A Qualitative Exploration of How Nurse Lecturers Determined Curriculum Content and Teaching Strategies, and How Their Knowledge of This Was Developed.

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Sherrie Green

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1.5   Abstract

The purpose of this study was to ascertain how nurse lecturers determined curricula content and delivery, and how their knowledge of this was developed. Twelve participants from an academic nursing department in an English university, were selected to be interviewed using semi-structured interviews. The methodology used to collect and analyse the data and subsequently to develop the theory, was Charmaz's constructivist grounded theory methodology.

Key findings showed that the majority of the participants had not received any training or preparation for developing curricula, leading to several challenges when attempting to write a module in the early and even later stages of their careers. Nearly all of the participants had sought assistance from senior colleagues, who were already overburdened with work and unable to assist them adequately. In addition, they developed their curriculum by relying on their past clinical experiences. However, all but one of the participants had found formalised teaching programmes to be ineffective, in enabling them to develop their knowledge of writing a curriculum. A formal mentoring system was not in place at the time of data collection, and many of the participants had spoken about the need for such a system in order to support inexperienced lecturing staff. There were some negative aspects highlighted which affected their decisions about which teaching strategies to utilise, where there was a lack of resources in classrooms allocated for teaching, which were too small to accommodate the rising number of students, and an inadequate number of lecturing staff to support them in delivering a module. Student evaluation was identified as being of paramount importance when determining module content, in order to encourage the student to learn effectively.

A theory has been developed from the data, that is also in part supported by other studies here and abroad, and recommendations for future research have been made to ascertain if these issues are apparent in other HEI's. Recommendations are for HEI's to have a formal mentoring and peer mentoring programme in situ, for the support of all lecturers at any stage of their career. A faculty development programme needs to focus on curriculum development to assist staff on a consistent basis, so enabling their development in this specialised field. Resource issues are a problem for all senior management of Faculties and how this is managed is down to the individual department. An acceptance that there is a problem needs to be recognised and addressed as far as possible, using suitable approaches.

With a large number of lecturers reaching retirement age, together with those leaving the profession due to being overburdened and suffering from stress, there is currently a huge shortfall in lecturing staff in United Kingdom (UK) universities. This is exacerbated by the increasing growth in student numbers, which in turn increases the pressure on provision. This is not only an issue for the UK but for other countries also, as will be shown later in this study.

2 Chapter One

3 Overview of Chapter

This chapter looks at who the researcher is and where she has come from, together with her role in this study. The issue of reflexivity and how it was managed to reduce bias as far as possible is referred to, although there is more information on this throughout the thesis. It also provides a discussion of why this research topic was decided upon, and its importance for nurse lecturers in the field of education. This is followed by an exploration of the historical development of nurse education in the

UK, the NMC Standards and curriculum development follow, together with curriculum design and its reference to this study. The faculty development available for nurse educators, in the UK and abroad is discussed, followed by the transition from clinical practice to academia issues, and the issues of identity for a new lecturer. My intentions for this thesis conclude the chapter.

3.1   The Researcher's Positionality.

This section is written in the first person because it is a personal review, and for the ease of both the reader and the author.

Moore (2012) refers to the importance of recognising researcher positionality and how this can influence many if not all aspects of the study, and Savin-Baden & Howell-Major (2013) believed that the researcher's stance, reflexivity and positionality were all interrelated. A personal stance is a position taken in regard to an issue that is derived from a person's beliefs and views of the world. This reflects deeply held attitudes and concerns about what is important. Reflexivity can be broadly defined to mean an understanding of the knowledge-making enterprise, including a consideration of the subjective, institutional, social and political processes, whereby research is conducted and knowledge is produced. The researcher is part of the social world that is studied and this calls for exploration and self-examination. As a concept, reflexivity is deeply embedded in both the researcher perceptions of self and of the world, which ultimately are connected to a personal stance (Savin-Baden & Howell-Major 2013).

I was employed as a nurse lecturer working in the same department as the participants, some of whom I knew well due to the working teams that we belonged to and module membership. Others, I knew less well due to a lack of the

aforementioned team membership, and the fact that some were based at another campus some forty-five miles away. I had trained as a nurse and midwife in London, following which for more than twenty years I worked around the UK, firstly in midwifery posts and then as an acute medical nurse. However, the knowledge acquired through a Bachelor's and then a Master's degree, together with my years of clinical experience, did not prepare me for the knowledge and skills that were required in my new role as a nurse lecturer. In 1998 when I started working as a novice lecturer, I discovered that it was a major career change, for which the previous twenty-two years had not accurately prepared me. More importantly perhaps, I had been naïve in not preparing myself, thinking a Post Graduate Diploma in Education (PGDE) would be sufficient groundwork to teach.

Having worked in two other HEIs, in London and East Anglia on pre and post registration nursing programmes, I became a lecturer at this HEI which ran an innovative Masters pre-registration nursing programme. Alongside my teaching posts I worked as an external examiner at six Higher Education Institutes across England, collaborating with lecturers there on curriculum development and validation events. This was not only due to my work requirements, but the fact that I was very interested in the subject of curricula, and specifically the development and delivery of subject content. Therefore, it represented a natural progression to ascertain how lecturers developed a module / curriculum and thereafter the teaching strategies, and how they developed this expertise. My own PGDE, had no curriculum development in the module contents, other than who Tyler (1949) and Stenhouse (1975) were in relation to curricula design. I expected to be taught on the job and had adopted a passive role towards my own development. My experience had been that each time I started in a new area of practice, I had embarked on a formal

training programme. These included nurse registration, midwifery, intensive care and other necessary development for the post I was working in. I had expected the PGDE to adequately prepare me to function fully as a lecturer, and the fact that this course started two years into my teaching career was problematic, and I had no option but to rely on senior experienced colleagues to guide me when they were available.

3.2   Background

Studies have been carried out in regard to nurse lecturers' experiences, and the problems they encountered when they undertook a career change from clinical practice to education (Billings, 2003; Clarveirole et al., 2003; Anderson et al., 2009; Andrew et al., 2009; Boyd et al., 2009; Clynes, 2009; Boyd, 2010; Booth et al., 2016). However, there is a dearth of literature on the subject of how nurse lecturers develop their curricula and teaching strategies, and the issues that affect this aspect of their role. While working in nurse education, the researcher experienced problems with the skills of developing curricula and teaching strategies, both as a module and programme lead. The process of taking mandatory direction from the Nursing and Midwifery Council (NMC), the nursing profession's regulatory body, and applying that to a pre-registration nursing programme was fraught with problems.

3.3   Historical Background

Originally nurses were trained within hospital wards by sisters who controlled the standards of care within their practice setting, and education was provided during the nurse's off-duty and largely delivered by medical staff in the form of lectures (Prosser, 1997). The first sister tutor was appointed at St Thomas' Hospital in 1914 (Martin, 1989), and in 1918 the first sister tutor training course was introduced by King's College of Household Science. Nurse education was managed directly by the General Nursing Council (GNC) from 1920 – 1983 (National Archives, 2022), and the Nurses Registration Act (1919) stipulated that the General Nursing Council regulated the two major aspects of training and registration. Firstly, success in the final state board examination had to be the condition for admission to the nursing register. Secondly the GNC prescribed the student nurse training, syllabi and approval of hospital training programmes.

The historical development of the nurse lecturer role is seen below in the diagrams, from an unqualified Sister Tutor role to an academic who is well qualified at degree level.

3.4 The Historical Development of the Nurse Teacher Role from 1920- 2020

Illustration 1

Sister Tutor Role developed

No formal qualifications

Received hospital certificates

Worked at the bedside

1920 - 1930

Illustration 2

General Nursing Council (GNC)

Identified the need for nurses to

be trained but Sister Tutor

courses not yet available

1950s
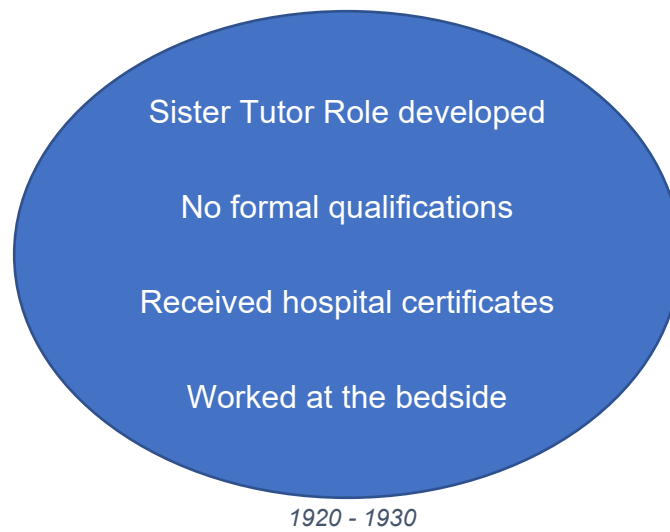
Illustration 3

Initial 2 year RNT course leading to

a shorter RNT course preparing

nurses for a teaching role

1960s

Illustration 4

RNT known as a Nurse Tutor

Based in the School of Nursing

within the hospital

Registered Clinical Nurse Teacher

1970s

Illustration 5

RCNT course abolished

RNT course only route to a career in
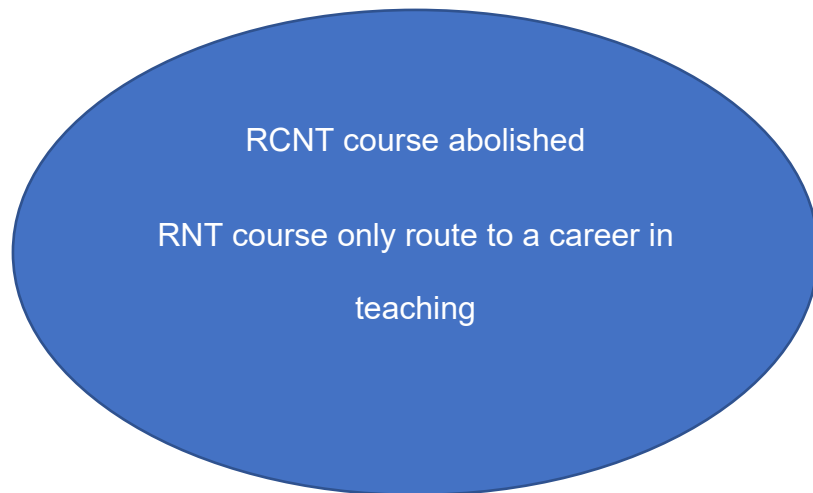
teaching

