parent, but he describes himself as being “a brotherly [emphasis on “brotherly”] figure” (lines 208-209). Andrew does not feel prepared for, in terms of training or experience, the pastoral support role, and instead consciously reflects upon the support he would have given his sister when she was younger:

“having a younger sister, five years younger, er, and being the big brother, taking care of my sister, it, er, it helped me to inform my decision-making processes for someone who is also very young, and perhaps, vulnerable” (Andrew, lines 109-113)

Both David and Steven felt that their personal experiences of life had enabled them to better navigate the challenges of providing pastoral support:

“life experience is huge isn’t it, yourself, you know, I’m a father and a grandfather now, blimey, I’m getting old, yeah, erm, and life experiences, yeah, dealing with things in my own life that I’ve had to deal with, or my kids

have dealt with, and again, you see what's worked, what hasn't worked, see what's the most appropriate thing to say" (David, lines 596-602)

"each situation you are confronted with is always different, er, but I think having a little bit of greater life experiences is, it does help" (Steven, lines 298-300)

Although the educators chose to draw upon their personal and professional identities and experiences to manage their inexperience as educators and/or their uncertainty on what to do, it was also acknowledged that with time and experience in supporting students, came confidence and perceived competence.

Both Steven and David expressed feeling more confident over time. It is evident throughout David's interview that he is comfortable providing pastoral support. He has been a radiography educator for many years and has a wealth of experiential knowledge to draw upon:

"I've been there before, and I know, erm, and in a nutshell, that's it, I think. Erm, issues come up now and I, I've been there before with students, other students in previous years, and I know what's worked and what hasn't worked" (David, 560-564)

Similarly, Steven felt he had built up a repertoire of knowledge:

"you understand procedures, you understand people better and I think every single time you get, you act as a personal academic tutor, you do pick up new things" (Steven, lines 275-278)

Although Steven and David became more confident with time and experience, all the educators interviewed are represented in superordinate theme one, *Disorientation and Distress*. Feeling unprepared and inadequately trained for their role was a shared experience of supporting students with pastoral needs. Rather than making use of formal training, the educators made sense of their approach as one drawn from other role identities (parent, sibling, radiographer) and experiences.

4.3 Conclusion

In this chapter, I presented an IPA of eight radiography educators' experiences of supporting students with pastoral needs. These experiences are characterised by periods of disorientation and distress, during which the educator feels unprepared, overwhelmed, and uncertain, interspersed with periods of connectedness and reward, having nurtured meaningful pastoral relationships with their students over time. The educators attempt to construct and enforce boundaries to manage uncertainty and rely upon supportive interpersonal relationships within the radiography team to manage their disorientation and distress. The educators make meaning of their approach as one informed by roles and experiences outside of their educator role. In the next chapter, I discuss these findings in relation to existing research and theory, placing my research within the wider context.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

This study explored the lived experiences of diagnostic radiography educators supporting the pastoral needs of undergraduate students in the UK. Whilst the experiences of students seeking pastoral support are more widely examined, a systematic review of the extant literature (undertaken as part of this study) established the scarcity with which educator experiences are considered, compounded by a complete absence of the diagnostic radiography educators' voice. Yet, in the absence of an in-depth understanding of the experiences of educators, opportunities to enhance pedagogic practice and subsequently, the educator, student and ultimately, service user experience in diagnostic imaging, are limited.

Through the analytic process set out by Smith, Flowers, and Larkin (2009), I developed three superordinate themes: 1) Disorientation and Distress, 2) Connectedness and 3) Acceptance and Coping, and eight nested subordinate themes.

In this chapter, I discuss these findings in relation to existing research and theory, situating my research within the wider context. In alignment with the idiographic commitment of IPA and the recommendations of Larkin (2022), I have integrated case level exemplars to illuminate the educators' experiences, as well as exceptions to highlight divergence. Finally, the chapter concludes by acknowledging the limitations of the study, considering the implications for practice within HE and making recommendations for further research.

5.2 Discussion of findings

5.2.1 Experiencing connectedness in pastoral relationships

The educators invested time and emotional effort in cultivating pastoral relationships with students. The superordinate theme “Connectedness” was developed to capture and reflect the educators’ experiences of nurturing these relationships. Connectedness has been defined as a situation in which “a person is actively involved with another person, object, group or environment, and that involvement promotes a sense of comfort, wellbeing, and anxiety-reduction” (Hagerty et al., 1993, p.293). According to O’Rourke and Sidani (2017, p.43), this can be operationalised as “caring about others and feeling cared about by others” and the “feeling of belonging to a group or community”. Despite the experiences of disorientation and distress conveyed in superordinate theme one, most of the educators also felt rewarded through their active engagement with students. This section considers the nature of their reward, before moving on to explore the importance of connectedness (also known as relatedness), autonomy and competence in relation to Ryan and Deci’s (1985) Self-Determination Theory, a theory of human motivation that can be applied to the workplace.

The first subordinate theme, ““The fuzzy glowing inside bit”: Feeling rewarded”, explores the intrinsic rewards educators associated with providing pastoral support. I chose to use the words of Sarah in naming this subordinate theme, as she conveyed the embodied experience of emotional warmth from making a difference to the lives of her students; a sentiment shared by the other educators in this study, and four of the

studies included within the literature review (Harrington, 2004; Rhodes and Jinks, 2005; McAllister et al., 2014; McFarlane, 2016). The “fuzzy” feeling she experiences is not a tangible or measurable reward for providing pastoral support; instead, it is a subjective, intrinsic sense of reward. Whereas extrinsic rewards are obtained *for* performing a work task (for example, receiving a salary, promotion, or company car), intrinsic rewards are those obtained *from* performing the task itself (Kalleberg, 2011). Intrinsic rewards evoke a positive emotional reaction and can include the opportunity to learn something new, to feel good about oneself or to achieve something meaningful or worthwhile (Linz and Semykina, 2012). These intrinsic rewards were felt by most of the educators actively engaged in the student-educator relationship; however, Catherine’s experience was divergent. She found providing pastoral support particularly distressing and during her interview, did not give any indication that she felt rewarded.

Connectedness within pastoral relationships can be beneficial to both student and educator, reducing anxiety and promoting wellbeing (Hagerty et al., 1993). Whilst there is an increasing focus on the importance of connectedness in educator-student relationships in secondary education, with research highlighting a favourable impact upon student learning and wellbeing (García-Moya, 2020), connectedness between educator and student in HE has not been explored to the same extent. There has been some research, with Felten and Lambert (2020) demonstrating that effective educator-student relationships in American colleges can enhance learning, belonging and persistence (the individual student’s continuation in HE). Whilst Felten and Lambert focus on the benefits to the student, Hagenauer and Volet (2014) argue that belonging affects university educators also, with interactions and relationships with students

having a beneficial impact upon the educator. Further research would be advantageous in better understanding the existence and impact of connectedness amongst educators in UK HE, as the findings of my research suggest that the effort and emotion invested in relationships of care can lead to connectedness and enhanced wellbeing but can also lead to distress amongst educators.

Given that connectedness is essential for healthy interpersonal functioning (Townsend and McWhirter, 2005), I considered the potential impact upon radiography educators. Developed and refined over many years by the psychologists Richard Ryan and Edward Deci, Self-Determination Theory (SDT) offers a theory in which to discuss connectedness and the opportunities for enhancing practice in HE. SDT is a psychological theory of human motivation which states that humans need to feel competence, autonomy, and relatedness (akin to connectedness) to thrive in life and the workplace (Ryan and Deci, 2018). In the impending discussion, I will consider each of these factors in relation to the educator's role in providing pastoral support and the findings of my research.

Autonomy requires that the individual engages in an activity by choice (Kriek, 2019) and that the activity aligns with their own values and interests (Ryan and Deci, 2018), whilst competence requires that the individual feels effective and has confidence in their own abilities (Kriek, 2019). Relatedness aligns with social connectedness and is a feeling experienced when the individual feels cared for and/or cares for others (Ryan and Deci, 2018). The educators in this study experienced relatedness by caring for and contributing to the lives of their students through their pastoral relationships. This was particularly true for Mary, Christopher, Olivia, Andrew, and Sarah, and illuminated

in the interview of Mary and Olivia who saw the students as being like them, referring to the students as radiographers and women, like them, respectively.

According to SDT, when these needs are met, more intrinsic, high-quality motivation is fostered (Deci and Ryan, 2014), leading to enhanced wellbeing and performance in the workplace (Kriek, 2019). **Figure 10** represents the autonomy-control continuum proposed by SDT.

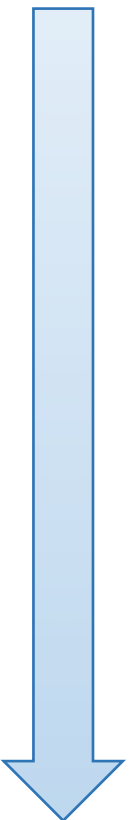
Motivation	Regulatory pattern	Description	Autonomy-Control
Amotivation	Non-regulation	Absence of motivation	Amotivated
Extrinsic	External regulation	Motivation is to satisfy external demands (for example, just to be paid) or to avoid punishment for not completing the task	Controlled 
	Introjected regulation	Self-worth is contingent upon performance, and thus, completion of the task is motivated by approval from self or others	
	Identified regulation	Motivated to complete the task by values and goals of personal importance	
	Integrated regulation	Motivated to complete the task by values which are fully integrated into one's self-concept	
Intrinsic	Intrinsic regulation	Motivated to complete the task for interest or enjoyment alone, for example, playing a sport or singing in a choir	

Figure 10: The Autonomy-Control Continuum - adapted from Ryan and Deci (2018) and Kriek (2019).

According to the Autonomy-Control Continuum, whilst controlled motivation means the individual is forced to act under pressure or obligation, the more autonomously motivated individual has a sense of choice or volition (Deci and Ryan, 2014). Although not purely intrinsic, identified and integrated motivation are considered autonomous because the individual 'owns' the behaviour exhibited (Jex and Britt, 2014). The educators interviewed in my study demonstrate integrated motivation, aligning caring for students with their values as a caring radiographer. For example, in the subordinate theme "Experience-informed practices", David describes his empathetic approach to students as "instinctive" and Olivia refers to it as a "caring professionalism", whilst Mary aligns her caring approach to students with that of her approach to patients. In this way, their motivations for providing pastoral support are autonomous and align with those of the other health professions educators seen in the literature review, where caring for students was likened to caring for patients (Rhodes and Jinks, 2005; Roldan-Merino et al., 2019). It is noteworthy that this practice was associated with blurring of boundaries in the literature review (Ramluggun et al., 2022) and was not without difficulty amongst the radiography educators interviewed in this study also. This is explored further in section 5.2.2.

Given the importance of autonomy to wellbeing in the workplace, should radiography educators be able to self-select to provide pastoral support (e.g., as a personal tutor or advisor)? With increasing student numbers and an institutional focus upon student retention, most educators employed in UK HEIs have a personal tutor role, but it could be argued that only suitably motivated and prepared educators should be undertaking this role. In a recent survey of 48 personal tutors from 29 UK HEIs, 65% disagreed

with the statement that “all academic staff should be assigned as personal tutors” (Grey and Osborne, 2020, p.292). Whilst the sample size was small, the results suggest there may be value in exploring a change to the current system where most educators are personal tutors, and thus, provide pastoral support.

However, the educators in this study were already stretched and feeling overwhelmed by the time commitment, describing their pastoral role as “invisible” (David, line 498) and unrecognised in workload modelling. This aligns with the findings of the literature review, in which pastoral support was perceived to be unrecognised by the HEI in terms of workload and professional / career development. Furthermore, the results of a recent quantitative survey, with 57 responses from personal tutors at 26 UK-based HEIs, also suggest educators do not feel valued, recognised or rewarded for their personal tutoring role. Only 11% of personal tutors felt their practice and experience in personal tutoring was highly valued, recognised or rewarded by their institution, with only 2% feeling valued by the HE sector more widely (Walker, 2020a). The perceived lack of value and recognition for educators providing pastoral support contrasts with that of other commitments, such as research and knowledge exchange, and could cause conflict between educators who do and do not self-select to be personal tutors. Professional recognition is one way of acknowledging their work.

The UK Advising and Tutoring (UKAT) association is a learned society invested in enhancing the scholarship and practice of academic advising and personal tutoring in HE (UKAT, 2024). In 2023, they published the *UKAT Professional Framework for Academic Advising and Personal Tutoring* intended to identify the core competencies educators need to support students effectively (UKAT, 2023a), and offer a

professional recognition scheme (UKAT, 2023b). 74% of the educators surveyed by Walker (2020a) believed it necessary to establish such standards for professional recognition. The findings of my research along with the existing evidence published in the UK and more widely lead me to recommend that HEIs promote and support opportunities for professional recognition via UKAT.

In conclusion, according to SDT, high quality motivation requires three basic psychological needs be met; relatedness (akin to connectedness), competence and autonomy (Ryan and Deci, 2014). Kriek (2019) argue that this leads to enhanced wellbeing and workplace performance. My analysis suggests that most educators experience connectedness in the pastoral relationships they have nurtured and appear autonomous in their approach to caring for students. However, the findings also indicate that the psychological need of competence is not consistently met. Most of the educators are represented in the subordinate theme ““Winging it”: feeling unprepared”, demonstrating that whilst providing pastoral support aligned with their values, they did not always feel effective. They described feeling “out of their comfort zone”, untrained and unprepared. On the surface, these findings suggest that educators may benefit from further training, which is the conclusion of existing research (e.g., McFarlane, 2016; Roldan-Merino et al., 2019; Payne, 2022; Ramluggun et al., 2022); however, I argue in the forthcoming sections of this chapter that HEIs should focus on creating environments conducive to informal collegial discussion and support (section 5.2.3) and situated learning (section 5.2.4) to enhance educator competence, confidence and wellbeing.

5.2.2 Practising at the intersection: role ambiguity and boundary work in pastoral practices

Boundaries were of concern to the educators interviewed in this study. The intrinsic rewards associated with providing pastoral support were *not* experienced when educators were practising at what they perceived to be the boundaries or limits of their pastoral role. It is evident within superordinate theme one, “Disorientation and Distress”, that the educators experienced uncertainty in determining the extent of their role in providing pastoral support, typified by anxiety surrounding where “the line” is and the risk that one might inadvertently cross it. In the first part of this section, the impact of such uncertainty is examined in terms of role ambiguity. I then move on to explore the educators’ attempts to construct and enforce role boundaries, drawing upon the concept of boundary work, and the complications associated with the dual identity of educator and healthcare professional. This section concludes with recommendations for practice moving forward.

Role ambiguity refers to an individual’s perception of uncertainty in their job role (Kalkman, 2018), including a lack of clarity in their responsibilities (Sharma and Cooper, 2017) and the expectations of them (Bess and Dee, 2007). In experiencing uncertainty in the extent, expectations, and responsibilities of their role in providing pastoral support, the educators are experiencing role ambiguity. This interpretation aligns with the findings of other studies investigating pastoral support and the role of the personal tutor. Walker (2020b) interviewed eight personal tutors with a range of experience (from less than 12 months to 22 years) at a university in England. He found that some tutors had limited understanding of their role which negatively affected their perceptions of their effectiveness as personal tutors. Although more experience

tended to improve confidence, some experienced educators still felt uncertain of the expectations of them. Ramluggun et al. (2022) explored the experiences of educators supporting students with mental health concerns at two universities in England. These educators also voiced concerns about uncertainty in the pastoral role, wanting clearer guidelines on what was and was not within their remit. Similarly, the educators interviewed by McFarlane (2016) and Payne (2022) described a lack of clarity in their roles and a desire for a greater understanding of the boundaries they were working to.

Although these findings are not novel, they are nonetheless significant as role ambiguity can have a negative impact upon job satisfaction (Bess and Dee, 2007) and the employee's mental health and wellbeing (Papastylianou, Kaila and Polychronopoulos, 2009). Without a clear understanding of the expectations of one's role, an employee will find it difficult to meet the requirements of that role (Coney and Muncey, 2005). Role ambiguity has been explored amongst educators in HE in many countries and cultures, including in the UK (Shulz, 2013), Pakistan (Faisal, Noor and Khair, 2019), China (Deng et al., 2022) and Romania (Macovei, Bumbuc and Martinescu-Badalan, 2023). Although these studies did not focus specifically on pastoral support, they have shown that role ambiguity is a cause of workplace stress (Faisal, Noor and Khair, 2019) and burden (Deng et al., 2022), having a negative correlation with educator wellbeing (Macovei, Bumbuc and Martinescu-Badalan, 2023) and job satisfaction (Shulz, 2013). This is an important issue given that HE staff mental wellbeing is reportedly lower than population norms in the UK (Wray and Kinman, 2021), with a recent survey of 1182 staff from 92 UK HEIs finding that 47% of respondents would describe their mental health as poor (Dougall, Weick and Vasiljevic, 2021).

It is evident within superordinate theme three, “Acceptance and Coping”, that the educators employed coping strategies to manage role ambiguity and the associated distress they experienced. The educators made sense of their role as *not* that of a counsellor and thus differentiated their role in listening to and signposting the student, from that of the trained centralised support staff who provide professional counselling services. I argue that in attempting to define and assert their scope of practice, the educators are engaged in boundary work, which I consider from both sociological and individual standpoints.

Langley et al. (2019, p.704) define boundary work as the “purposeful individual and collective effort to influence the social, symbolic, material and temporal boundaries, demarcations and distinctions affecting groups, occupations and organizations”. At the sociological level, the concept of boundary work is concerned with differences that are constructed between “us” and “them” (Grbic, 2010, p.109), and is attributed to Thomas Gieryn (1983), an American sociologist who first used it to describe the ways in which scientists attempt to distinguish their work from, and assert their authority over, non-scientists. Research exploring boundary work has since extended beyond the science / non-science dichotomy originally of interest to Gieryn, to examine how professions, as well as individual professionals, attempt to defend or expand their profession’s scope of practice (Weber et al., 2022). Professional boundaries are those that distinguish one profession from another (Lamont and Molnár, 2002), and here, it is the scope of practice or jurisdiction of the educator versus that of the counsellor which is the focus of the educators’ talk.

In his seminal work, *The System of the Professions* (1988), Andrew Abbott, an American Sociologist, argues that “jurisdictional boundaries” (those which separate one profession’s knowledge and activities from another profession’s) are continually in dispute (Abbott, 1988, p.2). As such, jurisdictional disputes with adjacent professional fields are common. Existing research has examined the boundary work undertaken by a range of health professions to manage jurisdictional disputes (Håland, 2012; King et al., 2015; Bucher et al., 2016; van Bochove et al., 2018; Weber et al., 2022); however, there is an absence of research explicitly exploring such disputes between educators and centralised support services in HE.

The educators use of collective language, such as “we’re not trained as counsellors” (Sarah, lines 48-49) and “we are not here as trained counsellors” (David, line 103), speaks to the educators’ attempts to construct and negotiate the role of their profession. However, much of their talk is focussed on the individual level. The educators were fearful of being expected to counsel students with pastoral needs, concerned that their professional jurisdiction was being expanded into territory for which they were not suitably trained. During the interviews, the educators actively sought to establish a demarcation between their role as an educator (listening and signposting) and that of staff in centralised support services, placing emphasis upon the educator *not* being a counsellor. In enforcing the separation in roles, they are engaged in boundary work.

MacNaughton, Chreim and Bourgeault (2013) explored interprofessional teamwork and collaboration between primary health care teams at an individual level and argue that professional role construction can be defined as the formation and negotiation of

taskwork. Taskwork concerns the activities that individual professionals must perform to meet the team's goal (McIntyre and Salas, 1995 cited in Pina e Cunha et al., 2020). With regards to supporting students with pastoral needs, tasks or activities could include the provision of counselling or financial advice. In attempting to create and negotiate the taskwork of the educator and comparing this with the taskwork of centralised support services, the educators are engaged in role construction.

The interviews in this study suggest that the boundary between the individual educator and centralised support services (specifically the counsellor) is experienced by the educator as blurred. In part, this appears to be caused by role ambiguity. However, I have also interpreted this to be exacerbated by the educator having two professional identities: radiographer and educator. Whilst the educators did not feel that being a radiographer prepared them for providing pastoral support in terms of skills, being caring and nurturing were seen as qualities of both the radiographer imaging patients and the educator providing pastoral support. This appears to further distort the boundaries as some of the educators used these qualities instinctively, despite asserting that they were not counsellors.

Prior professional experiences and multiple professional identities were identified as a challenge in existing studies also. For example, Ramluggun et al. (2022) conducted a qualitative survey using open ended questions to explore the experiences of educators teaching on health and social care programmes, including nursing, midwifery, social work, occupational therapy, and paramedic science. As health and social care professionals by background, the educators struggled with "blurred boundaries" (Ramluggun et al., 2022, p.608), wanting to offer more support than was

appropriate for their educator role. Similarly, the educators with prior professional experience in a “helping role” in McFarlane’s (2016, p.82) research found boundaries difficult to navigate and establish. This aligns with the findings of Hughes and Byrom (2019) who found that educators on nursing and professional health programmes found it more difficult to uphold boundaries as they have two identities: educator and health professional.

The educators in this study articulated their pastoral role as being limited to listening and signposting but struggled to separate their dual identities of healthcare professional and educator. They engage in boundary work to assert their role as *not* a counsellor, but do not routinely refer on to centralised support services. This is potentially problematic for both the educator and the student. Although the importance of knowing when and who to signpost students to is evident in personal tutoring policies available online, my findings indicate that educators require further support to understand the jurisdiction of their pastoral role. Drawing upon the distinction between taskwork and teamwork identified by McIntyre and Salas (1995 cited in Pina e Cunha et al., 2020), it may be possible to allocate taskwork to either the educator or the counsellor (e.g., making referrals to wellbeing services, providing counselling) through role construction, but it is teamwork (including shared attitudes and beliefs) between educators and centralised support services that has the potential to improve the effectiveness of the pastoral support provided, and the experiences of the educator. In summary, whilst the division of labour is not well-defined, effective working relationships between educators and centralised support staff would promote educators’ understanding of the resources available to students locally and enable

collaborative conversations to determine who is best to support a student with a particular pastoral need.

5.2.3 Emotion management as a radiography educator

Providing pastoral support was experienced as emotionally draining by most of the educators interviewed in this study. Superordinate theme one, “Disorientation and Distress”, captures the educators’ bewilderment, uncertainty, ill-preparedness, and feelings of being overwhelmed. The discussion presented below starts by exploring the concept of emotion management, which I argue the educators are performing in their pastoral work with students and concludes by examining their coping strategies and subsequently offering recommendations for practice.

Despite feeling overwhelmed, the educators sought to listen to and support each student, hiding their own feelings of mental and emotional exhaustion by attempting to “put on a good face” (Sarah, line 351). Such an idiomatic expression suggests Sarah feels forced to act as if the pastoral needs of the student are not as challenging as they are, that they are not affecting her in the way that they are. However, her admission that “in the background, [she’s] thinking “oh my gosh” (nervous giggles) “Where do I go with this?”” (Sarah, lines 353-354) highlights her discomfort. Christopher also made attempts to conceal his true emotions, recalling a morning in which he scheduled back-to-back tutorials for six students and three of them cried. He needed to demonstrate empathy for each student, whilst controlling his own emotions – he could not show that he felt drained, instead displaying enthusiasm and empathy afresh for each student, one after another. Regulation and suppression of emotions in

this way requires effort (Bolton and Boyd, 2003), particularly in situations where the student is experiencing considerable difficulty. This required the educator to protect the student from their own emotional response; however, this proved challenging, as described by Olivia who was fearful of how she was “going to hold [her] emotions together for [the student]” (line 180). In suppressing their real emotions and instead presenting emotions deemed appropriate for the workplace setting (a pastoral support tutorial in the HEI), the educators in this study are performing emotion management.

In her seminal work, *The Managed Heart; Commercialisation of human feeling*, Arlie Hochschild (1983) coined the term ‘emotional labour’, defining it as the effort required “to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (Hochschild, 2012, p.1) – that is, the employee must hide their true feelings and display those deemed appropriate in the situation. In her empirical study of the airline industry in the early 1980s, Hochschild observed that, particularly in service industries, employers expected employees to modify their emotions to externally present only those which are considered appropriate (Iszatt-White, 2013), for example, smiling to ensure passengers feel safe and well looked after on their airline, even when this did not reflect their internal feelings. Hochschild (2012, p.36) termed this “surface acting”.

Three of the studies included within my literature review concluded that personal tutoring requires the educator to perform emotional labour (Huyton, 2011; Hayman et al., 2022; Ramluggun et al., 2022). However, in analysing the educators’ sense-making, I felt uneasy focussing my discussion on Hochschild’s work alone. The educators’ stories were interwoven with what I interpreted to be genuine care,

compassion, and empathy for students, such that “surface acting” and the commercial “feeling rules” of the HEI alone seemed insufficient to explain the emotions the educator had to conceal. Sharon Bolton’s critique of Hochschild’s (1983) emotional labour (which centres around the absence of recognition for the individual’s agency at work) and the subsequent development of her Typology of Emotion Management (Bolton, 2005) resonated with my interpretation of the educators’ experiences. It was not the expectations of the HEI to care for students as consumers paying for a service that was striking in the interviews, it was the meaning the educators attached to their approach to providing pastoral support - they likened caring for patients as radiographers to caring for students as educators. This comparison is explored in the subordinate theme “Experience-informed practices” and is particularly evident in the experiences and meaning-making of Olivia, Mary and David. Caring was seen as innate and instinctive, part of the professional self-concept of the radiographer, demonstrated by Olivia who explains her approach to providing pastoral support as being underpinned by the “caring professionalism in us that doesn’t go away” (lines 392-393).

Bolton’s typology, chiefly based upon her research exploring the experiences of gynaecology nurses in the NHS, identified four categories of emotion management in the workplace: pecuniary, prescriptive, presentational and philanthropic (shown in **Table 10** on the next page).

Table 10: Bolton's Typology of Emotion Management - adapted from Bolton (2000, p.214) and Bolton (2005, p.93)

	Pecuniary	Prescriptive	Presentational	Philanthropic
Description	Emotion management for commercial gain	Emotion management in accordance with organisational or professional rules of conduct	Emotion management according to general 'social' rules	Emotion management given as a 'gift'
'Feeling rules'	Commercial	Professional and organisational	Social	Social
Identity	Imposed by the employer / self	Professional / self	Self	Self

Whilst Bolton (2005) aligns pecuniary emotion management with Hochschild's emotional labour, specifically in providing customer service in a commercial setting, it is prescriptive and philanthropic emotion management which are more fitting with the educators' motivations and experiences. There was no suggestion that emotion management occurred for commercial gain, for example, because of an HEI's drive for improved National Student Survey (NSS) scores.

Prescriptive emotion management is used to define an employee's emotion management which is prescribed by the organisation, but unlike pecuniary, not purely for commercial gain. Bolton (2005) argues that this facilitates analysis of public sector organisations, such as the NHS, where the employee may adopt the "feeling rules" of the organisation *and* of their profession. For example, radiographers, and other

healthcare professionals working in the NHS, are expected to be caring and compassionate, in accordance with the expectations of the organisation and the individuals' professional code of conduct. Interpreting the sentence ("the part") within the context of the interview ("the whole"), thus, operating within the hermeneutic circle (Smith, Flowers and Larkin, 2009), I was better able to understand the educators' experiences of and motivations for emotion management, supporting my interpretation as prescriptive and philanthropic emotion management, as opposed to the pecuniary emotion management (or emotional labour) in its absolute sense. For example, Olivia was fearful of how she was "going to hold [her] emotions together for [the student]" (line 180), suggesting she was performing emotion management. It is not clear at this point in the interview what "feeling rules" motivate her; however, when the interview is considered as whole, it is evident that she equates caring as an educator to caring as a radiographer; for her, there is a "caring professionalism in us that doesn't go away" (lines 392-393). The "feeling rules" associated with being a radiographer, of caring for others, which remain with her despite a move from clinical radiographer to educator, require her to hide her true feelings of fear to protect the student.

There were also examples of philanthropic emotion management, defined by Bolton (2005, p.92) as situations in which an employee may "decide to give that 'little extra' during a social exchange in the workplace" – this being extra emotion given as a gift. These actions are driven by social "feeling rules" as opposed to being dictated by the expectations of the organisation or profession to which the individual belongs. Bolton (2000, p.586) describes the extra emotion work given by nurses to their patients in the form of "authentic caring behaviour". This "gift" is seen most vividly in Sarah's interview in which she recalls supporting a student through a medical procedure in hospital.

Despite feeling this was outside of her role as an educator, she gave that “little extra” by providing emotional support to the student at her bedside. Although she experienced emotional distress as a result, Sarah’s caring self-concept meant that she did not feel comfortable leaving the student to go alone, and instead chose to give the student a “gift” in the form of emotion work. As acknowledged previously, the regulation and suppression of emotions in this way requires effort on the part of the educator (Bolton and Boyd, 2003), and thus, it is reasonable to examine how the educators talked about coping in their work.

The educators actively sought opportunities to share their experiences with other educators in the team to lessen the emotional burden and manage uncertainty. This involved having trusted colleagues with whom they could vent and offload, discuss and debrief following pastoral support interactions. These conversations occurred away from the student and often revealed the vulnerability of the educator. The educators’ experiences of this are explored in the subordinate theme “Feeling supported: the importance of social networks”.

The conversations or social interactions occurring within the radiography team can be considered through the lens of American sociologist Erving Goffman’s Dramaturgical theory. As described in *The presentation of self in everyday life*, Goffman (1959) uses metaphors from the theatre to explain how one presents the self in social interactions. He uses front stage (or front region) to represent the performance given to an audience which is consistent with social norms and expectations. Conversely, when social actors go backstage (or back region), they can “drop [their] front” and “step out of

character” as they are no longer playing a role for that audience (Goffman, 1959, p.115).

When meeting and interacting with the student, the educator can be described as front stage. Within the personal tutorial setting, the student forms the audience, and the educator follows the social norms and expectations of the HEI in terms of providing pastoral support, and of their professional codes of conduct in terms of being caring and compassionate – they give their performance. However, in managing the emotional burden of providing pastoral support, and in experiencing uncertainty in difficult situations, the educator moves backstage to vent their frustrations, share their concerns, and seek reassurance and advice. Crucially, the audience (the student) is no longer present backstage and thus, the educator can step out of character. This was important to the educators - they were conscious to avoid environments in which they could be overheard, for example, “talking about it in a café” (Sarah, lines 363-364), instead opting for informal settings amongst trusted members of the team, for example, Christopher’s journal club.