1980 - 1990

Illustration 6

Post Graduate Certificates and

Diplomas in Education

MaCE

RNT registration with the NMC
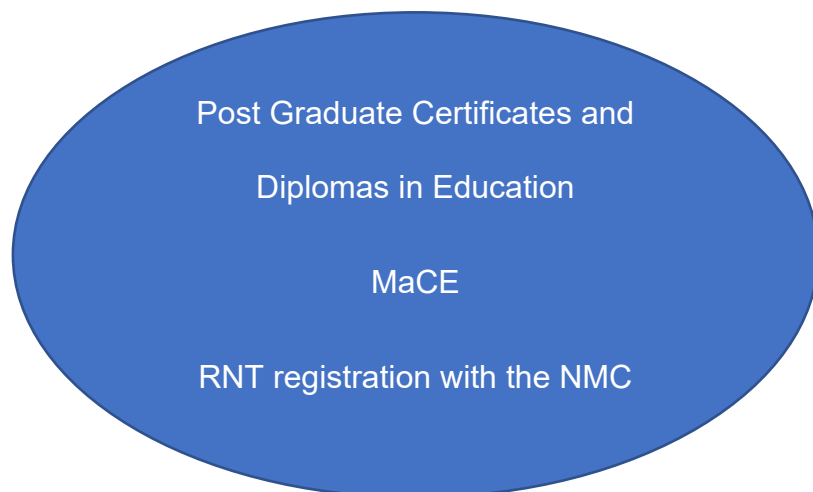
1990 - 2020

By 1954, six years after the inauguration of the NHS in 1948, the National Provincial Hospitals Trust reported that ward sisters were no longer able to provide appropriate teaching. Hereafter, the American idea of a clinical teacher was adopted, to address the deficiencies in practice supervision (Prosser, 1997). Ward sisters with five years post registration experience could undertake a six-month training course to move into clinical teachers' positions. At this time there was a considerable loss of students due to the lack of practice supervision, and it was anticipated that this new role would reduce the attrition rate. A study by Robertson (1986) found that 50% of clinical teachers left their post within two to three years to become registered nurse tutors (RNT's) anyway. He identified a power vacuum between clinical and academic nurse tutors, due to status, their academic qualifications and the ability to teach in the classroom. Consequently, the role of clinical teachers was abandoned with the introduction of Project 2000 from September 1989.

However, by the late 1980's studies showed that many nurse lecturers had been involved in teaching only, due to workloads and a wish to remain in the teaching field (Camiah 1997, 1998). Their lack of research education was concerning and Camiah's studies emerged with the premise that lecturers were role models to nursing students, therefore it was necessary for lecturers to be involved in research (Camiah 1997, 1998).

The Royal College of Nursing (RCN) (1984) stated that the minimum qualification for entry to teach nursing would be a first degree, and they also saw the role as being a practice as well as an educational role. This correlated well with Benner (1984) who in her seminal work had identified the gap between theory and practice, and viewed the need for teachers to continue to maintain their connections with clinical practice as being of paramount importance. The difference between what was being taught in

the classroom and what was happening in practice, had caused Bendall (1975) to argue that nurse tutors needed to teach in the practice setting as well as the classroom. The English National Board for Nursing, Midwifery and Health Visiting (ENB) (1986) issued guidelines relating to the preparation of teachers, which resulted in a major change for nursing institutions. Here the term 'nurse educator' was born, and they needed an Honours degree minimally, and this was illustrative of the rapid change that was occurring in several areas of nursing simultaneously.

Until 1989 and the inception of Project 2000 nurse training was delivered in hospital nursing schools using a mandatory curriculum, which had a detailed syllabus and a list of learning objectives concerned with outcomes as opposed to processes (Smith and Davies 2006). Now, highly prescriptive curricula content was replaced with statements of competencies, and general principles that each School of Nursing could determine as a department (Smith and Davies 2006). Today, curriculum design is very much left to the lecturing teams and individual lecturers.

Nurse education and the NHS were partly reformed in 1997 when New Labour came to power with the publication of the following White Papers: *The New NHS: Modern, Dependable* (Department of Health (DoH),1997); *The NHS Plan: A Plan for Investment. A Plan for Reform* (DoH, 2000); and *Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health & Healthcare* (DoH), 1999b). These were aimed at creating a health workforce that would meet the health needs of a vastly expanding population. Nursing was seen as a major part of that initiative, in leading care and developing more leadership roles within nursing (Ramsdale, 2017).

In 2002 the UKCC transitioned into the NMC and launched a new policy named The Standards of Proficiency for Pre-Registration Nursing Education (2004). This set out new standards for nursing and its education system, and was implemented in response to stakeholder consultation with nurses, educationalists, patients, commissioners and service providers. In 2006 the government produced the report, *Modernising Nursing Careers* (DoH, 2006) which advocated for nursing to become an all-graduate profession, a policy that was supported by Lord Darzi's Report, *High Quality Care for All* (2008). This reinforced the need for nursing to remain within higher education, and Darzi (2008) also advocated for the inclusion of leadership and professional development training within nursing programmes.

3.5   NMC Standards and Curriculum Development.

In 2010 the NMC published a new set of Standards for Pre-Registration Nursing Education (NMC, 2010) which replaced the 2004 version. The subtle change in the title was signalled by removing the word "proficiency", and was due to a refocus on education, rather than the nursing student simply being expected to achieve proficiencies. Within this document the NMC agreed that a degree should be the minimum qualification for nurse registration, and stated that "degree level registration underpinned the level of practice needed for the future, and enabled new nurses to work more closely and effectively with other professionals" (NMC, 2010, p.8). Nursing was formally established as a degree profession in 2013, and following these changes nurses were recognised as delivering complex care, and possessing high level technical skills which were much needed by the NHS (Ramsdale, 2017).

Now there needed to be consideration given in how the academic qualifications of a nurse educator, would be able to meet the needs of nursing students with degrees (Traynor, 2013). Another issue was the relatively low number of clinical nurses

holding Masters' degrees, as this would have an impact on the recruitment of future

nurse educators (Traynor, 2013).

The NMC (2010, p.4) stated that the role of nurse education was to produce nurses

who had the ability "to develop practice, promote and sustain change, to think

analytically, use problem solving approaches and evidence in decision making, and

to keep up with technical advances and meet future expectations". Today's lecturer

has to consistently keep up to date with the NMC's standards which are published on

average every six years.

Next the Future Nurse Standards of Proficiency for Registered Nurses (2018) stated that nurses

played a major role in leading and coordinating care, that was compassionate, evidence-based

and person-centered. It was interesting to note that in these Standards the word "proficiency" had

returned from the NMC Standards (2010). Accountability and autonomy were again stated in this

document as being two paramount skills needed by today's nurse (NMC, 2018). These

Standards were far reaching and reflected new skills and knowledge that nurses needed to

practice. This was not without some anxiety within the nursing profession, as more was being

asked of a workforce that were already pressurized. However, the NMC focused on care and

compassion as being the essence of nursing, which was central to everything that they promoted.

Always Caring, Always Nursing celebrated one hundred years of the profession since the first

registrant, Ethel Gordon Fenwick. Alongside the care and compassion skills, nurses now to be

more competent and more skilled than ever before.[Blog: The future nurse standards, one year on](https://www.nmc.org.uk) [- The Nursing and Midwifery Council (nmc.org.uk)](https://www.nmc.org.uk)

The NMC sets the requirements for nurse registration through the defining of standards, with a

list of competencies which prescribed the student's performance and learning outcomes. This

was in order for them to achieve identified objectives and curricular goals (Pijl-Zieber et al.,

2013). Educational providers have a clear set of attributes and skills from which they develop curricula and assessments, and this was expected to ensure the public that "experts" had set the standards through which safe nursing was delivered. In the Standards Framework for Nursing and Midwifery Education (2018, p.6) it was stated "that the standards aimed to provide Approved Educational Institutes (AEI's), with the flexibility to develop innovative approaches to the education of nurses". Therefore, it could be reasonably assumed that as long as the objectives, assessments and outcomes were achieved, then the AEI had considerable autonomy in determining the curriculum design.

However, Collier-Sewell et al., (2023) argued that this rigid approach to the curriculum, which determined what a nurse should be taught, flouted independent critical thinking. The curriculum had been reduced to a series of outcomes which were impossible to satisfy, and practice was too diverse and dynamic for any curriculum to map and address it adequately. Individual practitioners had to be able to identify learning needs specific to their time and place, and pre-determined curricula with a large amount of content, did not allow students to develop an adequate critical thinking ability. Collier-Sewell et al., (2023) stated that there should be a desire within nurse education to engender an environment for questioning and life-long learning, which was passed onto the students outside or alongside the curriculum. Students should be seen as active participants in the direction of their development, and perhaps top-down standards and competencies could never truly represent the everyday life of a nurse.

Nurse education moved to a competency-based curriculum as part of the, education not training movement, that happened in the late 1980's. Cowan et al., (2007) stated that in doing this clinical nursing skills had become less important, and a set of competencies that could be argued as vague, failed to define nursing from other health professions, and did not appropriately define

nursing practice. Competencies are about developing a professional where the student meets and passes specific goals to achieve competency. The term competence refers to a quality or state of being, and refers to someone's overall ability to carry out a procedure successfully (Pijl-Zieber et al., 2013). It is carried out using a cognitive, integrative, relational and moral function (Epstein & Humbert, 2002), and professional competence is developmental and depends on the context in which it is used. Competency is the integration of knowledge, skills, values and attitudes (Carraccio et al.,2002, Eraut, 1994, Frank et al.,2010), and definitions differ between professions and countries. Competence and competency are used interchangeably, and this increases the lack of clarity when it comes to using and understanding competency (Khan and Ramachandran, 2012). In medical literature the term competency should refer only to the ability to perform the skill, and the attributes of the health professional performing that skill (Khan and Ramachandran, 2012).