Backstage communication between healthcare professionals is well documented in empirical research. Occurring in spaces where staff cannot be seen and/or overheard by patients (e.g., changing rooms, staff rooms, viewing areas and control rooms), these interactions form a range of functions. Ellingson (2003) observed a multidisciplinary team (nurse, pharmacist, doctor, dietitian, social worker) at a regional cancer centre in the USA, categorising backstage interactions into seven types: informal impression and information sharing, checking clinic progress, relationship building, space management, training students, handling interruptions and formal

reporting. Much like the educators in my study, the oncology team shared their impressions of situations and patients as a way of venting their frustrations, finding this cathartic in coping with stress. Being able to express emotions backstage was interpreted by Ellingson (2003) as beneficial to healthcare professionals in managing their frontstage emotions.

The affective element of backstage communication was also observed by Waring and Bishop (2010) in their ethnographic study of knowledge sharing in day surgery units in the UK. In addition to venting their frustrations, health professionals used backstage areas to discuss sensitive issues and share concerns. Similarly, O'Shay (2023) observed emergency nurses at trauma centre in the USA, establishing that backstage areas were used for informal information sharing and relationship building, which included "checking in on each other" (p.2266), providing encouragement and venting. Comparable studies of diagnostic radiographers in the clinical setting include the Magnetic Resonance Imaging (MRI) (Murphy, 2009) and general X-ray (Strudwick, 2021) departments, in which radiographers were observed to step out of character in control rooms, viewing areas and staff rooms, using these spaces to express emotions and cope with the challenges of their work.

Huyton (2011) also employed Goffman's theory in her study of 10 personal tutors from different HEIs and disciplines in the UK. However, she found that informal collegial support was less consistent, and thus, rather than offload backstage like the radiography educators in this study, the educators in her study were forced to seek support from friends and partners instead, which Huyton (2011, p.165) termed "off-stage". As clinical radiographers, the educators in this study would have worked

closely with other members of the imaging team and would likely have supported each other. This may help to explain why they shared their experiences with trusted colleagues backstage, lessening the emotional burden.

There is existing research evidence to support my findings, with studies exploring backstage conversations about teaching and learning practices in HE. These conversations occur between trusted colleagues (Roxå and Mårtensson, 2009), enabling educators to vent, seek reassurance and manage challenges (Thomson and Trigwell, 2018). It is my recommendation that HEIs promote opportunities for informal conversations “backstage”, ensuring staff only areas are available, providing safe environments for confidential debrief and discussion. However, this also requires that educators have time to engage in supportive discussion (Waring and Bishop, 2010), which is problematic with increasing workloads in HE (UCU, 2022). The tendency for HEIs to employ hybrid or agile working policies post-pandemic may also threaten collegial conversation, separating teams geographically and fracturing social relationships (Lloyd and Hicks, 2023).

5.2.4 Communities of Practice in radiography education

In the superordinate theme “Acceptance and Coping”, it is evident that social networks are an important means of support for educators experiencing the emotional difficulties associated with providing pastoral support. Being part of a “close-knit” team afforded the educator a social network for emotional support, reassurance, and advice, which assisted them in coping and sustained them through the emotional distress they experienced. For Christopher, Steven, Olivia, Catherine, and Sarah, these

relationships centred around being part of a team of radiography educators. For Mary, the team was important, but like the educators interviewed by Huyton (2011), she also valued her family in times of emotional distress; the only educator to express this. Having explored the utility of backstage conversations in relation to emotion management, I will now consider the importance of the radiography team in supporting educators to manage their ill-preparedness for providing pastoral support and introduce the concepts of Communities of Practice (CoP) and peer supervision. This section concludes with recommendations for practice in HE.

The educators interviewed in this study are engaged in CoPs at their respective HEIs. CoPs are defined as “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (Wenger-Trayner and Wenger-Trayner 2015, p.2). The term was first used by Jean Lave and Etienne Wenger (later known as Etienne Wenger-Trayner) in their seminal text, *Situated learning; legitimate peripheral participation* (Lave and Wenger, 1991), which arose from their analyses of apprenticeship learning in various contexts and argued that learning is a social, rather than an individual, process (Farnsworth, Kleanthous and Wenger-Trayner, 2016). Their theory contrasts with what may be considered a more traditional view of learning as the unidirectional transmission of knowledge from teacher to student (Mercieca, 2017). Instead, the phrase legitimate peripheral participation is used to describe the way newcomers gradually participate and immerse themselves in the sociocultural milieu, and in this way, learn and become more involved in a CoP (Lave and Wenger, 1991). Through continued engagement in the CoP, the newcomer moves from legitimate peripheral participation to full

participation, developing their identity as a “full practitioner” (Lave and Wenger, 1991, p.121).

Figure 11 provides a visual representation of participation and development of the practitioner within the CoP. In the context of undergraduate radiography education, through their participation in an established CoP, the educators are learning how to provide pastoral support and being supported to cope with the more challenging elements of the role, learning from more experienced members of the community, or “old timers” (Lave and Wenger, 1991, p.29).

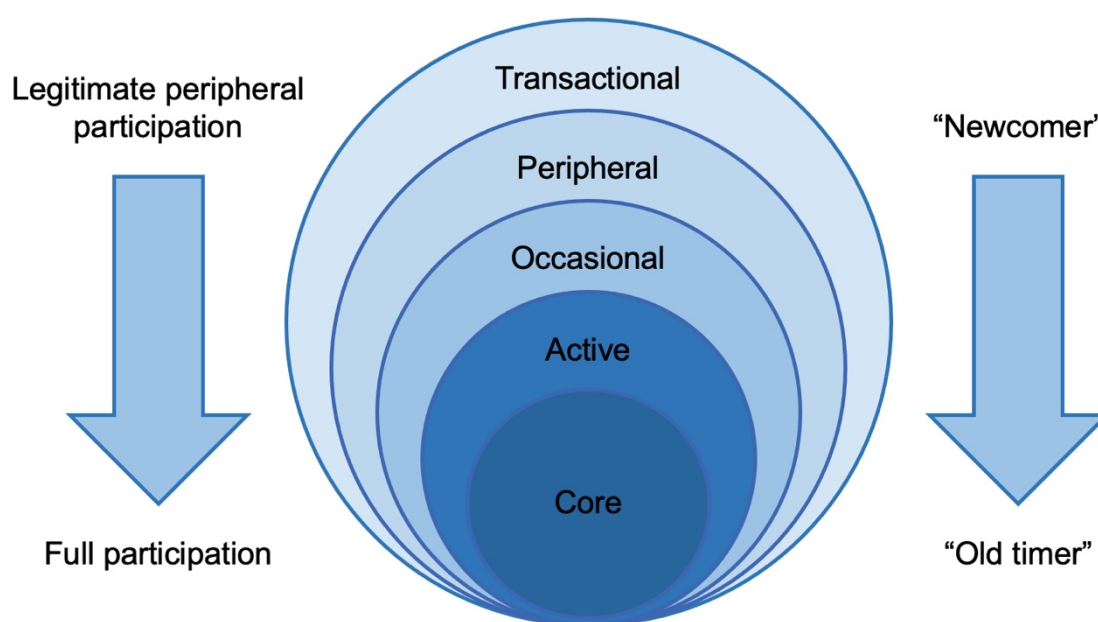


Figure 11: Levels of engagement in a CoP - adapted from Lave and Wenger (1991) and Wenger-Trayner et al. (2023, p.88).

Wenger-Trayner and Wenger-Trayner (2015) outline three features necessary within a CoP: the *domain* (a shared interest or concern), the *community* (the people who have that shared interest or concern and who choose to interact regularly), and the *practice* (the resources developed through that shared learning). Superordinate theme

one, “Disorientation and Distress”, captured the difficult experiences of the educators providing pastoral support, including feeling untrained and ill-prepared. It is these challenges in their work that form the shared concern and thus, the *domain* of their respective CoPs. The *community* is formed by the educators within the radiography team who interact regularly to support each other.

The activities, or *practice*, of a CoP are varied, including problem solving, requests for information or experience and confidence building (Wenger-Trayner and Wenger-Trayner, 2015). This variety was evident within the experiences of the educators interviewed in this study. Although there were formal attempts at problem solving and shared learning around contemporary issues, for example, in Christopher’s journal club which discussed the cluster of suicides at the University of Bristol, many of the stories shared by the educators focussed upon learning and support through informal and unscheduled discussion. The CoP provided a particularly valuable space to “bounce things off” one another, supporting educators to grow in confidence and to share the emotional burden by venting and offloading. Crucially, participation also enabled less experienced educators to seek out and benefit from the wisdom of more experienced educators. For example, when faced with an unfamiliar and complex situation, Steven described approaching more experienced educators within his team (the *community*) for reassurance that he had acted appropriately. Reflecting upon a time at which he was a “newcomer”, Steven’s participation within this CoP was vital, and is echoed in the experiences of Christopher, Sarah, Mary and Catherine. A recent scoping review of nurse educators also identified their relationships with senior educators and peers as critical to role transition (Halton, Ireland and Vaughan, 2024), and similarly, a meta-synthesis focussing on new nurse and allied health professions

educators highlighted the importance of collegial support in learning the tacit knowledge required for academia (Murray, Stanley and Wright, 2014).

Whilst less experienced members of the CoP gain confidence and competence, more experienced members may adopt mentor or coach roles (Merceica, 2017). With 23 years as an educator, David's experiences are somewhat divergent. He does not talk of seeking advice *from* others, but instead, shares his knowledge and experience with other members of the community. Not only is he confident in the boundaries associated with his role, with frequent assertions that he is *not* a counsellor, he is cognisant of the "danger" (line 337) of being "sucked" into (lines 107, 340, 352) difficult situations with students, sharing his wisdom and experience with other members of the team. As such, David can be described as an "old timer" (Lave and Wenger, 1991, p.29).

In addition to sharing existing knowledge, CoPs can attempt to address new problems (Wenger-Trayner and Wenger-Trayner, 2015). In March 2020, HEIs in the UK were forced to move all teaching and learning activities online due to the government restrictions put in place during the COVID-19 pandemic. This change also affected the provision of pastoral support, with educators making use of videoconferencing platforms such as Microsoft Teams and Zoom, with one survey finding that 71% of UK-based radiography academics agreed or strongly agreed with the statement that the "time spent supporting tutees" over this period had increased (Knapp et al., 2022, p.1013). The semi-structured interviews for my research study were conducted between September and November 2020, at a time when the use of videoconferencing for pastoral interactions was relatively new for most educators. Interestingly, Mary

chose to focus upon a pastoral interaction conducted online during her interview, finding this a particularly difficult and distressing experience for which she felt unprepared. Experiences of supporting students online were not explored by the other educators; however, this may have been because they were in the thick of it and had yet to reflect upon the impact of the changes imposed upon them. This change in practice was likely new for all the educators within each team, meaning there would have been limited experiences to be shared and learnt from within a CoP at the time. Arguably, the simultaneous loss of in-person backstage conversation may also have negatively impacted the social learning and collegial support available to educators in 2020. This was evident in the experiences of the remote workers interviewed by Viererbl, Denner and Koch (2022), in which random encounters in communal spaces were lost, and the literature review undertaken by Sengupta et al. (2024) into the impact of working from home on quality of life, which found that the reduction in social support increased stress levels. Whilst the enforced move to a fully online system may have negatively impacted upon the educators' interactions, CoPs should enable members to learn "*from* and *with*" one another (Wenger-Trayner et al., 2023, p.14), and therefore, such emergent challenges for practitioners can become a focus for group learning moving forward.

The CoPs apparent within the data are predominantly informal in structure and organic in their development, whereas, other CoPs have been deliberately structured and cultivated in HE to support new educators. For example, Crawford and Saluja (2017) evaluated a CoP 12 months after it was initiated to address what they perceived to be diminished collegiality at their multi-campus university in Australia. The new educators that participated enjoyed the opportunity for discussion, learnt about university

processes and felt supported within the community. Similarly, in New Zealand, Kensington-Miller (2018, p.680) set up a CoP to provide an opportunity for “backroom talk”, a place where new educators could speak freely. The evaluation found the educators experienced camaraderie and developed institutional knowledge. Although not specific to providing pastoral support, these studies suggest CoPs have a role to play in social learning for educators in HE.

One study specific to personal tutoring was identified, with Yale and Warren (2022) reporting on a faculty level forum that was adopted at one UK HEI. The forum was optional but enabled personal tutors to discuss their experiences. Whilst there were differences in approach, the educators valued the opportunity to talk openly. The authors did not explicitly describe the forum as a CoP, but the requisite elements of the *domain*, *community* and *practice* were evident. Whether they are formally arranged or develop naturally over time, CoPs provide an opportunity for learning, development and support in HE.

The educators also called upon their personal experiences as a parent or sibling, and to a lesser extent, their professional experiences as a radiographer to cope with the difficulties they experienced. Feeling untrained and unprepared, the educators made sense of their approach as one informed by their other role identities and experiences. More recent advancements by Wenger-Trayner and Wenger-Trayner (2015, p.13) capture the complexity of social learning, arguing that “the ‘body of knowledge’ of a profession is best understood as a ‘landscape of practice’ consisting of a complex system of communities of practice and the boundaries between them”.

The multiplicity of social learning in relation to providing pastoral support is manifested in “Experience-informed practices”. This subordinate theme highlights that the educators made sense of their approach as one drawn from their roles and experiences both inside and *outside* of their educator role. As well as their CoPs in HE, this included their experiences and learning within CoPs as clinical diagnostic radiographers and drew upon their experiences and learning within personal CoPs. Kubiak et al. (2015, p.64) use the term “multimembership” to capture the variety of CoPs within which an individual works and lives and go on to claim that as an individual traverses their personal landscapes of practice, they develop hybrid identities because of such multimembership. This is seen in the educators interviewed within this study, many of whom are parents and siblings, as well as radiographers and educators, who draw upon their identities developed in other CoPs to inform their practice as an educator providing pastoral support.

The educators could also be interpreted as using the team as a supervisory space. They sought opportunities to discuss and reflect upon complex pastoral support needs with other members of the radiography team, as well as support each other emotionally, broadly consistent with the functions of peer supervision. Unlike clinical supervision, in which a more senior or experienced individual facilitates formal support, reflection and professional learning with a more junior individual (Rothwell et al., 2019; Butterworth, 2022), peer supervision offers a space to learn and reflect between professionals with comparable seniority and expertise (Turner, Lucas and Whitaker, 2018).

The benefits of supervision are championed by the CoR (2022c) and the HCPC (2021), but the practise is not formally and/or consistently employed. A recent literature review identified a lack of primary studies evaluating its use in radiography (Coleman and Hyde, 2022); however, the advantages were demonstrated in other AHP research. Supervision was found to be particularly effective in supporting the emotional wellbeing of the professional, affording opportunities for debrief after difficult work situations and emotional support (Coleman and Hyde, 2022), consistent with the restorative function of supervision identified by Proctor (1988, cited in Hawkins and Shoheit, 2020).

Peer supervision has also been employed by educators in a range of settings, with benefits relevant to the challenges experienced by the radiography educators in this study. Gardner, Southall and Baxter (2022) evaluated peer supervision offered to educators across three primary schools. In addition to the supportive value of engagement, the educators found that discussing difficult situations in a safe space enabled them to ascertain what was and was not within their “sphere of influence” (Gardner, Southall and Baxter, 2022, p.375). This is of relevance to the radiography educators who found it difficult to determine what was within their scope of practice, and what could be signposted on to centralised support services. Similarly, Claveirole and Mathers (2003) trialled peer supervision groups amongst mental health nursing educators. Again, the educators all commented on the supportive value of the scheme, and the advantages of being able to share challenges and solve problems with peers. Crucially, assurances were made that the supervisory discussion would be confidential (Claveirole and Mathers, 2003), important in promoting a trusting relationship (Rothwell et al., 2019).

Given the disorientation and distress experienced by the educators in this study, the restorative function of supervision is of critical importance. This, coupled with opportunities to confidentially discuss how to manage and learn from difficult pastoral support situations, indicates that peer supervision schemes should be explored further. However, a recent rapid review of evidence commissioned by the HCPC identified a lack of time and high workloads as barriers to effective supervision (Rothwell et al., 2019), and thus, HEIs would need to commit resources to this endeavour.

5.3 Limitations

5.3.1 Sampling

An invitation to participate in the study was emailed to the Heads of Radiography Education (HRE) group, a professional forum with representation from each HEI offering undergraduate diagnostic radiography education in the UK. This approach was chosen to enable prospective participants the option to self-select. 13 educators from nine different HEIs approached me to participate, of which nine educators from seven HEIs completed and returned the consent form. However, only eight educators from six HEIs were interviewed as the ninth participant was only willing to be interviewed in person (rather than via videoconferencing) which was not possible due to increasing local restrictions during the COVID-19 pandemic. Although consistent with the ethical principles of autonomy and voluntariness (Beauchamp and Childress, 2019), the main limitation of this approach to recruitment is that educators may be

motivated to participate because they have strong feelings regarding pastoral support. For example, they might feel particularly confident in their abilities or conversely, they may find providing pastoral support particularly challenging and use the interview as an opportunity to offload, a coping strategy acknowledged by many of the educators within my data.

A homogenous, purposively selected sample is desirable in IPA studies, intending to “represent a perspective rather than a population” (Smith, Flowers and Larkin, 2009, p.49). Each of the educators met the inclusion and exclusion criteria, ensuring they were diagnostic radiographers with at least one year of experience providing pastoral support to undergraduate diagnostic radiography students at HEIs in the UK. However, there was heterogeneity in terms of their experience, which ranged from two to 23 years. I could have narrowed the criteria and focussed upon newer educators; however, given that only eight educators were eligible to be interviewed in this study, this would have excessively reduced the sample size.

A further limitation of the sample is the lack of diversity in terms of race and ethnicity; all eight participants who self-selected were white. The experiences and meaning-making of the educators presented within this study may not be shared with other, non-white radiography educators in the UK. In choosing IPA, it was not my intention to create a generalisable account, but I have sought to present a detailed account, enabling the reader to determine the degree of theoretical transferability to their own setting.

5.3.2 Insider / outsider status

Holloway and Galvin (2017, p.8) define the insider perspective as one where “the researcher is part of the specific subculture that he or she is studying”; however, I view this to be a continuum rather than a dichotomy. As a radiography educator with responsibilities for providing pastoral support choosing to explore the experiences of radiography educators providing pastoral support, I was an insider. However, having chosen not to interview educators from the HEI at which I am employed, I was at the same time an outsider. I had not previously met any of the participants and did not know the context of their HEIs. This decision was made to avoid role conflict, being both colleague and researcher. Furthermore, I was leading a new lecturer support group at the time, which may have impacted the participants’ expectations of me. Role conflict was recognised by Toy-Cronin (2018), a lawyer researching the experiences of individuals representing themselves in court, who described being asked for legal advice by her participants. I did not profess to have or want to be perceived as having expert knowledge that may have impacted the experiences my colleagues were willing to share with me as a researcher.

5.4 Developing as a researcher

This study was my first experience of undertaking qualitative research, and as such, it has been a steep learning curve. In this section, I have sought to reflect upon my development as a researcher, being honest about what I have learnt and how I would approach semi-structured interviews and IPA differently in future.

Conscious that I was new to interviewing for research purposes, I enrolled upon IPA specific training and read research methods texts intending to develop the skills I needed. Coupled with an initial meeting to explain the study and build rapport, I commenced the first interview feeling slightly apprehensive but quickly settled when I found myself saying very little as the educator spoke fluently and in detail. I used very few prompts or probes and was struck by the richness of the data when I transcribed the interview. Unfortunately, I found a subsequent interview more challenging. The educator described supporting a bereaved student whose child had died and I struggled to hide my shock, exclaiming “oh goodness”. I had not expected to find listening to the educators’ stories so emotive but with hindsight, this was naïve given that my own experiences of the complexity of pastoral needs served as the stimulus for my research endeavours. I moved on quite quickly, but when analysing the transcript, it was apparent that the educator was composed and happy to talk, and I could have delved deeper into their experience (journal 13/06/2022). I was more mindful of my reactions in the subsequent interviews but will need to consider this in future research, along with having the confidence to probe deeper when appropriate, always alert to the participant’s wellbeing. With hindsight, there are skills associated with qualitative interviewing, but there was no substitute for experience and reflection.

Initially, I struggled to move my analysis beyond the descriptive towards the interpretative, anxious of stretching too far from the educators’ words. This was in part because I feared losing an important fragment of an educator’s story (particularly as they had shared their time and personal experiences with me so openly), but also because I was conscious that the educators may read the thesis (or publications arising from it) and felt uneasy presenting my interpretations, which may be

unsolicited. I gained confidence in my interpretations by employing the hermeneutic circle (re-examining the part in the context of the whole, and vice versa) and embedding examples of this within my findings chapter. Supervisory discussion was also helpful in this regard, allowing me to verbalise and justify my interpretations as grounded in the data, whilst also acknowledging that I was engaged in the double hermeneutic, and as such, my interpretations were a valid part of the analysis.

Malterud (2001, p.484) uses the “researcher’s backpack” as a metaphor to describe preconceptions. I found this imagery useful in thinking about the personal and professional experiences, assumptions, and beliefs that I carried with me as I began my doctoral journey. Coupled with a bracketing interview and reflexive journal, I committed myself to openness. However, I found I was hesitant to name emergent themes when educators’ experiences aligned with my own. Whilst it is not possible to completely set aside (or “bracket” out) one’s experiences, assumptions and beliefs, supervisory discussions supported me in separating my personal and professional understandings from those of the other educators, and equally, to recognise where our individual experiences coalesced. To further support the robustness of my analysis, I transparently documented the process of data analysis in the methodology chapter and included plentiful verbatim quotes in the findings chapter.

5.5 Recommendations for HE

The educators interviewed in this study are committed to supporting the pastoral needs of undergraduate diagnostic radiography students, but in doing so, experience disorientation and distress. The following recommendations arise from the findings,

and are proposed to enhance educator competence, confidence and wellbeing in their pastoral support roles:

1. Autonomy is important for workplace wellbeing and thus, HEIs should consider permitting educators to self-select to provide pastoral support (i.e., as a personal tutor or advisor). This would enable suitably motivated educators to undertake the role and be rewarded for their work.
2. Following the aforementioned recommendation, HEIs should acknowledge the time and emotional investment required to provide pastoral support, recognising this in workload allocations and supporting opportunities for professional recognition via UKAT.
3. Support is required for all educators, and particularly, those who are less experienced. Radiography teams should nurture local CoPs to promote social learning, in which the problems and practices of providing pastoral support can be explored, harnessing the experience of “old-timers” and supporting the development of “newcomers”. Opportunities for peer supervision should be explored, particularly for their restorative function.
4. HEIs should promote opportunities for informal conversations “backstage”. This requires staff only areas which provide a safe environment for confidential debrief and discussion, which is often unscheduled but highly valued.

5. Educators should collaborate with centralised support services to understand the resources available to students locally, supporting them to signpost students to the right services at the right time. These services must be responsive and of high quality to allay the concerns of educators signposting students with significant and/or urgent pastoral support needs.

5.6 Recommendations for further research

Further research to examine the existence of connectedness in HE and the impact upon both the educator and student would be advantageous. Whilst the findings of this study suggest that the effort and emotion invested in relationships of care can lead to connectedness and enhanced workplace wellbeing for the educator, there is also evidence of distress for the educator actively engaged in the student-educator relationship.

In addition, the impact of any local CoPs and/or peer supervision strategies initiated should be evaluated, and the findings shared within the sector.

5.7 Conclusion

This thesis presents an IPA of the lived experiences of educators supporting the pastoral needs of undergraduate diagnostic radiography students in the UK.

Pastoral support is a long-established role of the educator in British HE, but the diversification of the student population, the ongoing impact of the COVID-19

pandemic and the cost-of-living crisis mean students are more likely to need pastoral support than ever before. Concurrently, educators are experiencing heightened workload pressures and productivity demands. A systematic review of existing research undertaken as part of this study has identified the scarcity with which educator, and in particular, diagnostic radiography educator, experiences are explored. Yet, without an understanding of their experiences, opportunities to enhance pedagogic practice and subsequently, the educator, student and ultimately, service user experience are curtailed.

Following ethical approval, eight semi-structured interviews were conducted over Microsoft Teams and analysed using the six-step analytic process devised by Smith, Flowers and Larkin (2009). Three superordinate themes were developed to capture the educators' experiences and meaning-making: 1) Disorientation and Distress, 2) Connectedness and 3) Acceptance and Coping. These findings were examined in relation to existing research and theory, namely Self-Determination Theory (Ryan and Deci, 1985), boundary work, emotion management (Bolton, 2005), Dramaturgical Theory (Goffman, 1959) and Communities of Practice (Lave and Wenger, 1991). Recommendations were made to enhance educator competence, confidence and wellbeing, including the introduction of local CoPs and/or peer supervision, professional recognition and collaboration with centralised support staff.

The findings of this study are of importance to professional practice, the HE sector, the NHS and ultimately, the service user. Diagnostic radiography student attrition remains high at 11.9% (CoR, 2022a), and as a nation, we are short of radiographers, with approximately 20.2% of band 5 posts vacant (CoR, 2022b). It is essential that

students are supported to succeed, and that educators are supported to support students.

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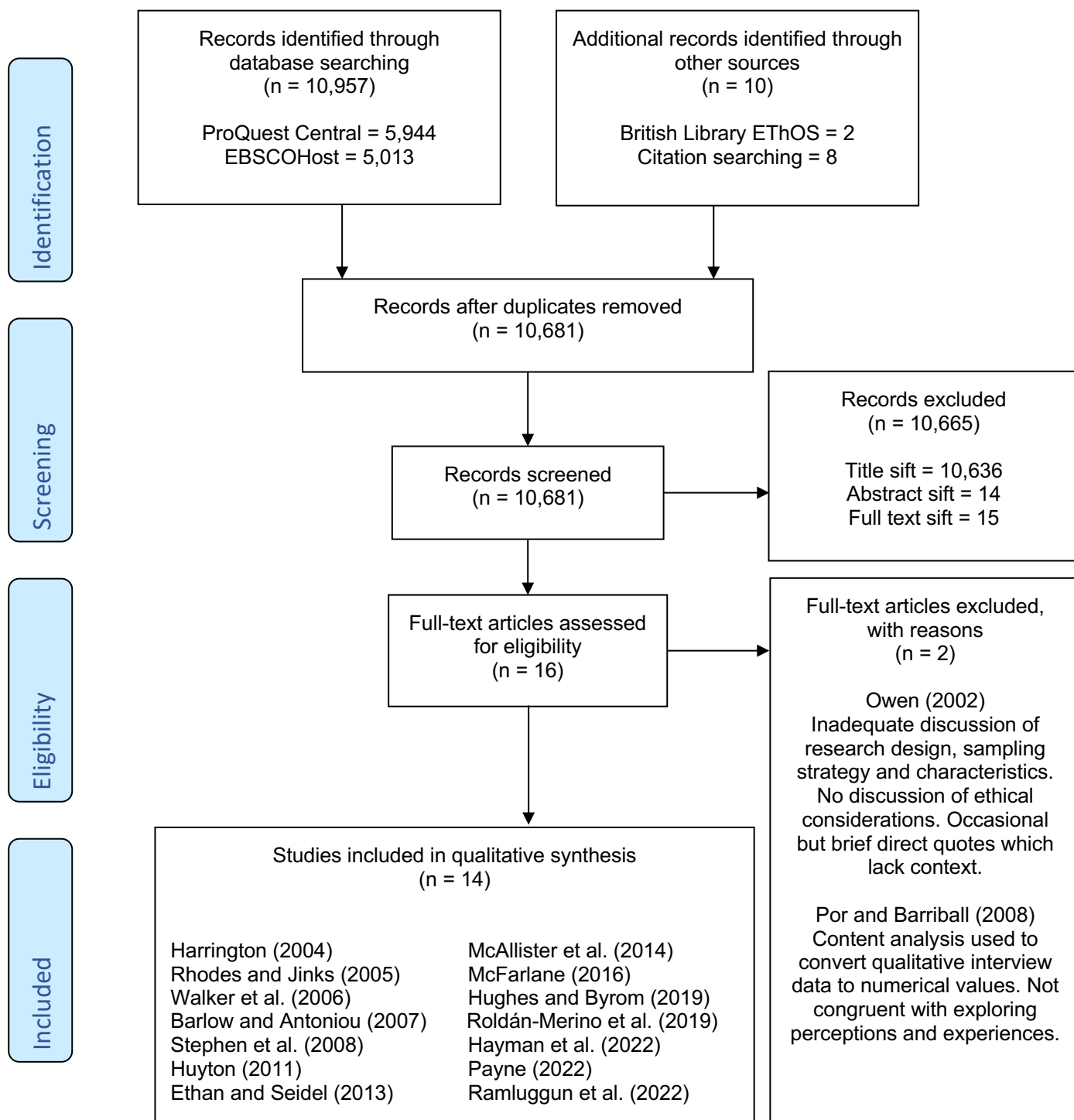
APPENDICES

Appendix 1 - Database search results

Summed final searches conducted on 22 July 2019 & 5 February 2023

Search No.	Search	ProQuest Central	EBSCOHost
S1	educator OR tutor OR "personal tutor" OR lecturer OR professor OR advisor OR supervisor	636,456	96,087
S2	experience OR perception OR attitude OR view OR feeling OR reflection OR belief OR phenomeno* OR lifeworld OR "life world" OR "lived experience"	2,176,791	1,838,555
S3	pastoral OR support OR personal OR wellbeing OR welfare OR non-academic OR non-curricular OR guidance	2,757,465	1,822,628
S4	undergraduate OR "higher education" OR student OR pre-registration OR pre-qualif*	2,138,188	415,605
S5	S1 AND S2 AND S3 AND S4	15,510	5,068
S6	Limitier: English language only	15,296	5,068
S7	Limitier: Peer reviewed only	5,944	5,013

Appendix 2 - Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) decision tree



Appendix 3 - Summary of studies excluded from the review (abstract sift)