There are some problems experienced in the usage of competence within nurse education, in the assessment and measurement of clinical competence, and the general versus the specific competencies and the differing values of the stakeholders all come into play here. Tools to measure competency are difficult in their reliability and validity, and can also be problematic with sensitivity and specificity, which is problematic for nurse lecturers writing curricula (Pijl-Zieber et al., 2013). It could be argued that competence is impossible to measure (National Education Framework 2008, Yanhua, & Watson, 2011), as well as the reliability and validity issues with these and other clinical evaluation tools. At what level should a student be deemed as competent if reliability and validity are not being measured, so there is a problem with sensitivity of the tool or system issues (Heaslip & Scammell, 2012).

3.6   Curriculum Development and Design

These two terms "development" and "design" warrant further explanation here: development refers to a broad concept that includes the processes involved in creating and implementing a curriculum, from the early stages through to delivery and review (Quinn and Hughes, 2016). Design is regarded as the second stage of the curriculum planning process, involving those staff members who have specialised knowledge of the subject areas (Quinn and Hughes, 2016). Typically, clinicians, patient groups and current students are invited to put forward their ideas for possible inclusion in a new curriculum; however, these have to comply with the NMC mandatory guidance, and be feasible for both placement and programme availability.

Curriculum design can be defined as a focused process, whereby structure, content and delivery are developed within a curriculum, and it is a subcomponent of curriculum development and is perhaps the most activity-related part of curriculum writing (Quinn and Hughes, 2016).

Various authors have categorised a curriculum differently, Lewis and Miel, (1972); Tanner & Tanner, (1982); Saylor, Alexander & Lewis, (1980). The following four main definitions of a curriculum have emerged:

- Tyler (1949) viewed a curriculum as being a series of objectives which students needed to attain in order to progress and by achieving these, positive changes would be seen in the student. An objectives curriculum has been in use in the UK for many years for educating health professionals.

- Kerr (1968) defined a curriculum as being the learning that was planned for by a school for either individuals or groups, whether it be inside or outside of the school environment.

- Bell (1973) regarded a curriculum as constituting subject matter whereby the offering of valued knowledge, skills and attitudes is made available to students through a variety of strategies at school, college or university.

- Quinn and Hughes (2016) viewed a curriculum as the education available to students, due to their involvement with an educational institution.

Skilbeck's (1984) categorisation overlapped with all of the above, but added the dimension of culture into the definition. He viewed a curriculum as being a structure of forms and fields of knowledge; as a chart map of culture; as a pattern of learning activities and as learning technology.

Other authors saw this more broadly such as Stenhouse (1975), who identified a curriculum as communicating the essential principles and features of an education, in a form that was open to scrutiny, but which could be translated into practice.

Most current nursing curricula incorporate some aspects from each of Tyler (1949), Kerr (1968), Bell (1973) Quinn (2007) and Skilbeck's (1984) definitions. The frequently used objectives model specifies criteria, that have to be achieved at each stage through a curriculum and a module. The learning is planned for by the lecturers, and is only available to the students through their involvement with an HEI. Skills and attitudes are regarded as being as vital as academic ability, and are assessed through their clinical competencies. Culture is treated as overt due to the NMC's expectations, that each student will learn to work and behave in a professional manner and follow the NMC Code of Professional Conduct (2018).

The NMC (2018) viewed a curriculum as being designed to develop, deliver and evaluate students' learning, so they could achieve the required competencies identified for their approved programme. However, the NMC also stated that they did not set curricula, nor did they educate, select students or regulate students' behaviours, or assess the quality of student clinical

placements, as the GNC once did. Therefore, all of the aforementioned are determined by the relevant HEI and the nurse lecturers.

In this study the curriculum approved for the nursing department was an objectives model, and it was up to the module teams together with the individual lecturers to determine which teaching strategies to employ.

Curricula and core courses have always been discussed, changed and developed but within a narrow margin, with some criticism about whether these programmes adequately prepared students for the role of a registered nurse (Petersson et al., 2022). For the future demands on healthcare, nursing programmes need to transition from a content-based system to one of concepts, but this requires a major shift in thinking for the government, the regulatory boards and nurse education itself (Baron, 2017). The concept-based curriculum enabled the student to develop critical thinking with a more holistic approach to nursing care and a broader understanding of nursing care is required for the future, resulting in a move away from a content laden curriculum to an understanding of concepts and principles (Harrison, 2020; Hendricks and Wangerin, 2017; Huang et al.,2016). The many challenges in healthcare with an increasingly ageing population, reduced resources and increased costs (WHO, 2015), with evolving treatments and methods increasing the amount of specialisation, make it all the more complex (WHO, 2016).

Morrall and Goodman (2013 similarly stated the same objections in that students needed to be able and strongly encouraged to develop their critical thinking, and that neo-liberal thinking (Harvey, 2010; Crouch, 2011) had resulted in education's main aim as being to provide students with the skills to be accepted for a post at the end of their programme (Panton, 2003; Collini, 2011). Harvey (2010) and Roggero (2011) argued that universities had ceased to function in their classical role as the principal agents of social critique, but were now working in the role of

production with the student being seen as a customer, with their education being reconfigured as a product. A scenario where universities competed with each other had been in play for many years, and would continue to be the situation with massification, increased political control and the competition being the main causes (Smith & Urquhart, 2018).

3.7   Faculty development for nurse educators

In order to have highly productive and effective nurse educators so that students receive an effective standard of learning, professional development is needed to enable them to continue to develop both professionally and educationally (Oprescu et al., 2017). An on-line study in Australia of 138 nurse educators across Queensland, which has Australia's third largest nursing workforce, were asked what they identified as their developmental needs, and if these could be implemented locally or nationally. The educators viewed themselves as skilled but lacking confidence in their abilities, and were keen to develop their scholarship in design and research (Oprescu et al., 2017). Their other desired areas of development were information technology and assessment skills, and they identified specific areas of their teaching such as simulation-based learning. Interestingly curriculum development was not included here, although Cant & Cooper (2010) suggested that simulation training should include scenarios based on the curriculum. Here there would be opportunities to learn about educational theory, discuss clinical practice and how learning could be evaluated and developed further.

A university in the USA was aware that nurse educators entered their teaching profession having little academic teaching experience (McMillian-Bohler, Tornwall, 2023). They reviewed the faculty development programme and ascertained that

which was required specifically that could reflect current professional practice and assist in educators' development. Ongoing faculty support was seen as being optimal with a pre-programme orientation to be undertaken (McMillian-Bohler, Tornwall, 2023). They considered the mandatory requirements for teaching roles and national documentation, that was published by the American Association of Colleges of Nursing (ACCN) (2021). These were a new set of core competencies, known as "The Essentials" which resulted in a major change for nurse education. These strongly recommended that nurse education transitioned from a traditional systems approach in teaching and learning, to a competency- based education system (McMillian & Tornwell, 2023), much like the UK.

This required major changes to curricula that required a gradual implementation, enabling educators to develop their curriculum development skills, in order to deliver effective teaching and learning to students. In 2020, a novice nurse educator certification was introduced in order to support the early-stage educators, who had taught for less than three years, (McMillian-Bohler, Tornwall, 2023). Nurse educators required support and professional development, while they developed their skills, in delivering a competency based and evidence- based curriculum instead of a systems method.

Globally, there is a need for vital and urgent investment in nurse education, because only highly effective and relevant education delivers the quality-of-care patients need. Logically, this means there is a need to develop those who teach, but unfortunately a lack of career pathways, inadequate faculty development opportunities and a lack of recognition on their valid contribution, plus little research evaluating the impact of faculty development, all negatively impacts on this provision (Smith et al., 2023).

3.8   Transitioning from practice to academia

In a survey by Buttiegieg (1990) commissioned by the English National Board (ENB) (1990), the views of Regional Nursing Officers, senior staff at the ENB, those who ran teacher preparation courses and nurse lecturers attending those courses were investigated. Buttiegieg (1990) discovered that new lecturers did not have a clear career pathway open to them, and there was very little career advice available for those nurses wishing to enter teaching. The ENB (1986) had prepared an information pack containing relevant information, which was supposed to be available in nurse education establishments for prospective teachers, but less than a third of those had seen the material. Buttiegieg's (1990) recommendations included implementing a formal system of induction for new nurse tutors.

Seven years later in a study carried out by Jolly (1997), seventy-one nurse educators were asked about their reasons for becoming lecturers. Their responses ranged from status seeking, to drifting from one specialism to another, seeking to pursue education and to further their career. These findings illustrated that novice nurse educators entered the educational setting, with minimal knowledge of how a School of Nursing in an HEI functioned. They revealed haphazard approaches to induction programmes, which offered little support to new staff, and they were not mentored by experienced teaching staff. Participants felt isolated from more senior groups, from whom they could learn about their role (Jolly, 1997), and many of these participants eventually left teaching and returned to clinical practice. This was in part due to the aforementioned issues, but also because they were unable to identify clear future career paths. However, Jolly (1997) admitted that her study did not consider the

major changes that were happening within nurse education at the time. However, it was pertinent to note that the HEI's had overlooked these developments also.

Jolly's (1997) study complemented the study carried out by Prosser's (1997), who studied ten people who became nurses and subsequently nurse lecturers. She looked at their experiences from their entire career history and what led them to become lecturers. The teacher training that the participants had undertaken had proved to be disappointing and had not adequately prepared them for their teaching role. A more structured career route in nurse education was proposed in this study (Prosser, 1997).