Exclusion criterion	Studies excluded following abstract sift
Studies undertaken in primary, secondary or further education contexts	Long MW, Albright G, McMillan J, Shockley KM and Price OA (2018) 'Enhancing educator engagement in school mental health care through digital simulation professional development' <i>Journal of School Health</i> 88 (9): 651-659.
Student perceptions and experiences of receiving pastoral support	<p>Christensen M, Medew K and Craft J (2019) "Nursing Tree Time": A interprofessional team approach to supporting student nurse learning at a regional university campus' <i>Nurse Education Today</i> 80: 22-27.</p> <p>Cohen T and Legg J (2019) 'Emotional well-being and stress among radiologic science students' <i>Radiologic Technology</i> 90 (5): 450-458.</p> <p>Gibbons C (2010) 'Stress, coping and burn-out in nursing students' <i>International Journal of Nursing Studies</i> 47 (10): 1299-1309.</p> <p>Gibbons C, Dempster M and Moutray M (2008) 'Stress and eustress in nursing students' <i>Journal of Advanced Nursing</i> 61 (3): 282-290.</p> <p>Gibbons C, Dempster M and Moutray M (2011) 'Stress, coping and satisfaction in nursing students' <i>Journal of Advanced Nursing</i> 67 (3): 621-632.</p> <p>Hsieh PL (2011) 'A school-based health promotion program for stressed nursing students in Taiwan' <i>Journal of Nursing Research</i> 19 (3): 230-237.</p> <p>Power A and Wilson A (2019) 'Mentor, coach, teacher, role model: what's in a name?' <i>British Journal of Midwifery</i> 27 (3): 184-187.</p> <p>Prowse A, Vargas V and Powell S (2020) 'Design considerations for personalised supported learning: implications for higher education' <i>Journal of Further and Higher Education</i> 45 (4): 497-510.</p> <p>Roldan-Merino J, Roca-Capara N, Miguel-Ruiz D and Rodrigo-Pedrosa O (2019) 'Development and psychometric properties of the assessment questionnaire for the process of the tutorial action plan' <i>Nurse Education Today</i> 76: 109-117.</p> <p>Spencer R and Yuill O (2018) 'Support for pre-registration midwifery students and mentors in clinical practice: a small-scale evaluation of the duty teacher's role' <i>Midwifery Digest</i> 28 (1): 11-16.</p> <p>Smith VJ (2011) 'It's the relationship that matters: A qualitative analysis of the role of the student-tutor relationship in counselling training' <i>Counselling Psychology Quarterly</i> 24 (3): 233-246.</p>
Educators' experiences of supporting the pastoral needs of students in the practice or workplace setting	<p>Huybrecht S, Loeckx W, Quaeyhaegens Y, De Tobel D and Mistiaen W (2011) 'Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship' <i>Nurse Education Today</i> 31 (3): 274-278.</p> <p>Lane AM and Corcoran L (2016) 'Educator or counsellor? Navigating uncertain boundaries in the clinical environment' <i>Journal of Nursing Education</i> 55 (4): 189-195.</p>

Appendix 4 - Summary of studies excluded from the review (full text sift)

Studies excluded following full text sift	Justification
Allen JM and Smith CL (2008) 'Faculty and Student Perspectives on Advising: Implications for Student Dissatisfaction' <i>Journal of College Student Development</i> 49 (6): 609-624.	Experiences of academic rather than pastoral support
Ashmore R, Carver N, Clibbens N and Sheldon J (2012) 'Lecturers' accounts of facilitating clinical supervision groups within a pre-registration mental health nursing curriculum' <i>Nurse Education Today</i> 32 (3): 224-228.	Experiences of academic rather than pastoral support
Duphily, NH (2011) 'The experience of novice nursing faculty in an associated degree education program' <i>Teaching and Learning in Nursing</i> 6 (3): 124-130.	Described an episode of pastoral support but not the experience of doing so.
Grey D and Osborne C (2020) 'Perceptions and principles of personal tutoring' <i>Journal of Further and Higher Education</i> 44 (3): 285-299.	Quantitative survey methodology
Gulliver A, Farrer L, Bennett K, Ali K, Hellsing A, Katruss N and Griffiths KM (2018) 'University staff experiences of students with mental health problems and their perceptions of staff training needs' <i>Journal of Mental Health</i> 27 (3): 247-256.	Quantitative survey with some qualitative questions. Thematic analysis of qualitative survey responses reduced to numerical frequency data. No educator experiences of supporting pastoral needs.
Jelfs A, Richardson JTE and Price L (2009) 'Student and tutor perceptions of effective tutoring in distance education' <i>Distance Education</i> 30 (3): 419-441.	Quantitative, comparison of student and tutor understandings of the tutor role
Laws and Fiedler BA (2012) 'Universities' expectations of pastoral care: Trends, stressors, resource gaps and support needs for teaching staff' <i>Nurse Education Today</i> 32 (7): 796-802.	Content analysis of literature with some direct quotes from a previous study – primary data is not available.
Lentell H and O'Rourke J (2004) 'Tutoring large numbers: An unmet challenge' <i>International Review of Research in Open and Distance Learning</i> 5 (1): 1-17.	Discussion paper, no primary data describing experiences of supporting pastoral needs
Luck C (2010) 'Challenges faced by tutors in higher education' <i>Psychodynamic Practice</i> 16 (3): 273-287.	Discussion paper, no primary data describing experiences of supporting pastoral needs
Margove KL, Gustowska M and Grove LS (2014) 'Provision of support for psychological distress by university staff, and receptiveness to mental health training' <i>Journal of Further and Higher Education</i> 38 (1): 90-106.	Quantitative survey with some qualitative questions. No educator experiences of supporting pastoral needs.
McIntosh AE, Gidman J and McLaughlin A (2013) 'Students' and lecturers' perceptions of support in a UK pre-registration midwifery programme' <i>Nurse Education in Practice</i> 13 (6): 578-583.	Predominantly quantitative, academic and pastoral support, no experiences of the educators.
Razali R, Hawe E and Dixon H (2020) 'How are undergraduate students supervised? Perceptions of students and supervisors in a Malaysian university' <i>Issues in Educational Research</i> 30 (4): 1484-1501.	Experiences of academic rather than pastoral support

<p>Ross J, Head K, King L, Perry PM and Smith S (2014) 'The personal development tutor role: an exploration of student and lecturer experiences and perceptions of that relationship' <i>Nurse Education Today</i> 34 (9): 1207-1243.</p>	<p>No primary data describing educator experiences of supporting pastoral needs. Instead sought to find out what was important about the role.</p>
<p>Van Laar D and Easton S (1994) 'Pastoral care in tertiary education: Experiences of lecturers helping students in distress at a new university' <i>Counselling Psychology Quarterly</i> 7 (1) 83-89.</p>	<p>Quantitative</p>
<p>Watts T (2011) 'Supporting undergraduate nursing students through structured personal tutoring: Some reflections' <i>Nurse Education Today</i> 31 (2): 214-218.</p>	<p>Discussion in relation to extant literature as opposed to personal reflections of supporting pastoral needs</p>

Appendix 5 - Critical Appraisal Skills Programme (CASP) tool

Qualitative Checklist (CASP, 2018)



Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments:

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix 7 - Data extraction tool

Adapted from the British Psychological Society and The Royal College of Psychiatrists Data Extraction Form for Qualitative Studies (National Collaborating Centre for Mental Health, 2007)

Bibliographic details	
Author(s)	
Title	
Journal	
Eligibility	
Inclusion / Exclusion criteria	
Quality assessment	
Strengths	
Weaknesses	
Study	
Aims	
Participants	
Inclusion / exclusion criteria	
Sampling strategy	
Setting	
Methods	

Ethical considerations	Ethical approval	
	Informed consent	
	Confidentiality	
	Conflict of interest?	
Findings		
Themes and subthemes		
Key findings		
Conclusions		
Conclusion		
Limitations		
Implications for practice and/or recommendations for further research		