Both of these studies' findings corroborated Buttiegieg's (1990) study, which had strongly suggested that there was significant room for improvement in nurse education.

In a study by MacNeil (1997), he found that new lecturers tended to spend a considerable amount of time, working in their own or a similar clinical area as a link lecturer, in order "to resolve their inner conflict". (MacNeil 1997, p. 637). This study similar to those of Jolly (1997) and Prosser (1997), was conducted in the period soon after Schools of Nursing moved into higher education. The different environment may have been part of the reason, as to why new lecturers sought to continue working in a familiar environment that they knew and understood.

Yet again later studies found that this problem still existed, Coad (2002) carried out a study about the impact that the transfer into nurse education had on the lecturers, moving from colleges into higher education. Fifteen participants who worked as lecturers were interviewed, and found that some wanted to be allowed to work autonomously, in order to develop academically, so they would be more effective at

teaching students. Nine of the participants spoke about teaching skills, and five mentioned issues relating to understanding the curricula, and the teaching strategies involved. Ten participants were concerned about meeting the expected outcomes for students through their teaching strategies (Coad, 2002). She found that new lecturers did not understand the different organisational structure that existed in higher education, making their adaption to that new role problematic. In conclusion there needed to be a full-scale assessment of the nurse lecturer's workload, both locally and nationally. Furthermore, the development of nurse lecturers in academic, research and publication activities also needed to be addressed (Coad, 2002).

A further study by Billings (2003), found that it was often assumed that because one was an expert in a particular field, that the transition into an entirely new sphere of nursing would be easily accomplished. Several of the participants confirmed that they had encountered expectations, that as expert clinicians they thought they could transfer to academia and immediately function effectively as lecturers, which was not the case (Billings, 2003). This caused frustration for many of the participants who thought that following the move into academia, it would take some time before they felt comfortable with their responsibilities. Clarke et al., (2010) asserted that it was the responsibility of the HEI to provide the necessary support for new lecturers in this transition, while they developed their new approaches to teaching and learning. Davies (2005) suggested that many nurses accepted a position as a lecturer, without fully comprehending what the role would entail.

For a clinician entering nurse education from practice, without a teaching qualification and teaching experience, the journey can be a complicated and challenging one, and many nurses entered education in order to learn how to teach (Neese, 2003). The challenges they faced were in the main due to their lack of

preparation for this new role (Boyd, 2010; Penn et al 2008; Anderson, 2009) and career change. Andrew et al., (2009, p. 608) described this experience as a "culture shock" for those starting their careers in academia, from a position of having been an expert in their own clinical field.

New faculty members were faced with many stressors, including lack of support, poor preparation for the new role, and an expectation that a new member of staff knew how to teach, develop and write curricula (Sawatzky and Enns 2009). Three phenomenological studies in the USA, by Anderson, (2009) Cangelosi et al., (2009) and Gardner, 2014), studied the new lecturer's role and found that it took up to two years for novice members to appreciate their role transition. The data collected included phrases such as "sitting on the shore", "splashing in the shallow water", "drowning", "treading water", and "beginning strokes", which indicated the participants' views of their first two years in academia.

This change of career into education could involve a truly transformational journey, and Mezirow, (1991) pointed out that adults entered the learning process with their own life history and frame of reference. This frame of reference consisted of ideologies, learning styles, social and cultural norms, values and ways of feeling. Consequently, when all new experiences were filtered through this frame of reference, it influenced the person's perception and interpretation of these experiences. Then, they formed assumptions about these experiences, which created baggage that they took with them into the teaching environment. The transformational process was a linear one that Mezirow, (1991) viewed as starting with a single triggering event that changed that person's view of the world. This occurred when someone faced a situation that was disorientating, and which did not

fit into their current beliefs of the world. This then resulted in the reconsideration of those beliefs, to address and accommodate the new experience.

Alternatively, Baumgartner (2001) and Cranton (2002) opposed this view and suggested that the transformational process was not linear and tidy, but that it included emotional, psychological and spiritual responses that were cyclical or spiral in nature, in terms of learning. These could be recurrent and trigger a new round of reflection and transformation, which could ultimately produce a profound change in the learner's worldview, self-concept and their meaning of schemes (Baumgartner, (2001; Cranton, 2002). This transformational journey may be protracted when an individual started working as a new lecturer, so preparation for the role was essential (Choudhury, 1992; Davis et al., 1992; Herrmann, 1997; Krisman-Scott, Kerschbaumer & Thompson, 1997; Riner & Billings, 1999; Siler & Kleiner, 2001; Young & Diekelmann, 2002).

In the UK Frazer et al., (2022) studied the preparation of new nurse lecturers, and their problem of meeting and working in a foreign environment, quite unlike their familiar clinical one. Some had managed to navigate this new career path and progress to new heights (Watson et al., 2017), however, many others who had left a senior clinical post where they were respected and worked autonomously, found themselves regretting their new career. They likened their position to feeling like a new student once again (Massey et al., 2019), and the experience of being exposed to unknown scholarly and scientific activity, was daunting, without understanding the need for nursing research to improve service delivery (Frazer et al., 2022).

A lecturer's professional identity was challenged in a situation where efforts were being made, to align competing professional and academic boundaries, particularly in the case of a new lecturer (Andrew, 2012; Andrew et al., 2009). A loss of status was also felt by lecturers who had worked at a senior level in practice, who then found themselves assigned to a lower pay scale as new lecturers, indicating a lack of recognition of the knowledge and experience that they brought to the department. Clifford, (1999) had found that nurses perceived achieving credibility within practice, as being more important than developing an academic profile, and engaging in research and scholarly activity. Ten years later, Andrew et al., (2009) stressed that nurse lecturers needed to develop an identity within higher education, in order to show the uniqueness of their role in terms of innovation and excellence in teaching. The concept of identity was a major issue for nurse lecturers

As part of a twelve-year study Diekelmann, (2004) reported on the experiences of new nurse educators, and found that their sense of isolation and alienation on entering a new culture was quite devastating. They felt a lack of understanding of the organization's hierarchy, and a lack of clarity about what their actual role was, and if they were undertaking it well. Because one was an expert in one field did not make them an expert in education, although new lecturers very frequently failed to understand this prior to embarking on their new post.

Nurses and the way in which they were modelled through their nurse training, and clinical careers was found to be significant in how they identified themselves. Role modelling was one of the major ways, in which nursing students learned about professional behaviours, and this was certainly apparent in the mandatory aspect of the curricula, as standardised by the NMC (2018).

Bauman's, (2000) definition of identity was as a task that challenged people by constantly changing in modern day society, this resulted in identity being fragile. Bauman, (2000) took the view that the world was liquid and therefore, as a consequence so was our identity. Earlier Potter & Wetherall (1987) claimed that individuals created their own identities during social interaction, in order to achieve interactional goals. Klimstra et al., (2010) pointed out that identity was partly composed of fixed long-term elements such as race and gender, but that other elements could fluctuate over a short time span, so that identity was both fixed and fluid. The demands on a lecturer undergoing a major change in their environment, due to the transition from clinical practice to academia, may result in their identity needs changing frequently in order to adjust.

According to Waterman (1984), a discovery perspective suggests that one's own potential exists prior to its discovery, and that the individual's mission is to actualise this potential. Berzonsky et al., (1990) took an alternative approach with their self-theory, which involved an individual identifying their potential and managing any problems in order to achieve it. This perspective on identity theory also related to the effect that parents, peers and others have on one's own modelling (Berzonksy et al., 1990).

It was felt relevant to also look at the role theory in how lecturers viewed themselves, either as nurses, lecturers or other, because this affected the status quo. The researcher had found this to be an interesting quandary, when if asked her profession where she stated she was a nurse, people assumed she worked clinically. When asked for details people tended to be confused when she revealed she was an academic. Some of the research below supported the issues that could evolve with role change

3.9   Role Theory and Nurse Lecturers

It is important to consider role theory in relation to this study, and the nurse lecturer (Coad, 2002). The origin of the term "role" derives from the French word "rotula" which originally meant "little wheel" and later a scroll of paper associated with political or legal matters (Moreno, 1962). In ancient Rome and Greece scrolls of paper were called "rolls", from which actors read their parts aided by the prompters, so the actor played his role or character to the audience and the concept of an actor developed. The notion of a role pertained to a person's technical work, can be traced back to the 1930s through writers such as Mead (1934), Linton (1936) and Moreno (1962). Mead (1934) was a social philosopher who was interested in the notion of interaction, and how humans adapted to change in order to find their niche. He went on to research the concept of a role as social behaviour and developed the idea of role-taking, whereby a person interpreted and gained insight into another person's role by doing it themselves (Turner, 1968). This was significant in terms of the development of symbolic interactionism in sociology. Moreno (1962) developed the use of role-playing through what was known as the dramaturgical perspective, which he pioneered in psychodrama in his quest to explore behaviour, with the aim of reintegrating disturbed patients into society.

Moreno (1962) stated that, in regard to role playing, a process occurred that initially involved the role perception stage. Here the person became aware of the role that needed to be carried out, and this was followed by role enactment whereby the role was performed. Linton (1936), who was an anthropologist, showed that there was a close relationship between individuals and their position in society. Biddle and Thomas (1966), carried out a comprehensive investigations of roles, which illustrated how complex this concept was, and divided them into three categories (please see

Appendix One). The first category included all those concepts relating to the role, that applied to the individual such as the self, each person and group. The second category concerned concepts relating to behaviour that reflected the role performed, which changed from time to time depending on factors such as the organisation, the individual's responsibilities and the people with whom they interacted. The third category involved the person's title, and their expected role behaviour overlapping, and when these were not congruent, role conflict occurred (Biddle and Thomas 1966).