Appendix 8 - Summary of the 14 studies included within the review

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Harrington (2004)</p> <p><i>The Personal Tutor and Tutees' Encounters of the Personal Tutor Role - Their lived Experiences.</i> PhD thesis. Brunel University.</p> <p>NB. There was also a relevant journal article published from this thesis (Dobinson-Harrington 2006); however, only some of the themes were discussed, thus I decided to use the thesis to reduce possible bias.</p>	<p>To illuminate the nature of the personal tutoring role and its significant meaning within a Nurse Education context.</p> <p>To describe qualitatively the variations of the experience students and teachers have about the personal tutoring context.</p> <p>To gain an understanding why some tutors provide more support to their tutees than others.</p> <p>To explore tutees' help seeking behaviour and their approach to learning.</p>	<p>Purposive sample</p> <p>36 educators</p> <p>All were personal tutors to nursing students.</p> <p>Two UK HEIs: 27 educators from London HEI and 9 educators from Northern England HEI.</p> <p>(44 tutees were also interviewed; however, it is the experiences of the tutors that are relevant to the literature review)</p>	<p>Husserlian (descriptive) phenomenology</p> <p>Open ended interviews</p> <p>Analysed using Colaizzi's 7 step analysis</p>	<p>+ Clear aim supported by a suitable rationale linked to the local context.</p> <p>+ Appropriate, detailed methodological approach suited to exploring the lived experiences of tutors. Methods are discussed in detail (PhD thesis not limited by the short word count of a journal article).</p> <p>+ Direct quotations were used to illustrate the themes. The quotes were sufficiently long to offer context and detail. Harrington appears to offer a balanced view of the tutors' experiences.</p> <p>- Explored tutor and tutee experiences and so it is difficult at times to separate the experiences and extract only those of the tutor.</p>	<p>Being there for the learner – a presence – Educators actively build a warm and friendly relationship with students, getting to know them well, they “made their presence felt” (Harrington, 2004, p.286) – educators experience a close relationship.</p> <p>Managing caseload - Conversely, this theme showed how educators maintain a detached relationship. Time was perceived by educators to be a limiting factor.</p> <p>Maintaining professional integrity - Role conflict – supportive educator and gate keeper to the profession – educators experienced sadness and discomfort at having to initiate fitness to practice / disciplinary procedures whilst also providing support.</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Rhodes and Jinks (2005)</p> <p>'Personal tutors' views of their role with pre-registration nursing students: An exploratory study' <i>Nurse Education Today</i> 25 (5): 390-397.</p>	<p>To illuminate personal tutor roles within a university in the UK</p> <p>To draw on experience and expertise of nurse teachers to illuminate the personal tutor element of their role</p>	<p>Purposive sample</p> <p>10 educators</p> <p>Nurse educators who act as personal tutors to pre-registration nursing students</p> <p>The sample was reflective of male and female, newly qualified and experienced, adult and mental health backgrounds and both base sites.</p> <p>One UK HEI.</p>	<p>Exploratory study using a qualitative approach.</p> <p>In-depth, one to one, face to face interviews.</p> <p>Topic list using open ended questions and prompts.</p> <p>Analysed using thematic content analysis.</p>	<p>+ Strong rationale for undertaking the study in the local context.</p> <p>+ Sampling strategy is clearly explained, and participants described.</p> <p>+ Clear reporting of the questions and prompts used to guide the interviews.</p> <p>- Analysis - the use of content analysis means that some of the richness of data around tutor experiences is not presented.</p>	<p>The role of personal tutors – educators described a diverse, supportive pastoral role. Rhodes and Jinks (2005, p.394) interpreted this as consistent with “the nursing philosophy of enabling and helping other people”. Educators experienced enjoyable aspects related to the relationship built – “getting to know students”, “being able to be supportive”, “sharing”, “connecting with”, “developing a rapport”. The authors’ interpretation being that this was synonymous with nursing. This was explicitly recognised by one of the educators - “I bought in the sort of skills I was using as a nurse in supporting patients and relatives” (Rhodes and Jinks, 2005, p.394). Least enjoyable aspects – dual role of supporting but also monitoring students.</p> <p>Mixed feelings on satisfaction – although seven educators experienced providing pastoral support as very satisfying, one described it as fairly satisfying though anxiety provoking at times.</p> <p>Student attendance and progress issues – most educators acknowledged difficulties in supporting students who were struggling, with the most frequent reason being lack of time.</p> <p>Responding to issues disclosed by personal students – all educators recalled supporting students with stress and anxiety. They were empathetic and confident in their ability to offer support but were concerned by lack of time.</p> <p>Educators perceived placement to be an additional stress for nursing students, particularly when combined with study, paid work, assessments and family life.</p> <p>Some educators perceived caring for students to be like caring for patients.</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Walker, Gleaves and Grey (2006)</p> <p>'A study of the difficulties of care and support in new university teachers' work' <i>Teachers and Teaching: theory and practice</i> 12 (3): 347-363.</p>	<p>Not explicitly articulated as an aim but the paper explores participants' views on working as both teachers and researchers, whilst also managing considerable amounts of 'caring work' with a diverse body of students who often need academic and pastoral support in excess of that assumed within the university academic timetables and support networks.</p>	<p>14 "new" educators</p> <p>Educators on a 'Teaching in Higher Education' course</p> <p>One UK HEI</p> <p>Sampling – all of the new educators on the course agreed to participate.</p>	<p>Small scale qualitative study</p> <p>Several unstructured interviews with each participant over 12 months.</p> <p>Notes and transcripts fed back to each participant to facilitate discussion about:</p> <ul style="list-style-type: none"> - Changes in their role over time - Development of their identity - How they were managing within the existing culture - How caring impacted upon their work <p>Grounded theory methods used to identify themes.</p>	<p>+ Clear rationale for undertaking the study in the local context (in response to concerns raised by 14 new teachers about emotional work and caring on a Teaching in HE course).</p> <p>+ Data collection method explained and justified. Unstructured interviews used to allow the participant to guide their conversations.</p> <p>+ Relationship with participants – power relationship (as tutors of the Teaching in HE course) recognised. Attempts made to reduce the power disparity.</p> <p>- Description of sample – lack of detail regarding characteristics of the sample e.g., gender (despite recognising the impact of gender in the introduction/background), course taught / professional background.</p>	<p>Explored care and support from the perspective of an educator as opposed to confining it to the role of the personal tutor.</p> <p>Teaching and the university ethos: a question of values – although not focussed specifically on providing pastoral support, this theme considered the way educators care for their students. Mixed experience for educators e.g., one educator described giving money to a student experiencing financial hardship as the hardship fund took too long to access, whereas other educators did not see caring as their responsibility. Supporting students was experienced by some as rewarding.</p> <p>Expectations about caring – educators voiced concern over the level and diversity of caring and emotional work they were involved in. Some educators provided more support than others. One educator explained that it meant she had a number of students seeking support from her which got her down, because the "sheer volume of students' problems is too much" (Walker, Gleaves and Grey, 2006, p.354). Another educator described feeling "inadequate" because he couldn't cope with the "sheer diversity of problems" he encountered (Walker, Gleaves and Grey, 2006, p.354). Another educator described worrying about a student.</p> <p>The role of the university in facilitating and acknowledging caring and emotional work – Some educators noted that there were no markers for excellent pastoral work (unlike research). Thus, it was difficult for them to "understand the value of their emotional work with students" (Walker, Gleaves and Grey, 2006, p.357)</p> <p>All educators identified a lack of time for individual contact with students to see how they were coping.</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Barlow and Antoniou (2007)</p> <p>'Room for improvement: the experiences of new lecturers in higher education' <i>Innovations in Education and Teaching International</i> 44 (1): 67-77.</p>	<p>To increase awareness of the experiences of new lecturers</p>	<p>Convenience sample</p> <p>17 "new" educators</p> <p>Educators considered "new" if they were within their first 3 years of teaching in HE and/or their first 3 years of teaching at the university</p> <p>All enrolled on a Postgraduate Certificate (PGCert) in Learning and Teaching in HE at a post-1992 university in the United Kingdom</p>	<p>Qualitative case study</p> <p>Interviews</p> <p>Interview topic areas included induction, experiences of teaching, relations with students and colleagues, and opportunities for research.</p> <p>Analysis process not explicitly described.</p>	<p>+ Analysis – direct quotes from the participants were utilised to good effect. Within the confines of the journal's word limit, there were sufficient quotes included.</p> <p>- Brief description of methods – the design was appropriate; and topic areas were noted; however, discussion of analysis would have been enhancing.</p> <p>- Relationship with participants – it is not clear how the researcher, who was also the course leader of the PGCert that the participants were enrolled on, managed this power differential with the participants.</p>	<p>Five themes were identified in the study; however, only "interactions with students" was deemed relevant to the review question.</p> <p>Interactions with students</p> <p>Educators were concerned about their students, but also felt "overwhelmed by students' need for support, experiencing them as dependent and demanding, and at times, inconsiderate" (Barlow and Antoniou, 2007, p.71) – example used to support this interpretation was that of a participant describing students as "quite clingy" (Barlow and Antoniou, 2007, p.71) and stated that they "felt like a mother with about you know, a hundred babies hanging off" (Barlow and Antoniou, 2007, p.71).</p> <p>There was an emotional impact upon the educator - authors' interpretation was educators "felt guilty about not having the time to give individual students the support they needed" (Barlow and Antoniou, 2007, p.72).</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Stephen, O'Connell and Hall (2008)</p> <p>'Going the extra mile', 'fire-fighting', or laissez-faire? Re-evaluating personal tutoring relationships within mass higher education' <i>Teaching in Higher Education</i> 13 (4): 449–60.</p>	<p>To ascertain views and experiences of the personal tutoring system</p>	<p>12 undergraduate personal tutors from School of Applied Social Sciences (this is 50% of the total)</p> <p>One UK HEI</p> <p>Sampling strategy not explicitly reported.</p>	<p>Methodological approach not stated.</p> <p>Interviews.</p> <p>Analysis process not explicitly described.</p>	<p>+ Clear rationale recognising the contemporary issues facing HE. The authors recognise the variable experience of tutoring for students and identify the need for exploration.</p> <p>+ Detailed outline of the HEI context is provided, including the demographics of their student population.</p> <p>- Very brief outline of methods and sampling strategy only – interviews are an appropriate method of seeking personal tutors' views and experiences; however, there is limited detail provided for how individuals were selected or the interview questions / topics used.</p> <p>- Analysis – some direct quotes were utilised to illustrate points made; however, this was more effective for students than personal tutors. Limited discussion of analytic process.</p>	<p>Overwhelming demands of mass higher education Increase in student numbers meant there was less personal interaction and engagement. Some educators felt workload pressures meant that it was difficult to prioritise personal tutoring. Educators recognised that some students might be missed but were realistic about the competing demands on their time.</p> <p>Changing needs Educators perceived there to be increased psychosocial needs and resilience issues. One educator exclaimed that “they come with all sorts of horrendous problems” (Stephen, O'Connell and Hall, 2008, p.456). Some educators were clear on their role – “I am not a counsellor” (Stephen, O'Connell and Hall, 2008, p.456), yet many felt they were faced with situations beyond their remit which caused anxiety.</p> <p>Responding to needs Some educators were concerned about making themselves more available to tutees, with fears they may be inundated or “swamped” (Stephen, O'Connell and Hall, 2008, p.456). Some felt pastoral support was integral to their role.</p> <p>Fostering connectedness Educators require greater support to fulfil their role.</p> <p>Stephen, O'Connell and Hall (2008) conclude that Tutors appear concerned about their ability to meet the pastoral needs to contemporary students, with concerns regarding competing roles, the issues students face and the resultant increase in their workload.</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Huyton (2011)</p> <p><i>Behind closed doors: discovering and articulating the essence of the personal tutor's practice.</i> EdD thesis. University of Edinburgh.</p>	<p>To illuminate and articulate the nature of personal tutoring practice that usually happens behind closed doors.</p> <p>To illuminate the experiences and perceptions of tutors in order to gain some understanding of how they experience the process.</p>	<p>Purposive sample</p> <p>10 participants, 4 Female, 6 male.</p> <p>Various disciplines and universities in the UK.</p>	<p>Radical research</p> <p>Written reflection regarding interactions with students – prompts were provided in a workbook.</p> <p>Reflections were followed by one-to-one, face-to-face semi-structured interview with the researcher. 1.5 hours in duration.</p>	<p>+ Clear explanation of how the methods were developed.</p> <p>+ Detailed contextual information on the 10 educators interviewed.</p> <p>+ Analysis – Many direct quotes from the educators were presented in the thesis, not constrained by a journal's word limit.</p> <p>- Focus upon personal tutoring which incorporates both academic and pastoral support, meaning it can be difficult to separate experiences and perceptions.</p>	<p>Interventions and interaction - Most educators experienced ambiguous boundaries, difficulty knowing when to refer/signpost. Educators described students seeking support with family or social problems, physical or mental health. Previously this would have been shyness or academic skills. Educators' perceptions were that there are more issues facing students but also that they approach educators with them more willingly. Mixed approach to the relationship and the extent of their role, with some educators worrying about students outside of work time.</p> <p>Mental health – 8/10 described students with mental health difficulties. Educators felt untrained, unsupported and unsupervised for their role. Educators felt alone, under pressure and heavy sense of responsibility - did not feel they had the support of colleagues or a supervisor – 3/10 discussed their experienced with a spouse who provided “unofficial” supervision (Huyton, 2011, p.136). Most of the educators were concerned about appearing vulnerable if they asked for help. They were experiencing emotional labour / performing emotion work.</p> <p>Professional Development - Educators felt that their personal tutoring work was unrecognised at appraisal and that career progression required a focus on research outputs. Lack of preparation in terms of training for the role from the HEI. 5/10 participants felt they had brought the skills used from outside HE (e.g., active listening, professional health, being a mother). Educators thought being able to “talk things through with a colleague” (Huyton, 2011, p.153) would be useful.</p> <p>Collegiality: Educators described <i>ad hoc</i>, informal collegial support in the form of “offloading” (Huyton, 2011, p.162); however, this was not the norm. “Back stage is replaced by off stage” – lack of collegiality meant that 4/10 educators sought the support of friends and partners instead (Huyton, 2011, p.165) – Goffman's dramaturgical theory (1959).</p> <p>Ethos of personal tutoring: Boundaries within the role are individual rather than being set institutionally or as part of a professional practice ethos. 3 educators who were parents “drew on their parenting experience to describe their roles with students” (Huyton, 2011, pp.177-178).</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Ethan and Seidel (2013)</p> <p>'On the front lines of student crisis: Urban community college professors' experiences and perceived role in handling students in distress' <i>Student Affairs Journal</i> 31 (1): 15-26.</p>	<p>To examine:</p> <ol style="list-style-type: none"> 1. The depth and breadth of students' problems 2. Their perceived role in helping these students 3. Their awareness of college procedures and resources related to student mental health 4. Their recommendations for increasing faculty competence in handling students in distress. 	<p>Convenience sample</p> <p>Educators self-selected following recruitment email and hard copy memorandum.</p> <p>21 full time college professors</p> <p>One community college in New York City in the USA</p> <p>1 M / 20 F</p> <p>Represented over half of the academic departments at the college.</p>	<p>Constructivist grounded theory methodology.</p> <p>3 x 90-minute focus groups (7 participants per focus group)</p> <p>Open questions designed to encourage educators to share their thoughts and experiences.</p> <p>Analysed using a constructivist grounded theory approach.</p>	<p>+ Strong rationale using contemporary research to highlight the declining mental health status of college students and the concomitant increase in students experiencing distress during their studies.</p> <p>+ Transparency – clear reporting of the questions used to guide the focus groups.</p> <p>+ Analysis – Some verbatim quotes from the participants were utilised to good effect. The 11 thematic codes used are identified.</p> <p>- Brief justification of approach – focus groups were largely appropriate to explore educators' experiences; however, only brief justification for the adopted methodology of constructivist grounded theory.</p> <p>- Relationship with participants and researcher's role – one facilitator is a member of the counselling team at the college, and thus, the participants may have considered her role and tailored their responses to questions surrounding the central support available.</p>	<p>Handling distressed students – faculty experiences and role perception</p> <p>There was an emotional impact upon educators supporting students. "I just feel terrible" (Ethan and Seidel, 2013, p.19) – working with students when you know what they are going through. Some educators stated that they were not trained but were reluctant to send students for professional support. Of supporting students from different backgrounds, some educators described being fearful of offending someone's culture. The authors' interpretations were that educators often "sensed that something was wrong" (Ethan and Seidel, 2013, p.21) but were uncertain how to address the issue. Educators recalled a diverse range of issues for which students sought support and described negative emotions including fear.</p> <p>Faculty awareness and use of college mental health resources</p> <p>Educators described feeling untrained for providing pastoral support in challenging situations. Educators recalled feeling overwhelmed and seeking support from their department's chairperson, other colleagues and spouses.</p> <p>Ethan and Seidel (2013) conclude that:</p> <ul style="list-style-type: none"> • Educators care about students, but there is an "emotional toll" (Ethan and Seidel, 2013, p.22), which may be due to the complexity of the issues with which they are faced. • Educators desire support to aid them in their role.

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>McAllister et al. (2014)</p> <p>'Staff experiences of providing support to students who are managing mental health challenges: A qualitative study from two Australian universities' <i>Advances in Mental Health</i> 12 (3): 192-201.</p>	<p>To explore the nature, extent and impacts of interactions between university staff engaging with students who disclose that they are experiencing a mental health challenge.</p>	<p>Snowball sampling technique and open invitation sent via email at each university.</p> <p>26 participants across two Australian HEIs.</p> <p>University 1: 13 participants (12 academic, 1 Professional)</p> <p>University 2: 13 participants (10 academic, 3 professional)</p>	<p>Semi-structured interviews conducted by telephone (mean time = 45 minutes)</p> <p>Open ended questions – all questions provided e.g. "Please describe the nature of the interaction you had with a student/s who you believed to be affected by a mental health problem".</p> <p>Thematic analysis (Braun and Clarke, 2006)</p>	<p>- Potential bias - Unclear how/if the interviewer knew the participants prior to data collection, and thus it is not possible to determine whether there was a power differential between researcher and participant.</p>	<p>Factors that facilitate initiation of staff support Educators perceived the reduction in stigma associated with mental health problems meant that students disclosed more frequently now. Educators found it easier to support students on campus due to their proximity. Despite the additional workload, some educators recognised a sense of satisfaction at successfully supporting a student. Prior experience of working with people experiencing mental health problems were more confident and knowledgeable. Personal experience or a family history was also seen as valuable.</p> <p>Barriers to the initiation of staff support – included off campus students and workload. Despite the additional workload, some educators recognised a sense of satisfaction at successfully supporting a student.</p> <p>Challenges facing staff - interpersonal (emotional costs and tension, confidentiality issues) and organisational. Debriefing with colleagues and friends was seen as valuable, but some concerns regarding confidentiality exist. Educators felt that their pastoral role was not acknowledged in their workload. Participants recognised their lack of mental health knowledge – uncertain how to differentiate between normal anxiety and stress associated with being a student and a mental health problem. There was a fear of saying the wrong thing.</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>McFarlane K (2016)</p> <p>'Tutoring the tutors: Supporting effective personal tutoring' <i>Active Learning in Higher Education</i> 17 (1): 77-88.</p>	<p>To explore personal tutors' perceptions of their confidence and competence to perform their roles and to identify support strategies which might enhance personal tutoring, and therefore, student learning.</p>	<p>Convenience sample</p> <p>8 educators - all personal tutors (lecturers and senior lecturers).</p> <p>4 male and 4 female. Aged 25-59.</p> <p>Different professional backgrounds.</p> <p>Average of 27 personal tutees each.</p> <p>Experience in HE ranged from 5 months to 22 years - attempts made to ensure the sample included educators new to personal tutoring as well as those with more experience.</p> <p>One UK HEI.</p>	<p>Interpretative Phenomenological Analysis (IPA)</p> <p>Structured interview</p> <p>Interview protocol developed from literature review and explored:</p> <ul style="list-style-type: none"> - Perceived confidence and competence - Personal tutors' perceptions of factors affecting confidence and competence. - Support for the personal tutor. <p>Personal tutors were then able to add anything else they wished to share.</p>	<ul style="list-style-type: none"> + Strong rationale including contemporary issues facing educators, in relation to personal tutoring and HE more broadly. + Recruitment strategy and subsequent sample are clearly described. + Structured interview method was adopted, with questions based upon the findings of the literature review. The interview questions were explicit and provided as an appendix - transparent. + Analysis - Direct quotes from the participants were utilised to good effect. Within the confines of the journal's word limit, there were sufficient quotes included. - Potential bias - Whilst it is apparent that the researcher works at the University, it is not clear in what role and thus it is not possible to determine the likely working relationship between researcher and participant, and any resultant bias. 	<p>Factors which affect perceived confidence and competence</p> <p>Perceived confidence and competence developed with experience for most educators. Previous professional experience in areas such as social work contributed to enhanced confidence in dealing with distressing circumstances but there was difficulty in establishing boundaries. The risk of becoming too involved was recognised – “fall into the trap of being a rescuer” (McFarlane, 2016, p.82).</p> <p>Personal experience (e.g., bringing up a family) was believed to be valuable; however, in reflecting upon their own experiences of being a student, educators expected home sickness and exam stress rather than complex mental health and family issues. Thus, personal experience did not prepare educators for contemporary issues affecting students.</p> <p>Role confusion - educators felt there was an assumption that they knew what to do. Most perceived there to be a lack of clarity in the role.</p> <p>Half the educators perceived their workload, coupled with having too many tutees, prevented them from supporting students and forming effective relationships. Lack of time constrained their fulfilment of the role. This was worsened for half the educators interviewed who had supported students not allocated to them.</p> <p>Lack of training and/or guidance on role.</p> <p>Strategies to move forward - educators felt additional training / support was required.</p> <p>Emotional response to personal tutoring - Mixed – some educators found it satisfying, others found it anxiety provoking or guilt inducing when they could not resolve issues for the tutee.</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Hughes and Byrom (2019)</p> <p>'Managing student mental health: The challenges faced by academics on professional health care courses' <i>Advanced Journal of Nursing</i> 75 (4): 1539-1548.</p>	<p>To explore how academics on nursing and healthcare programmes are managing the additional complexity of their roles and responsibility in relation to student mental health.</p>	<p>Purposive sample</p> <p>14 educators teaching on professional health or social care courses.</p> <p>Spectrum of experience and seniority from 5 HEIs in the UK.</p>	<p>Qualitative approach</p> <p>Individual semi-structured interviews (7 educators) and focus groups (7 educators).</p> <p>Questions outlined, including prompts. Same questions employed in the interviews and focus groups.</p> <p>Analysis consistent with principles of grounded theory.</p>	<p>+ Strong rationale - contemporary literature has been used to support the rationale for the study – there is evidence to suggest that student mental health is worsening.</p> <p>+ Detailed reporting of methods, sampling and analysis.</p> <p>+ Analysis - Direct quotes from the participants were utilised to good effect. Within the confines of the journal's word limit, there were sufficient quotes included.</p>	<p>Academic versus professional roles – educators experienced difficulty in maintaining boundaries as they have two identities – educator and health professional. Educators perceived there to be overlap between supporting students and their clinical role, likened to nurse-patient relationship. Hughes and Byrom argue that healthcare academics have both the desire and skills to support a distressed student, which may explain why some educators found it difficult not to be a healthcare professional when faced with a distressed student. Some educators struggled to be their tutor, not their counsellor or healthcare professional. Hughes and Byrom (2019, p.1545) argue that “healthcare academics are translating their professional caring responsibilities into their education role”. Educators wanted to help and found it difficult to refer on as they felt they had positive relationships with their students.</p> <p>Professional responsibilities – educators acknowledged the challenge of supporting students but withdrawing them from practice if they are too unwell, a challenge unique to professional degree programmes. Hughes and Byrom identified two roles – protecting patients versus supporting the student.</p> <p>Placement – educators perceived practice placement to pose a challenge as these placed additional stresses upon students and made it harder for the educator to support that student from a distance. It also makes it harder for the student to access university-based support services. Educators identified placement experiences such as bereavement, isolation.</p> <p>Tutors received emails and calls from clinical colleagues concerned about students' mental wellbeing.</p> <p>Hughes and Byrom (2019) conclude that educators experience additional challenges on professional health courses, including the maintenance of boundaries and dual identities.</p>