Several researchers supported Biddle and Thomas' (1966) use of the three categories with regard to the term "role" (Buttiegieg, 1990; Cave, 1994; Davis, 1991; Crotty, 1993; Love, 1996; and MacNeil, 1997). Jones (1985); Stephenson (1984) and Sheahan (1981), all explored the role of nurse lecturers, but emphasised how others viewed them. Clifford (1996b) attempted to conduct a critical analysis using Biddle and Thomas' (1966) framework, and he found that the role of nurse lecturers was associated with multiple expected attributes, which often led to conflict, and the differing titles that nurse lecturers had been given were evidence of this.

The role of nurse lecturers had changed enormously over the past few decades, because they were now teaching, marking and undertaking research alongside other scholarly activities, together with supporting students not just academically, but also pastorally (Gui, et al 2009).

3.10   My intentions for this thesis

Curriculum design and teaching strategies were considered to be worthwhile for investigation firstly, because of my interest in this subject area and also because this work formed a major part of every lecturer's work. This made it particularly

appropriate and relevant as a research topic, coupled with the absence of studies on the subject.

I will be using Charmaz's constructivist grounded theory methodology to collect and analyse the data. In the next chapter I have used a scoping review to collect relevant data around my proposed aim, and to sensitise myself to the existing evidence so far.

3.11   The Aim of the Study

The aim of this study was to explore how nurse lecturers determined curriculum content and their teaching strategies. Then secondly, how was their knowledge of this developed?

The purpose of the grounded theory approach was to collect data and develop a theory, about how nurse lecturers carried out this major part of their role, in order to deliver a pre-registration nursing programme for mental health and adult students within an HEI.

A total of twelve participants from the teaching team at one HEI, across two campuses where the nursing programmes were delivered, took part in this study. Their responses were collected through semi-structured open-ended interviews. The rationale for using this data collection tool is discussed later.

To clarify the terms used in this study from various sources, "nurse lecturer", "nurse teacher", "nurse educator" and "nurse tutor" all refer to the same role. A nurse lecturer is the term used in this study, and refers to a nurse who has moved into nurse education and is working as a novice or an experienced lecturer.

4   Conclusion of Chapter

This chapter has provided the reader with the background to this study and the reasons as to why it has been carried out, with the researcher's positionality. The historical background of nurse education over the past century is described, which leads to the status and working practices of nurse lecturers today. An overview of curriculum development, design and teaching strategies have been given, and how a lecturer's identity can be challenging for them when embarking on an academic career from a clinical one. The aim and rationale for the study have been explained in order to set the stage for the scoping review.

5   Chapter Two

5.1   Overview of Chapter

This chapter discusses the options for carrying out a literature review or a scoping review in a grounded theory study. The details and rationale for the scoping review are given, and the search strategy and themes that arose are discussed in some detail.

6   The Scoping Review

6.1   Title of research question

"A qualitative exploration of how nurse lecturers determined curriculum content and teaching strategies, and how their knowledge of this was developed."

7   Abstract

7.1   Objectives

This study asks how nurse lecturers make decisions about curriculum development and furthermore their teaching strategies, and how they learned this skill.

7.2   Method

This review used Arksey and Malley's (2005) six stage scoping methodology. The databases used for the scoping review were: Cinahl Ultimate, BNI, Medline, Cochrane and Google Scholar.

7.3   Results

Twelve studies and two articles were included in this review. The studies showed that there was some faculty development across HEI's, in the USA, Australia and parts of Europe, but there was also a lack of reporting on some programmes that

had not been identified. The faculty development had proved successful where lecturers were supported, with knowledge acquisition and developing their knowledge of curricula development. Mentoring and peer reviewing were shown to address some issues for staff with positive feedback in the main about this system of support. The first article in this scoping review was about the preparation of nurse academics and the critical shortage, resulting in low-levels of recruitment and retention. The second article was about a system for the recruitment and retention and mentoring of nurse lecturers, called INFORM, which had worked well as a positive support system, which prepared lecturers for faculty roles using mentoring as part of the strategy.

7.4   Conclusions

More studies in other HEI's and particularly in the UK were needed on nurse lecturers' decisions on how to develop curricula and deliver teaching strategies, and how they had learned these skills.

7.5   Keywords

Curriculum knowledge, curriculum development, teaching strategies, pre-registration curricula, mentoring.

7.6   Introduction

The case for a literature review in grounded theory research has been debated since the 1960's, and Glaser and Strauss (1967) the founders of grounded theory methodology, strongly advocated delaying the review until the data analysis had been completed. This was because they recognised the risk of the researcher

viewing data through the lens of preconceived ideas, if carried out prior to the data analysis (Glaser and Strauss,1967).

"ignoring the literature of theory and fact on the area of study was necessary, in order to assure the emergence of categories would not be contaminated by concepts more suited to different areas" (Glaser and Strauss 1967, p.37)

Glaser (1978, 1998) maintained this view even when he worked independently from Strauss. However, later when Strauss started collaborating with Corbin, they both claimed that a literature review enabled comparisons to be made, and that theoretical sensitivity could be employed from the outset, which then became common practice (Strauss and Corbin, 2008).

Thornberg and Dunne (2019) suggested differing ways in which the literature could and should be incorporated into grounded theory methodology (GTM), and other authoritative sources also engaged with this viewpoint (Charmaz, 2014a; Bryant, 2017). Thornberg and Dunne (2019) advised researchers to familiarise themselves with the literature, in order to clarify their own position in regard to the study. They referred to the initial phase of research being aimed at positioning the research objectives early on, and then returning to it at a later stage, as part of the theoretical coding process to engage with the literature. There would then be two literature reviews within the thesis: an initial one and a later chapter linked to the findings and conclusions.

Bryant, (2019) suggested that the initial early admonition against reading the literature prior to undertaking the research was an historical accident, which was understandable in the context of 1960s America. However, this was no longer defensible for a researcher wishing to contribute to current knowledge.

Thornberg, (2011) claimed that ignoring extant knowledge and other theoretical literature was simply naïve empiricism, and suggested that if researchers viewed extant literature as a source of inspiration for their literature review, and examined it through multiple lenses, then this would be following the principle of abduction. Abduction was a mode of reasoning that researchers used when they could not explain a surprising or unusual finding in their research (Thornberg, 2011). His approach required a critical reflective stance, but some critics had claimed that researchers were easily influenced by what they read and remained uncritical (Charmaz, 2014). The final version of any literature review that was undertaken within a grounded theory study, needed to fit the specific purpose of the research report. There were other ways to obtain previous knowledge than from the literature, and Charmaz, (2006), referred to this as knowledge that had been acquired through experience and preconceptions, developed within the researcher's own discipline.

However, the process of undertaking a study and applying for grants necessitated a significant amount of reading, so knowledge of the subject was already being acquired along the way. Charmaz, (2014, p.307) explained that the material collected was effectively being left "fallow," while data was being gathered and analysed, which could then be returned to in an objective manner. She also claimed that acquiring and assessing a range of literature in a review, could result in findings that were contradictory to the actual research being conducted. This in turn could influence open coding, and therefore weaken any inductive outcome (Charmaz, 2014). In addition, choosing not to conduct a literature review could cause problems when faced with the issues of research governance, local ethics committee requirements as well as those of research funding bodies (Cutliffe, 2005).

In the case of this study the option of carrying out a very limited literature review with the dearth of studies, and some that did not address a similar research question, was making the case strongly for using a scoping review. The lack of empirical evidence was seen in repeated searches over a five-year period for this study. In support of this Smith et al., (2022) took the view that scoping reviews should be used where there was a need to uncover knowledge gaps, and to summarise the types and quality of the existing literature on a subject, as was the case for this study.

Scoping reviews were now more common across a range of disciplines, and there were guidelines for conducting and reporting on these reviews (Tricco et al., 2018); (Peters et al., 2020). They were a type of knowledge synthesis that followed a systematic approach to track the evidence on a subject, by identifying the main concepts and theories concerned, and where knowledge gaps had been clearly identified (Tricco et al., 2018). They could be used to identify the extent, nature and range of a research subject, and assess the value of performing the review and the findings of a specific body of knowledge. The scoping review allowed for any gaps in the subject area(s) to be identified, which could then guide the planning of the research, so as to address the shortfall in topic knowledge (Tricco et al., 2018).

The objective of the scoping review was to provide a broad overview of literature related to nurse lecturers, and how they learned about and managed curriculum development, together with their teaching strategies. Arksey and Malley (2005) explained that a scoping review was a type of literature review, that differed from systematic reviews in that it focused on broader topics, and did not ask specific research questions. Smith et al., (2022) asserted that scoping reviews were different from systematic reviews, because they were not designed to investigate a specific hypothesis, and therefore did not require risk of bias assessment. The background to

a scoping review should be comprehensive and cover the existing knowledge in the field.

7.7   Identify the research question

This study asks how nurse lecturers determined curriculum content and their teaching strategies, and how their knowledge of this was developed.

7.8   Identify relevant studies

Multiple literature searches using various sources were performed intermittently over a period of five and a half years from September 2019 to March, 2024.

Electronic databases such as CINAHL, BNI, Medline, Cochrane and Google Scholar were searched using between the years 1994 – 2024. The journals searched were Nurse Education Today and Nurse Researcher using the years 1994 – 2024, which were carried out at frequent intervals to seek out relevant studies. Reference and bibliographical lists, plus public domain websites such as the NMC and the Kings Fund Centre were searched for relevant material. The Royal Society of Medicine library was also used in the search.

The three themes of the thesis were:

- How did nurse educators determine curriculum content?
- How did nurse educators select teaching strategies?
- How was knowledge of these developed?

The search for applicable literature included free text key words, using a varied combination of terms in an overlapping and synonymous manner Therefore, when searching databases the words selected for the searches were:

"Nurse lecturers", "nurse educators", "faculty development", "professional development", "curriculum knowledge," "curriculum development", "curriculum writing," "pre-registration curricula / curriculum", "decisions and teaching strategies" and "selecting teaching strategies", "mentoring". Additionally, Boolean conjunctions such as "AND" plus "OR" and "+" were used to combine search terms. The year 1994 was set as the starting date for the search because nurse education had, at that time, recently transferred into higher education, so it was to be anticipated that studies would reflect the work of the faculty nurse lecturer. It was decided that the research question would be most effectively answered, using literature that included primary studies, secondary literature, systematic reviews and doctoral dissertations.