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Roldan-Merino et al. (2019)</p> <p>'Personal tutoring in nursing studies: A supportive relationship experience aimed at integrating, curricular theory and professional practice' <i>Nurse Education in Practice</i> 37: 81-87.</p>	<p>To explore how both nursing students and personal tutors experienced the process of personal tutoring.</p>	<p>Convenience sample</p> <p>14 educators - 5 tenured professors and 9 associate instructors. Mix of male and female.</p> <p>All were nurses and had been a personal tutor for at least one group of students in each of the 4 years of the course to ensure they had experience of the change in focus from learning and interpersonal skills in years 1 and 2, to professional identity and joining the profession in year 3 and 4.</p> <p>School of Nursing at one HEI in Spain</p>	<p>Educational Action Research</p> <p>Focus groups – 90 minutes x 2 (6-8 participants per focus group)</p> <p>Three areas explored:</p> <ol style="list-style-type: none"> 1. Explain your personal background and trajectory in becoming a personal tutor 2. Explain your current experience as a nurse 3. Explain what being a personal tutor means to you <p>Grounded theory approach to analysis (theoretical sampling and a constant comparative method) - undertaken independently by two members of the team.</p>	<p>+ Detailed description of educators participating in the study</p> <p>+ Clear description of methods including the themes to be explored in the focus groups and the process of analysing the data.</p> <p>+ Analysis - Direct quotes from the participants were utilised to good effect. Within the confines of the journal's word limit, there were sufficient quotes included.</p> <p>- Potential bias - relationship with participants – the researchers were also instructors at the institution in which the focus groups were conducted.</p> <p>- Sampling - stated that tutors with both positive and negative experiences were selected but how was not clear.</p> <p>- Difficult to separate staff and student experiences and perceptions as themes were developed from staff and student data and presented together.</p>	<p>Only one theme relevant to pastoral support:</p> <p>Supportive relationship that includes pastoral care</p> <p>Educators recognised personal tutoring as a supportive relationship, and perceived pastoral support to be a key aspect of this.</p> <p>Educators perceived there to be a need for training for the pastoral elements of the personal tutor role, specifically the personal and emotional difficulties experienced by students.</p> <p>Educators wondered if they would be able to manage and respond to the pastoral support needs that they were detecting in students. Educators perceived a need for more training for this.</p> <p>Nurse educators experienced similarities between patient care and providing pastoral care - "It's like you go on being a nurse in the classroom" (Roldan-Merino et al., 2019, p.83)</p> <p>Educators perceived their personal tutor role to be an important source of support for nursing students.</p> <p>Roldan-Merino et al. (2019) conclude:</p> <ul style="list-style-type: none"> - Educators perceive pastoral support to be an important part of their role. - Educators require training and support in order to support the varying needs of students.

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Hayman et al. (2022)</p> <p>'Undertaking the personal tutor role with sports students at a United Kingdom university' <i>Journal of Further and Higher Education</i>, 1-14.</p>	<p>To use role theory, and in particular the concept of role multiplicity and role strain, to examine university tutors' experiences of their personal tutor role within a sport educational setting.</p> <p>Definitions:</p> <p>Role multiplicity - educators enacting many roles (teaching, research, administration), and within the role of personal tutoring (academic, personal, professional development).</p> <p>Role strain - a negative effect of role multiplicity.</p> <p>Role efficacy - a positive effect of role multiplicity.</p>	<p>All educators invited to participate by email, self-selecting educators included in study.</p> <p>10 full time educators. All male. Spectrum of experience and seniority/position (lecturer, senior lecturer, principal lecturer, head of subject).</p> <p>All were fellows or senior fellows of the Higher Education Academy.</p> <p>All had experience of personal tutoring across all levels of undergraduate study.</p> <p>1 HEI in the UK</p>	<p>Qualitative approach</p> <p>Semi-structured interviews conducted face to face (29-53 minutes in duration).</p> <p>Interview guide with open ended questions. Example questions presented.</p> <p>Thematic analysis as per Braun and Clarke.</p>	<p>+ Strong rationale – Hayman et al. draw upon other studies to highlight the need for their work.</p> <p>+ Detailed discussion of context / setting – high proportion of sports students from widening participation backgrounds and acknowledged retention issues on undergraduate course.</p> <p>+ Detailed reporting of methods, sampling and analysis. Interview schedule is not presented in the article, but a note is made that the first author will provide to the reader upon request - transparent.</p> <p>+ Analysis - Direct quotes from the participants were utilised to good effect. Within the confines of the journal's word limit, there were sufficient quotes included.</p> <p>- Potential bias - interviewers knew the participants professionally and recognised this may have an impact upon their answers. However, assurances were made at the commencement of the interview that there were no correct or incorrect answers, and that the analysis and write up would be fully anonymised.</p>	<p>Role accumulation and competing demands of personal tutoring duties</p> <p>Some educators described an increased workload from students gravitating towards them, despite not being their allocated personal tutor. Some educators felt pressured and unequipped for supporting the pastoral support needs of students but invested time and effort into signposting. Educators felt overwhelmed by the number of students allocated to them, finding it took longer to get to know the student. Some educators felt overloaded, citing other roles needing their time, including research and income generation. New educators experienced difficulty in terms of workload and emotional labour, with personal tutoring being described as “beyond me” (p.7). Another new educator described “sleepless nights” because they were anxious about whether they “had done the right thing” (p.7). Educators found the pastoral aspect of the role particularly draining, in terms of the time and emotional demands.</p> <p>Role accumulation vs role shredding and role efficacy vs role stress</p> <p>Role multiplicity meant that some educators found the pastoral support role stressful. Perception that the personal tutor role is not recognised (unlike research and business engagement).</p> <p>Suitability of personal tutors in supporting non-academic student matters</p> <p>The educators described a range of pastoral support needs with which they had been faced e.g., bereavement, poor mental health, sexuality and 'coming out'. Educators felt unqualified to support students with serious pastoral support needs. Educators experienced challenging conversations and sensitive disclosures.</p> <p>Hayman et al. (2022) concluded:</p> <ul style="list-style-type: none"> - Negative influence of role multiplicity – providing pastoral support is time consuming and emotionally challenging. - Educators felt unprepared and under qualified for the pastoral element of personal tutoring. - Not all educators wanted to be a personal tutor.

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Payne (2022)</p> <p>'Teaching Staff and Student Perceptions of Staff Support for Student Mental Health: A University Case Study' <i>Education Sciences</i> 12 (237): 1-17.</p>	<p>To gain a greater understanding of (a) student experiences when in receipt of support from teaching staff for their mental health, and (b) those of the academics supporting them.</p> <p>Research questions: (1) What are the perceptions of students of the mental health support received from staff? (2) What are the perceptions of staff of providing support for student mental health needs?</p>	<p>Self-selected, purposeful sample.</p> <p>All educators invited to participate via digital signboards, intranet newsfeed, posters, learning resource centres, schools, student union, word-of-mouth and staff email. Not clear which recruitment methods were specific to staff or students.</p> <p>17 faculty staff, ranging in age (30s to 60s). 13 Female, 4 male.</p> <p>Range of Schools and levels of seniority/position, including e-learning technicians, visiting lecturer, lecturer, senior lecturer, programme leader, research fellow, professional lead and academic coordinator.</p>	<p>Qualitative case study</p> <p>Semi-structured interviews conducted with open ended questions (90-120 minutes in duration).</p> <p>Focus group (2 hours) - staff created a "collage, image and posture/movement in response to the question: what is your experience of supporting students with their mental health?". Staff reflections transcribed.</p> <p>Thematic analysis (Braun and Clarke, 2006). Themes developed from data from staff and student experiences.</p>	<p>+ Strong rationale - salient statistics and the results of empirical research were used to support the need for further research into perceptions of student mental health in HE.</p> <p>+ Detailed information on setting with demographic of students at the HEI presented.</p> <p>+ Interview schedule / questions provided in open access supplementary materials – transparent.</p> <p>+ Analysis - Direct quotes from the participants were utilised to good effect. Within the confines of the journal's word limit, there were sufficient quotes included.</p> <p>- Difficult to separate staff and student experiences and perceptions as themes were developed from staff and student data and presented together.</p> <p>- Sample relied on volunteers which may not reflect wider population. Payne (2022) was concerned that stigma of talking about mental health may have limited participation.</p>	<p>Staff training</p> <p>Educators were uncertain which students should be signposted to counselling and found it difficult to signpost students. Those educators who were also healthcare professionals experienced confusion in their role – they found it difficult to determine what they should and should not do, and where their professional duty stopped.</p> <p>Educators experienced difficulty in raising the issue of poor mental health with students and in identifying early warning signs, and felt they needed more training. They wanted training on, for example, record keeping, confidentiality, expectations of them.</p> <p>Personal tutors</p> <p>Educators wanted more training for their role as a personal tutor.</p> <p>Support for staff</p> <p>Educators wanted support for their own wellbeing when supporting students with poor mental health. Educators considered opportunities to debrief with or speak to a colleague. Educators wanted the time recognised in their workload which the authors acknowledged was due to limited centralised support services.</p> <p>Payne (2022) concluded:</p> <ul style="list-style-type: none"> - Educators want more training in mental health. - Providing support for students is time consuming. - Role boundaries are challenging for health professionals.

Bibliographic details	Aim	Sampling	Methodological approach	Methodological strengths and limitations	Key findings
<p>Ramluggun et al. (2022)</p> <p>'Mental health in higher education: faculty staff survey on supporting students with mental health needs' <i>Health Education</i> 122 (6): 601-616.</p>	<p>To examine how faculty staff on Health and Social Care Programmes support students with mental health issues.</p> <p>To understand the experiences of faculty staff from their viewpoints.</p>	<p>Self-selected, purposeful sample.</p> <p>All educators teaching on health and social care programmes with pastoral support responsibilities invited to participate by email, educators self-selected to complete the questionnaire. 61% response rate achieved.</p> <p>71 faculty teaching staff across two HEIs in South East England.</p> <p>Nursing (adult, child, mental health), midwifery, social work, occupational therapy, and paramedic courses represented.</p> <p>Participants had multiple roles. The roles included were lecturer, academic advisor/personal tutor, module leader, link lecturer and programme lead.</p>	<p>Qualitative survey methodology</p> <p>Online questionnaire with open ended questions relating to their confidence and the challenges faced in providing support, their own needs and the impact (of providing pastoral support) on them.</p> <p>Qualitative conventional content analysis</p>	<p>+ Strong rationale which acknowledges the increase in mental health concerns amongst HE students, particularly since the pandemic, and the lack of staff experiences and perspectives in the existing literature.</p> <p>+ Detailed reporting of sample demographics.</p> <p>+ Analysis includes direct quotes from the participants, which were utilised to good effect. Within the confines of the journal's word limit, there were sufficient quotes included.</p> <p>- In-depth interviews would have enabled issues to be explored further.</p>	<p>Impact of providing mental health support to students on staff</p> <p>Workload impact - educators described working more hours to support students with poor mental health and rearranging tasks to support students in crisis. Educators felt the number of interactions was increasing, but this was not reflected in their workload allocation.</p> <p>Emotional impact – educators experienced listening to the students' stories as overwhelming, traumatic, and upsetting. Educators found they experienced stress and anxiety having worried about a student's wellbeing and/or worried about whether they had supported the student in the best way (had they done enough and the right thing). Some educators felt isolated and in need of support from a colleague. "Restorative spaces" recommended by Ramluggun et al. (2022, p.612) for staff to share their concerns and reduce anxiety.</p> <p>Role conflict</p> <p>Educators experienced blurring of boundaries as they were both a health or social care professional and an educator. They found it difficult to determine the extent of their academic advisor role as they would have done more to support the student in their health or social care role. Ramluggun et al. (2022, p.610) use the example of nursing staff who adopt a "nurturing" role rather than referring the student on to centralised support.</p> <p>Faculty staff preparedness and training needs</p> <p>Some educators felt unprepared and lacked confidence in identifying and supporting students with mental health concerns. They found it particularly challenging to identify students during the pandemic when they were online. Educators wanted more training on mental health issues as well as the resources available locally that students could be directed towards. Most educators had no specific training for their academic role and instead relied upon experience from professional practice, in the role or learning from colleagues. Educators wanted an opportunity to debrief with a supportive colleague, or dedicated person with mental health training.</p>

Appendix 9 - Matrix of literature review themes

Database searches	Initial (2019)											Updated (2023)		
Research study	Harrington (2004)	Rhodes and Jinks (2005)	Walker, Gleaves and Grey (2006)	Barlow and Antoniou (2007)	Stephen, O'Connell and Hall (2008)	Huyton (2011)	Ethan and Seidel (2013)	McCallister et al. (2014)	McFarlane (2016)	Hughes and Byrom (2019)	Roldan-Merino et al. (2019)	Hayman et al. (2022)	Payne (2022)	Ramluggun et al. (2022)
Theme 1: Feeling untrained and ill-prepared	No	No	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Theme 2: Providing pastoral support is time-consuming but unrecognised	No	Yes	Yes	No	Yes	Yes	No	Yes	No	No	No	Yes	Yes	Yes
Theme 3: Dual role identities: educator and healthcare professional	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	No	Yes	Yes
Theme 4: Emotional impact of supporting students with pastoral needs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes

Appendix 10 - Ethics committee decision (approval)



University of Essex

03/09/2020

Mrs Hollie Hadwen

Health and Social Care

University of Essex

Dear Hollie,

–

Ethics Committee Decision

I am writing to advise you that your research proposal entitled "Supporting the pastoral needs of undergraduate diagnostic radiography students: Exploring the educator's experience" has been reviewed by the Science and Health Ethics Sub Committee.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

Dr Camille Cronin

Appendix 11 - Participant Information Sheet



Participant Information Sheet

Project title

Supporting the pastoral needs of undergraduate diagnostic radiography students: Exploring the educator's experience

Invitation paragraph

My name is Hollie Hadwen and I am a Senior Lecturer in Diagnostic Radiography at the University of Suffolk. I am enrolled on the Professional Doctorate programme in the School of Health and Social Care at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study?