Although the quality of evidence was thought not to be important in a scoping review (Tricco et al., 2018), in this case the researcher ensured that the literature came from relevant sources. Research on the experiences of lecturers was plentiful, but this was not what was being investigated; this study was designed to explore what lecturers did in relation to specific elements of their working practice. Therefore, this review was designed to provide a broad overview of literature related to nurse lecturers and their role within curriculum development, as well as the teaching strategies they delivered. Scoping reviews start with a search strategy that defines inclusion and exclusion criteria similar to a literature review, and during the data synthesis, instead of reporting on predetermined outcomes the evidence is scanned looking for themes and categories and gaps in the evidence (Tricco et al., 2018).

7.9   Study Selection

The search of four databases produced a total of 356 articles after eliminating

duplicates. After a title and abstract review, a total of 37 articles were found to meet

the initial criteria and were included in the next stage for sorting. Papers were

assessed for inclusion, data was abstracted, and a quality evaluation of these was

conducted, and the papers were analysed and reported on via a thematic synthesis.

A further review of the studies was conducted, with titles identified and abstracts

screened by the researcher for relevance and eligibility, following which twelve

papers were selected for inclusion as well as two articles. A further full article review

was then conducted utilizing the following:

7.9.1 Figure 7 PRISMA

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│ Electronic database search from │
│         2019-2024: n=37         │
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┌─────────────────────────────────┐
│     Duplicates removed: n=11     │
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│  Records remaining after         │
│  duplicates removed: n=26        │
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┌─────────────────────────────────┐
│ Records excluded after title     │
│          review: n=3             │
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┌─────────────────────────────────┐
│ Records relevant from title      │
│         review: n=23             │
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┌─────────────────────────────────┐
│ Records excluded after abstract  │
│          review: n=2             │
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│ Records relevant from abstract   │
│          review n=21             │
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│ Records excluded after full text │
│          review: n=9             │
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┌─────────────────────────────────┐
│ Full text research study         │
│ articles included for charting:  │
│          n=12                    │
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                 │
                 ▼
┌─────────────────────────────────┐
│ Additional relevant articles     │
│         included: n=2            │
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                 ▼
┌─────────────────────────────────┐
│ Total number of items charted:   │
│          n=14                    │
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Inclusion criteria: Studies written up in the English language, both at home and abroad, that had contained all or some of the subject matter, 1) faculty development of nurse lecturers 2) curriculum development for or by nurse lecturers 3) Professional development for or by nurse lecturers. 4) Teaching strategies by nurse lecturers.

Exclusion criteria: 1. Studies were excluded if not written in English and if they did not address some of the inclusion criteria

7.10   Table 1 – Charting the data

Author(s), Date of Publication, Country,	Title of Paper	Number of Participants	Methodology and Methods	Study Type	Main Findings
Staykova M.P. (2012) U.S.A.	Competencies of nurse educators in curriculum design	5	Pilot Study	Mixed Method Modified Delphi	Despite nursing shortages experienced in the US, research on the competencies needed by nurse educators to design effective curricula had not been pursued.

Booth, T.L. Emerson, C.J. Hackney, M.G. & Souter, S. (2016) U.S.A.	Preparation of academic nurse educators	N/A	Article	N/A	A critical shortage of lecturers means retention and recruitment should take priority.
Sezer, H. & Sahin, H. (2021) Türkiye	Faculty development program for coaching in nursing education: A curriculum development process study	149	Study	Delphi survey, analysis of psychomotor skill-training program and literature review with the triangulation strategy	Multiple outcomes
Murakami, K. Ito, M. Nagata, C. Tsutsumi, M. Tanaka, A. Stone, T.E. & Conway, J. (2023) Japan	Japanese nurse academics' pedagogical development using collaborative action research	7	Study	Collaborative action research	A shared understanding of action research aided academics in their teaching

Wolsey, C. Jacobsen, M (2024) Australia & Canada	Novice nurse educator professional learning and teaching at a transnational nursing campus: A case study	7	Qualitative Case Study	Artifact collection, individual guided reflective questions, one-on-one interviews and observational notes	Insights from this research can guide educational institutions, in enhancing novice educators' professional growth and teaching practices
Smith, R.M. Gray, J.E. & & Horner, C.S.E (2023) Australia	Common content: delivery modes & outcome measures for faculty development programs in nursing and midwifery: A scoping review	17	Study	Scoping Review	Commonalities in faculty development program content, but curriculum design and development were omitted. Limited detail on modes of delivery for programs, and limited evaluation.

Thomas, E. & Davies, B. (2006) UK	Nurse teachers' knowledge in curriculum planning and implementation	25	Ethnographic Case Study	Data collected from implementation groups using interviews, participant observation and documents	Nurse teachers relied on the same philosophies of teaching that were prevalent prior to the inception of P2K in the late 1980's. Adequate preparation of teachers not carried out, in order to deliver numerous changes in official policy, philosophy and practice

Smith, J. Kean, S. Vauhkon, A. Elonen, I. Simone, C.S. Juha, P. Maria, C. Leandra, M-D. Dana, Z. & Leena, S. (2023) Multiple Countries	An integrative review of the continuing professional development needs for nurse educators	13	Integrative Review	Mixed Methods	Continuing professional development for nurse educators was limited, yet commonalities were shared across departments, teams and countries
Clochesy, J.M. Visovsky, C. & Munro, C.L. (2019) U.S.A.	Preparing nurses for faculty roles: The Institute for recruitment, retention and mentoring – (INFORM)	N/A	Article	N/A	The Inform system had worked well for faculty staff with mentoring being viewed as a positive support system

Jenkins, E. D'Aoust, R. Elias, S. Hae Ra Han, Sharps, P. & Alvarez, C. (2021) U.S.A.	Faculty Peer Review of teaching taskforce: A quantitative descriptive research study for the peer review process	27	Study	Five step design for Six Sigma methodology	Faculty supportive of peer review process. Increased excellence in teaching for both student and teacher.
Jeanmougin, C. & Cole, B. (2023) U.S.A.	Preliminary development and validation of a peer mentoring needs assessment scale for novice nurse faculty	6	Study	Testing validity and consistency of the Novice Faculty Confidence Scale	Peer mentoring can be an effective mechanism to increase the confidence of new nursing faculty members.

Singh,C. Jackson, D. Munro, I. & Cross, W. (2021) Australia	Work Experiences of Nurse Academics: A Qualitative Study	19	Qualitative Exploratory Design	Interviews	The work was highly challenging, complex and yet rewarding. Participants enjoyed educating to provide a well-prepared workforce, but at the same time there were several problems, such as excessive workloads, stress, lack of administrative support and abusive students.
Harness, S. (2018) UK	Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial	10	Phenomenology	Interviews and video recording of teaching sessions.	Nurse lecturers identified themselves as a) nurses b) teachers c) academic d) researcher e) academic leaders

Dalley, K. Candela, L. & Benzel-Lindley, J. (2008) U.S.A.	Learning to let go: The challenge of de-crowding the curriculum	N/A	Review	Four learning centred curricula programmes over 4 years	Learning centred education can progress nursing further, letting go of non-essential curricular content.

7.11   Collating, Summarising and Reporting Results

There were four themes from the analysis of the literature identified in the scoping review.

7.11.1 Theme One – The Preparation and Concepts of being a lecturer

This theme looked at lecturers and their preparation for their new career, the changes they had to make and some of the difficulties they experienced. Booth et al., (2016) wrote a detailed article about the preparation of nurse educators, and stated that nursing practice moved beyond patient care, to the preparation of nursing students for registration. Nurse educators needed to be prepared for this and serve a threefold role as an educator, researcher and an experienced nurse in a clinical specialty (Booth et al., 2016). They found that nurse educators approached their new role, with only their expert clinical experience and no pedagogical practice whatsoever. The need for graduate level evidence-based research, teaching methods, curriculum design and development, which was essential for academic practice was not understood (Booth et al., 2016). Nursing and education were seen as two separate entities, and because a nurse was an expert in clinical practice did not make them an expert in education. They found a lack of preparation for the educator's role to be widespread across the United States, and were striving for the development of pedagogical preparation for forthcoming nurse educators (Booth et al., 2016). This was an American article but highlighted issues have been identified here in research studies, which will be referred to later in the thesis.

Harness, (2018) undertook a phenomenological study that looked at the concepts of being a lecturer in nursing. This study was looking specifically at identities during a

tutorial, but there was other data that was relevant to this study. It was found that nurses moving from clinical practice into education, experienced different identities and had to negotiate these changes. The impact of nurse lecturers transferring into higher education was difficult for them to manage, with the added burden of boundary-crossing roles. Those roles included link lecturing, working with clinical colleagues and supporting students (Harness, 2018). Lecturers moving between clinical practice and an HEI, were constantly seeking credibility from students and mentors that their clinical competence remained apparent.

Lecturers were seen as being exposed to culturally dependent identities, that made them behave in a specific manner. This linked back to their nurse training and practice, because this was embedded within their identity (Harness, 2018). Some participants had assigned themselves or been assigned an identity such as a teacher, and then chosen to evolve in other identities, for example a researcher, or they remained in their previous identity as a nurse. Harness, (2018) concluded that nurses needed to have an awareness of the field of higher education, in order to assign themselves to the appropriate category. Then, they needed to realise that their identities would evolve into others once working as a lecturer.

Singh et al., (2021) carried out a qualitative exploratory study, investigating the work experiences of nineteen nurse academics from across Australia. The work experience ranged from two to thirty years, and data was collected through semi structured interviews and the results highlighted four main themes: a) Helping students to achieve and finding satisfaction through student engagement; b) working with challenging students; c) increased workloads and lack of support and resources; d) difficulty with retention of newly appointed staff.

Although, the participants found interaction with students generally a positive experience, many of them found that students were challenging, difficult, academically weak, rude and manipulative (Singh et al., 2021). The increasing workload caused non-academic work to be a problem for them, and the retention of newly appointed staff was a major issue. The participants identified that they were doing more work with fewer resources, and not being recognised for their efforts (Singh et al., 2021).

7.11.2 Theme Two – Mentoring and Peer Reviewing.

The World Health Organisation (WHO) (2016) identified core competencies required for nurse lecturers, which included recruitment initiatives, mentoring, retention and advancement. These would enable a robust education workforce to provide essential learning for the future student workforce (WHO,2016). In order to deliver this strategy a university in the USA designed an initiative called the Institute for Nursing Faculty Recruitment, Retention and Mentoring (INFORM), which looked to recruit more lecturers through innovative efforts. This was followed by mentoring, developing and maintaining the faculty to affirm the basis for teaching programmes (Clochesy et al., 2019). This initiative had been well received by the faculty, for the development of staff through mentoring and continuous education. Scholarly publications had increased, as had the activities of staff to increase their knowledge and skills which had been extremely productive (Clochesy et al., 2019).

Peer reviewing of teaching (PRT) had been in place for some years, at the HEI where this study was carried out, although not all members of staff had partaken of

this opportunity as it was not mandatory. PRT referred to a process where staff from a similar or different discipline critically observed, reviewed and provided constructive feedback to the observed lecturer (Jenkins et al., 2021). Student evaluation did not do this in the same way, and PRT was important, not just for the faculty but to improve the student experience This study's faculty did not use other disciplines at the time of data collection, but staff from within the health department, which included all other health professions barring medicine. The researcher had asked to be peer reviewed on a number of occasions and had found this very helpful and supportive. A peer review by a speech therapist suggested that the researcher was causing strain to her voice, in raising this to overcome the level of student noise. Speech therapy had a system where the lecturer raised their hand in front of the class, to signify that they needed the students to be quiet in order to allow the lecturer to speak, and this was clearly understood by their students. This practice was started by the researcher and worked well in the main, although some of her colleagues were reluctant to follow suit.

PRT allowed for the lecturer to be more aware of the students' learning experience (Bell and Thomson, 2018), and improved the teaching quality. Students benefitted from changes implemented by lecturers as a result of their peer review, for example new teaching strategies which allowed for information to be transmitted more easily and to more students (Hyland et al, 2018.,). Support from a faculty for professional learning, reflective practices and interactive teaching, known as pedagogical and technical changes of teaching, have been shown to be improved as a direct result of PRT.

Jeanmougin and Cole., (2023) carried out a cross- sectional study of six experienced faculty nursing staff with at least five years of experience in their faculty role. Twenty-

five items within the four domains of nursing which included, teaching, service, scholarship and personal support were identified, which could be positively affected by a peer mentoring programme. Each item was rated as to its relevance for content validity and internal consistency by each of the six participants. The items that were shown to be lacking in order for a peer mentoring programme to be successful, were the research plan and increased social networking. The integration of teaching, clinical practice, research and the work life balance, were all scored at a very low level by these participants. This study found that although peer mentoring was effective in increasing new faculty members' confidence and competence quickly and effectively, the first stage in moving to an effective stage for education was to perform a needs assessment. The peer mentoring needs of new staff was then assessed using a Nurse Faculty Confidence Scale. This showed strong internal consistency and content validity and its use in the baseline and development of novice educators (Jeanmougin and Cole., 2023).

The benefits of mentoring in academia have been shown to be effective and worth undertaking. Increased job satisfaction, decreased work stress, role conflict and role ambiguity are all seen as very positive outcomes due to this system (Miner, 2019; Specht, 2013; Wang and Liesvald, 2015). Mentoring has been shown to increase staff retention and the recruitment of new staff where this system exists, which is very relevant at this time where so many faculty members are retiring across the UK.

7.11.3 Theme Three – Curriculum Knowledge

Thomas and Davies (2006) carried out a study exploring the origin and nature of knowledge, used by nurse lecturers when developing and implementing a curriculum. They used an ethnographic case study methodology, where data collection was carried out using interviews, participant observation and documentation, which they collected from two curriculum development and two curriculum implementation groups. They found that despite nurse education appearing to be dominated by policies and guidelines from the NMC, the Quality Assurance Agency (QAA) and the European Union in the case of the adult curriculum, it was the nurse lecturer who determined what material was delivered to students. They relied on their experience of teaching and clinical practice to plan curricula content, and teaching and assessment practices were lecturer rather than student centred, with a reliance on propositional knowledge (Thomas and Davies, 2006). However, these practices were in contrast to those which supported nursing care, predicated on evidence-based research (Thomas and Davies, 2006).

Dalley et al., (2008) carried out a review of a learning-centred approach while revising four nursing programmes. Evidence had shown that nurse lecturers frequently claimed that there was too much to teach, but this was due to an overcrowded curriculum resulting from the inclusion of a greater amount of content, with nothing outdated being removed (Dalley et al., 2008). A reliance on conventional teacher-centred approaches for curriculum development, had prompted a move towards more innovative pre-registration nursing programmes from the professional bodies. The requirement to teach nursing concepts that were essential for current nursing practice was recognised, together with the need to reduce the content overload in order to move to a student-centred approach (Dalley et al., 2008).

Staykova, (2012) carried out a pilot Delphi study in the USA, with five nurse educators from a private college in Virginia. They were given a rank-ordering and a 5-point attitudinal scale to rate their responses for 34 questions and 160 item statements. The final draft of the instrument was divided into a demographic section and two categories: skill set and mind set. The skill set category was divided into three areas, those of educator, collaborator and scholar, and the scale added value to the instrument and measured attitude toward competency statements and sub-statements. The results were preliminary and indicated a lack of knowledge and research on designing nursing curricula, and that there was little empirical research to add to the understanding of nurse educators' competencies in curriculum design (Geiner and Knebel, 2003). Recommendations were for larger studies across the US.

Wolsey et al., (2024) looked at the novice educator and their professional learning in regard to learning and teaching, and how they were supported in this endeavour. The researchers collected data from four sources, teaching artefact collection, individual reflective questions, one to one interviews and observational notes, with seven participants. The results showed three themes related to novice nurse educators' professional development, which were initial and ongoing preparation, professional learning and support needed during transitions into educators' roles, and barriers in novice educators' professional learning (Wolsey et al., 2024). The results highlighted the needs of new educators in learning about their role, which little to none of their clinical experience had prepared them for. The recommendations were for early intervention from the Faculty to support professional development, by offering this and supporting that which the educator pursued themselves. A reduced workload for these lecturers was paramount, in order for

them to spend time developing professionally and learn about pedagogical content knowledge.

7.11.4 Theme Four – Faculty Development

A study in Japan looked at collaborative working in order to provide an on-line problem-based course (PBL) for nursing students (Murakami et al., 2023). This was a two- year longitudinal study with seven nurse educators, five of whom were Japanese and two Australian. They met on-line at regular intervals to discuss their experiences with their PBL course, and using the Norton process data was collected and key themes identified. The sessions created a shared understanding of the course and they adopted new paradigms for teaching and research. The educators stated that much learning had arisen from their teaching, and that they were able to look forward positively to future courses (Murakami et al., 2023). Despite some challenges the educators found that the action research approach improved their curriculum development process. Collegiate working had proved to be popular and more educators were keen to work in this way. Increased changes in the educators' teaching practice were observed, going beyond just the collaborative action research project (Murakami et al., 2023.

Smith, Gray & Horner (2023) undertook a scoping review to identify and report on common course content, modes of delivery and evaluation processes of faculty development programmes in nursing and midwifery. A review was conducted using a comprehensive search strategy in six education focused databases, and peer reviewed articles published in the last decade with a nursing and / or midwifery focus included. The reference lists of the above studies were reviewed alongside a search for grey literature (Smith, Gray & Horner,2023). The seventeen articles included in the review identified the dominant common content as being the approaches for

learning and teaching, together with leadership, research and assessment practices. The modes for teaching delivery were identified as a blend of on-line and face to face strategies. An absence of faculty activity on curriculum design was found and this was to be addressed in future programme development.

Sezer and Sahin, (2021) carried out a study in order to develop a Faculty Development Programme for coaching, that could be used for teaching psychomotor skills in nurse education. The knowledge and skills and attitudes of faculty staff were relevant for students, who were acquiring basic nursing psychomotor skills before they went into clinical practice (Sezer and Sahin, 2021). The design of this study was for curriculum development to be managed more effectively. 149 nursing faculty members from across Turkey were surveyed using the Delphi technique, and a literature review was also performed. The results of the Delphi survey, the literature review and the analysis of the psychomotor skills training progammes were combined with current triangulation. This included the programme's development stages of aims and objectives, teaching strategies, implementation, assessment and evaluation, using the Kern and Harden models. (Hezer and Sahin 2021). The results of the study encouraged a Faculty Development Programme for Coaching to be developed so that this could be implemented across universities in Turkey. The aim was to increase the academic achievements of students, and to develop their practices and beliefs to create a continuous learning environment. Faculty members using the coaching programme could both use on-line learning facility, as well as the face-to -face participation, both of which were actively encouraged.

Unfortunately, the system had a major limitation because the programme had not been implemented nationwide, so there was no data as to its effectiveness. The

decision on which platform to base the delivery and which teaching strategy to use had been left to those implementing the programme to determine.

Smith et al., (2023) undertook an integrative review of peer reviewed academic literature following a systematic search design. These were mixed methods publications on Cinahl, the Cochrane library, Web of Science, Embase, ERIC and PubMed. The mixed methods assessment tool was then used to screen the full texts for quality and thematically analysed using an inductive and reflective process. The number of published academic articles for continuing professional development for nurse educators was n=14, and they identified heterogenous development needs around four themes. These were professional competency, management and resources, communication and collaboration, and agency. The word "agency" referred to the nurse educator's need to develop self-motivation and autonomy, in order to recognise and seek opportunities to meet their own needs for professional development (Smith, Gray and Horner, 2023). It was found that nurse educators had many roles which included specific, personal and institutional needs (Smith et al., 2023), and these were related both to the nursing department and across faculties within the HEI.