In the United Kingdom (UK), pastoral support is recognised as integral to the individual student's learning experience in higher education, and as such, is identified as an important aspect of the educator's role. Whilst previous studies have explored the experiences of students and some educators, very little is known about the experience of diagnostic radiography educators.

To find out more about the experiences, feelings and perceptions of diagnostic radiography educators, this qualitative study will use one to one interviews.

For the purposes of this study, pastoral support refers to the support an educator provides to an individual student experiencing a non-academic issue relating to, or with the potential to affect, their academic progress. This may be social, physical, intellectual, spiritual or emotional.

This study is being undertaken in part fulfilment of the Professional Doctorate in Healthcare Education at the University of Essex.

Why have I been invited to participate?

You received information about this study because you are a diagnostic radiography educator in the UK. The information was disseminated via the Heads of Radiography

Education (HRE) forum, meaning diagnostic radiography educators at all Higher Education Institutions in the UK are being given the opportunity to participate if they so wish.

You are eligible to take part in the study if you are a:

- Diagnostic radiographer teaching on a BSc (Hons) Diagnostic Radiography programme
- Employed at a Higher Education Institution (HEI) in the UK, and:
- Have over one year of experience in your role

Do I have to take part?

It is up to you to decide whether or not you wish to take part in this research study – participation is entirely voluntary. If you do decide to take part, you will be asked to provide written consent. You are free to withdraw at any time before publication of the study or submission of the thesis, without giving a reason.

To withdraw, you should contact Hollie Hadwen hh16652@essex.ac.uk

Any data collected up to the point of withdrawal would be destroyed.

What will happen to me if I take part?

If you are interested in taking part in the study, please email and I (Hollie Hadwen) will arrange to telephone you to introduce myself and expand upon the information provided in this Participant Information Sheet. You will be able to ask any questions that you have. If you choose to take part, I (Hollie Hadwen) will organise a mutually convenient time with you to conduct a single, one to one interview. You will be given the option to be interviewed face to face in a mutually convenient location or via secure videoconferencing facility.

The interview will take approximately 60 to 90 minutes and be audio recorded. During the interview, you will be asked about your experiences, feelings and perceptions of supporting the pastoral needs of undergraduate diagnostic radiography students.

What are the possible disadvantages and risks of taking part?

Talking about your experiences of supporting students may involve discussing sensitive issues. If you did not wish to discuss your experiences further, you would be able to stop the interview and withdraw from the study. Any data collected up to the point of withdrawal would be destroyed.

You are unlikely to be adversely affected by taking part in the study; however, sometimes talking about sensitive issues can be upsetting. I (Hollie Hadwen) will provide immediate support and listening as part of a debrief at the end of the interview; however, if you require further support, you can contact your General Practitioner (GP) or access Occupational Health support via your employer.

What are the possible benefits of taking part?

It is hoped that the study will provide an in-depth understanding of the experiences of diagnostic radiography educators supporting the pastoral needs of students. This will provide opportunities to enhance pedagogic practice and subsequently, the educator, student and ultimately, service user (patient) experience.

Talking about your experiences may also provide you with a useful opportunity for reflection upon practice and/or Continuing Professional Development (CPD).

What information will be collected?

Your experiences, feelings and perceptions of supporting the pastoral needs of undergraduate diagnostic radiography students will be collected and recorded in your own words. I (Hollie Hadwen) will transcribe your interview and anonymise the data at this stage. The audio recording of your interview will be deleted following transcription.

Will my information be kept confidential?

I (Hollie Hadwen) will process your personal data in compliance with current law; namely the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

Your personal data (including your consent form and the transcript of the interview) will be stored securely on a password protected personal computer at my (Hollie Hadwen) home and backed up on a secure, internet-based storage platform at the University of Essex.

During the study, myself (Hollie Hadwen) and my research supervisors (Dr Caroline Barratt and Dr Christopher Green) will have access to your anonymised data.

The anonymised interview transcripts will be stored in the UK Data Service research data repository so that it will be available for future research and learning activities by other individuals.

What is the legal basis for using the data and who is the Data Controller?

If you choose to participate in this research study, processing of your personal data will be undertaken under the lawful basis of consent, as per Article 6 of the General Data Protection Regulation (GDPR).

The Data Controller is the University of Essex. The contact at the University is Sara Stock, University Information Assurance Manager dpo@essex.ac.uk

What should I do if I want to take part?

If you would like to participate or you have further questions, please email:
Hollie Hadwen, Professional Doctorate student, School of Health and Social Care
hh16652@essex.ac.uk

What will happen to the results of the research study?

It is hoped that the findings of this study will be published as a journal article and/or presented at a relevant conference. Anonymised quotes from your interview may be used to illustrate the findings.

Anonymised interview transcripts will be deposited in the UK Data Service repository, in accordance with the *University's Research Data Management Policy* (University of Essex 2018 – available upon request).

It is also anticipated that the completed doctoral thesis will be published in full, for example, via the University of Essex and the British Library e-theses online service (EThOS). Your personal data will be anonymised throughout.

You will be asked to provide your informed consent to the aforementioned uses on the consent form.

If you choose to participate in the study, you can request a copy of the findings by email:
Hollie Hadwen, Professional Doctorate student, School of Health and Social Care
hh16652@essex.ac.uk

Who is funding the research?

This research is unfunded.

Who has reviewed the study?

This study has been reviewed and approved by the Humanities, Science and Health Sub-Committee at the University of Essex.

Concerns and Complaints

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Hollie Hadwen, using the contact details below. If you are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, please contact the departmental Director of Research in the department responsible for this project, Dr Camille Cronin Camille.cronin@essex.ac.uk

If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail sarahm@essex.ac.uk). Please include the ERAMS reference which can be found at the foot of this page.

Name of the Researcher/Research Team Members

Hollie Hadwen, Professional Doctorate student, School of Health and Social Care
hh16652@essex.ac.uk

Dr Caroline Barratt, Research Supervisor, School of Health and Social Care
barrattc@essex.ac.uk

Dr Christopher Green, Research Supervisor, School of Health and Social Care
cmgreeb@essex.ac.uk

Appendix 12 - Recruitment email

Good morning,

My name is Hollie Hadwen and I am a Senior Lecturer in Diagnostic Radiography at the University of Suffolk and a Professional Doctorate student in the School of Health and Social Care at the University of Essex.

I would like to invite you to take part in a research study exploring the experiences of educators supporting the pastoral needs of undergraduate diagnostic radiography students.

You are eligible to take part in the study if you are a diagnostic radiographer teaching on a BSc (Hons) Diagnostic Radiography programme at a Higher Education Institution in the United Kingdom. You will need to have at least one year of experience supporting the pastoral needs of undergraduate diagnostic radiography students to take part.

Participation would involve a one to one interview of 60 to 90 minutes in which you would be asked about your experiences, feelings and perceptions of providing pastoral support. You could choose to be interviewed face to face or by secure videoconferencing facility. Further information is available in the Participant Information Sheet attached to this email.

If you would like to share your experiences of providing pastoral support, or you have any questions about participating in the study, please do not hesitate to contact me.

Kind regards

Hollie

Hollie Hadwen, Professional Doctorate student, School of Health and Social Care
hh16652@essex.ac.uk / Telephone: 07711 557058

Dr Caroline Barratt, Research Supervisor, School of Health and Social Care
barrattc@essex.ac.uk

Dr Christopher Green, Research Supervisor, School of Health and Social Care
cmgreeb@essex.ac.uk

Appendix 13 - Interview schedule

Introduction

- Introduce myself and the research study
- Offer the opportunity to ask questions
- Reaffirm consent (verbal)

Part A: Pastoral role

1. Please could you tell me about your role at the university?

Prompts:

- What are your responsibilities?
- How does providing pastoral support to students fit into your role?
- How prominent is your pastoral role?

2. What do you understand by the term pastoral support in your role?

Prompts:

- What would you consider to be a pastoral need?
 - Health and wellbeing e.g. physical, mental, emotional
 - Social e.g. financial, family, relationship
- What pastoral needs have you supported students with?

Part B: Experiences of providing pastoral support

3. Can you tell me about an experience of providing pastoral support?

Prompt:

- Can you describe what happened?
- How did you come to know that the student required support?

Probes:

- What happened next?
- Can you tell me more about that?
- What do you mean by X?
- How?
- Why?
- How did you feel?
- What was that like for you?
- Can you tell me what you were thinking?
- How did you manage that?

4. Can you tell me about a different experience of providing pastoral support to another student?

Prompt:

- Can you describe what happened?
- How did you come to know that the student required support?

Probes:

- What happened next?
- Can you tell me more about that?
- What do you mean by X?
- How?
- Why?
- How did you feel?
- What was that like for you?
- Can you tell me what you were thinking?
- How did you manage that?

5. Is there anything else about providing pastoral support in your role that you think is important to share?

Prompts:

- How do you feel about providing pastoral support in general?

If the participant chooses to share another experience of providing pastoral support:

Prompt:

- Can you describe what happened?
- How did you come to know that the student required support?

Probes:

- What happened next?
- Can you tell me more about that?
- What do you mean by X?
- How?
- Why?
- How did you feel?
- What was that like for you?
- Can you tell me what you were thinking?
- How did you manage that?

6. Finally, is there anything else that you would like to add?

Close



- Debrief the participant (not part of data collection)
- Offer a further opportunity to ask questions
- Thank the participant for their time and close.

Appendix 14: Risk assessment



File name:			
Risk assessment reference:	ERAMS Reference ETH1920-0988	Version number:	2

Risk assessment

Description of activity / area being assessed	Semi-structured qualitative interviews with diagnostic radiography educators in the United Kingdom.		Location	In a mutually convenient location agreed between the researcher and the participant, or; Undertaken online using a secure videoconferencing facility
Manager responsible	Dr Caroline Barratt (supervisor) Dr Chris Green (supervisor)	Signature & date	 03/09/2020	
Assessed by (name & role)	Hollie Hadwen ("Researcher") Professional Doctorate student at the University of Essex	Signature & assessment date	 3 September 2020	

ERAMS reference: ETH1920-0988
3 September 2020 v2

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Consequence	Catastrophic	Medium	High	Very High	Very high	Very High
	Major	Low	Medium	High	High	Very High
	Moderate	Very low	Low	Medium	Medium	High
	Minor	Very low	Low	Low	Medium	Medium
	Insignificant	Very low	Very low	Low	Low	Low
	R = LxC	Very unlikely	Unlikely	Fairly likely	Likely	Very likely
Likelihood of hazardous event						

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R	Additional controls needed to reduce risk	Residual risk LxC=R	Target Date	Date achieved
<p>Driving to the interview.</p> <p>Risk of road traffic accident, causing major injury or possible fatality.</p>	Researcher	<p>Researcher has full, clean UK driving licence (2002)</p> <p>Researcher has own car with which she is familiar.</p> <p>Researcher is insured for business travel.</p>	Unlikely x catastrophic HIGH RISK	<p>Travel during daylight hours.</p> <p>Consider options for public transport.</p> <p>Take public transport to locations that require driving for longer periods to reduce risk of fatigue and subsequent accident.</p> <p>Option for participant to be interviewed via secure videoconferencing facility.</p>	Very unlikely x catastrophic MEDIUM RISK	Before data collection starts	
<p>Unknown location with participant not already known to researcher.</p> <p>Risk of injury or psychological distress.</p>	Researcher	<p>Discuss location with participant when arranging interview and consider personal safety.</p> <p>All participants are registered health and care professionals.</p>	Unlikely x moderate LOW RISK	<p>If possible, visit location prior to interview to assess possible risks.</p> <p>Consider undertaking the interview remotely using secure videoconferencing facility if safe location cannot be organised.</p>	Very unlikely x moderate VERY LOW	Before data collection starts	

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R	Additional controls needed to reduce risk	Residual risk LxC=R	Target Date	Date achieved
<p>Discussion of potentially sensitive topic.</p> <p>Psychological distress to participant recalling the incident.</p> <p>Anxiety for researcher in managing the event.</p>	Participant And/or Researcher	<p>Participant</p> <p>Participant aware of research topic.</p> <p>Risk explained in Participant Information Sheet and contact details for support provided.</p> <p>Participant aware of their right to stop the interview and withdraw from study.</p> <p>Researcher</p> <p>Researcher to make good use of opportunities for reflection during supervision.</p>	Fairly likely x Moderate MEDIUM RISK	<p>Participant</p> <p>Debrief with researcher provided at the end of the interview.</p> <p>Participant made aware of support available from employer (occupational health) and/or General Practitioner (GP).</p> <p>Researcher</p> <p>Researcher aware of student support services at the University of Essex.</p> <p>Researcher has access to counselling with employer.</p>	Unlikely x moderate LOW RISK	Before data collection starts with additional controls applied after each interview	
<p>Excessive hours worked due to high number of interviews. Risk of fatigue.</p>	Researcher	Only two interviews (maximum) to be undertaken per day.	Unlikely x minor LOW RISK	No further controls required.	Unlikely x minor LOW RISK	Before data collection starts	

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R	Additional controls needed to reduce risk	Residual risk LxC=R	Target Date	Date achieved
<p>Covid-19.</p> <p>Risk of virus transmission during face to face interviews leading to ill health.</p>	<p>Participant</p> <p>And/or</p> <p>Researcher</p>	<p>Follow up to date Government guidance</p> <p>Large, well ventilated room</p> <p>Maintenance of social distancing of >2 metres</p> <p>In the event of researcher and/or participant concerns or clinical vulnerability, adopt the option for remote interview using secure videoconferencing facility.</p>	<p>Unlikely x moderate</p> <p>LOW RISK</p>	<p>In the event of the government imposing further restrictions and/or lockdown, interviews will be conducted remotely using secure videoconferencing facility.</p>	<p>Very unlikely x insignificant</p> <p>VERY LOW RISK</p>	<p>Before data collection starts</p>	

Appendix 15 – Informed consent form



Consent Form

Title of the Project:

Supporting the pastoral needs of undergraduate diagnostic radiography students:
Exploring the educator's experience

Research Team:

Hollie Hadwen, Professional Doctorate student, School of Health and Social Care
hh16652@essex.ac.uk

Dr Caroline Barratt, Research Supervisor, School of Health and Social Care
barrattc@essex.ac.uk

Dr Christopher Green, Research Supervisor, School of Health and Social Care
cmgreeb@essex.ac.uk

Please initial box

1. I confirm that I have read and understand the Information Sheet dated 3rd September 2020 for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time up to publication or submission of the thesis without giving any reason and without penalty. I understand that any data collected up to the point of my withdrawal will be destroyed.
3. I understand that talking about my experiences of supporting students may involve discussing sensitive issues.
4. I understand that if I do not wish to discuss my experiences further, I can stop the interview and withdraw from the project.
5. I confirm that I know where I can seek support.

6. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained.
7. I understand that my fully anonymised data, including verbatim quotes, will be used in the doctoral thesis and research publications.
8. I understand that the data collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.
9. I give permission for the anonymised transcript of my interview to be deposited in the UK Data Service research data repository so that it will be available for future research and learning activities by other individuals.
10. I agree to be interviewed face to face* / via videoconferencing* (*delete as appropriate).
11. I agree to take part in the above study.

Participant Name	Date	Participant Signature
_____	_____	_____

Researcher Name	Date	Researcher Signature
_____	_____	_____