All articles were written in English, and the initial search parameters were limited to European countries, but because of the lack of studies all publications that met the inclusion and exclusion criteria were included which increased the number from 5 to 12. The findings support the existence of education development frameworks for nurse educators, but with an increased focus on how these could be developed to suit the individual. Mentorship has been shown to co-ordinate and frame the structure, that supports educators when managing an ever- changing healthcare education programme. The shortage of research opens up many opportunities for

HEI's to develop continuing professional development programmes, to support and retain well educated faculty staff.

7.12 Limitations

While systematic reviews seek to answer a narrow question, scoping reviews aim to map the breadth of information and identify the extent of research activity based around a broad topic (Williams and Reddy, 2016). As such the quality of the articles included were not assessed for consistency and validity or on the quality of their research designs.

7.13 Future research

This review highlighted the lack of studies around how lecturers determine their curricula content and teaching strategies, but more on faculty development for educators was evident. This has reinforced the need for this research further, in order to ascertain how lecturers themselves and the nursing faculty system, works for lecturers needing to decide on module / curriculum development, and teaching strategies.

7.14 Conclusion of Chapter

The studies have illustrated how the transfer from clinical practice into education was in fact a career change, which was not recognised by novice lecturers themselves and possibly not Faculty management. Their experiences of role induction and education regarding curriculum development were frequently absent, and they were largely left to the goodwill of senior colleagues. Mentoring and peer reviewing had been identified as a positive contribution to the lecturer's working role, which not only benefitted the lecturer but the students also, due to the positive and productive development of the lecturers themselves. Their improved skills and knowledge

resulted in an increased publishing of scholarly articles, and better support of the student learning process (Clochesy et al., 2019).

Knowledge of the curriculum was found to be changeable and inconsistent, with a focus on the amount of content, rather than the effectiveness and validity. The frequent changes from the NMC and their mandatory guidance, were seen by some authors as being linked to the political agenda more so than patient needs. Action research and faculty development programmes were seen as beneficial, in the development of the lecturer and their knowledge of many teaching skills, including curriculum development. Future research needs have been referred to but more depth will be given to this later on in the Discussion chapter.

8 Chapter Three - Methodology

8.1 Overview of Chapter

The research question and aim were to explore how nurse lecturers determined curriculum content and teaching strategies, and how their knowledge of this was developed. This chapter will explain how this methodology was used to collect the data.

This chapter discusses the methodologies considered for this study, and the method that was finally selected. Some fundamental beliefs and the interpretivist research paradigm are discussed and how this linked to this study's needs. Symbolic interactionism and grounded theory in its different components are then discussed, followed by recruitment, sampling, the pilot study and interviewing. Insider interviewing which is so important for my study is detailed here, together with how reflexivity was used during the interviews. The data collection process is discussed where semi-structured interviews were used alongside data analysis, followed by coding and categorisation. Ethical issues and trustworthiness and how they were managed are included also.

For the purpose of this study, the quantitative method could have been used, but only to collect data in a statistical form and via other measuring tools which would have been structured, predetermined and standardised. These would not have allowed for any deviation (Denzin & Lincoln, 2005). In order to generate data on how lecturers developed their module curricula and teaching strategies, a qualitative methodology was required. This is because qualitative research allows researchers to explore human behaviour, and seeks to gain understanding through participants' actions (Porter, 1996).

9   Constructivist grounded theory justification

Historically Barney Glaser and Anselm Strauss were two American sociologists who proposed a new method of analysis for use in qualitative research. Their first book *The Discovery of Grounded Theory: Strategies for Qualitative Research* (1967), started the defence of the quality of qualitative research (Charmaz and Thornberg, 2021). They collaborated on a study that investigated the treatment of dying patients in hospitals and clinics, and the ways in which the patients, professional staff and relatives handled the knowledge that the patient was dying. Specifically, whether this knowledge was discussed openly or not (Glaser and Strauss, 1965, 1968).

They highlighted the benefit of using grounded theory in order to generate a theory systematically, by applying an inductive method to allow the theory to develop without any preconceptions. They argued that grounded theory improved the quality of research, by providing a method of theory construction. They performed data analysis and data collection concurrently, which was to become the benchmark for the future use of grounded theory (Hood, 2007). Glaser and Strauss (1967) stated that the two main rules for effective data discovery were firstly not to force the data, in order to allow it to emerge through collection and analysis. Then secondly during the development of categories the researcher should use theoretical sensitivity by identifying the relevant data.

Grounded theory is a systematic method of conducting research that shapes data collection and prescribes explicit strategies for analysing data, and its defining purpose is to develop a theory that offers an understanding of core concerns (Higginbottom et al., 2014). Denzin and Lincoln (2011) asserted that grounded theory was the most appropriate research method for studies, that aimed to explore a phenomenon in order to develop a theory. Grounded theorists' analytical focus

starts with the research process as the data emerges, rather than before empirical inquiry begins. When using this methodology, the researcher does not start with any preconceived ideas, but aims to generate data which can be used to develop a new theory (Glaser and Strauss, 1968). Knight, (1998) suggested that grounded theory was concerned with the development of theory, that could be used to explain social and psychological phenomena, by discovering what the world appeared to be to individuals.

Grounded theory became widely used in qualitative research and enabled researchers to develop concepts about the data, thus allowing them to return to the participants to gather further relevant data (Charmaz and Thornberg, 2021). The data is constructed and interacted with throughout the research process, and Charmaz & Thornberg. (2021) argued that grounded theory involved more than just learning about people's lives, but also showed transparency by illustrating how the research had been conducted, both thoroughly and systematically.

Layder, (1993) believed that there was a place in qualitative research for theory generation together with approaches that sought to develop theory, as he claimed that the two were symbiotic. Glaser and Strauss (1967) wrote about this issue with the emphasis on sociology during the 1960's, which resulted in a lack of discovery about the ideas and hypotheses that were relevant to that area of study. They opposed the concept that the purpose of empirical research was to test the existing assumptions, and favoured a method that through data analysis discovered a theory. Novice researchers who were keen to pursue grounded theory, might be forgiven for discounting grounded theory methodology, on the basis of it being a difficult to navigate and a problem riddled option (Bryant, 2019).

9.1 Alternative Methodologies

In regard to the study design used, other methodologies were considered, which included discourse analysis, phenomenology and ethnography. Each of these serve a specific purpose in qualitative research (Holloway & Galvin, 2017), and are discussed below with the reasons they were not selected.

Discourse analysis, which is the study of language (Traynor, 2004) is a belief, practice or knowledge that constructs reality and provides a shared way of understanding, and it has become a more popular research strategy (McCloskey, 2008). This may have been effective in understanding what was happening, in relation to the decisions and actions of the nurse lecturers in curricula development and teaching strategies. This would also have allowed the socio-political dimension of curriculum development and decisions on teaching strategies to be highlighted. Nevertheless, it was not this dimension that was being studied in this study, and most importantly discourse analysis may not have allowed for the development of a theory. McCloskey, (2008) stated that if the researcher did not have a thorough understanding of discourse analysis, it would be difficult to comprehend the research findings, and the researcher did not want this to happen.

Phenomenology focuses on the individual's experience and is very closely allied to underlying philosophies, and there are now more than eighteen different versions of Phenomenology (Norlyk & Harder, 2010). However, there have been several studies, on the experiences of the nurse lecturer in relation to their role, and the researcher did not want to repeat this. Firstly, for this study she wanted to focus on the how and why of the decisions, that lecturers made about curriculum development and teaching strategies, as these have not been investigated. Secondly, she thought that

experiences would naturally be related during the interviews. Once again, the development of a theory was of paramount importance here.

Ethnography involves the researcher becoming part of the society or group being studied, in order to provide an illustration of a group in their natural environment (Tappen, 2011). Early anthropologists such as Malinowski (Wax, 1992) and Radcliffe-Brown, (1952) lived in and studied tribal communities, so that they could immerse themselves in the culture, by adopting the manners and habits of the people being studied. However, it was not possible for the researcher to immerse herself within the participants' own working environment, due to the time commitments of all those involved.

9.2 Aim

The study's aim was to collect data about how nurse lecturers determined their curriculum content and thereafter delivered the teaching strategies, and secondly how they learned these skills. Therefore, the researcher wanted to go beyond simple description and exploration, in order to develop a theory that explained the social processes, structures and / or interactions that influenced lecturers, when engaging with these actions (Polacsek, Boardman and McCann, 2018).

10 Design

It was anticipated that this grounded theory would bring new and different data, in order for this to illustrate how nurse lecturers determined curriculum content and their teaching strategies. Lastly, this study would ascertain how participants had developed the knowledge which enabled them to perform this role.

The researcher was new to grounded theory, having used phenomenology and ethnography in previous dissertations, but the fact that grounded theory addressed

what was being researched encouraged her that this was an appropriate methodology for the study. In addition, the researcher's a priori knowledge of the topic being studied gained through professional experience, was instrumental in supporting an interpretive understanding of the data collected (Straughair, 2019). Interpretivist research aims to capture the participants' experiences, in order to develop a deeper understanding of the phenomena under investigation (Sandelowski, 1998; Williams, 2000; Taylor & Callaghan, 2005; Shah & Corley, 2006).

Grounded theory is widely used across health research and other disciplines, although it takes time for neophyte researchers to understand the varying approaches to this methodology (Holloway & Galvin, 2017). Chenitz and Swanson (1986) had claimed that grounded theory made its best contribution to areas where little research had previously been undertaken, and where the absence of existing theory made the use of verification methods impossible (Glaser and Strauss, 1990).

10.1   Symbolic Interactionism

The philosophical foundation of grounded theory comes from the work of George Herbert Mead (1934) and the development of self. Its sociological roots can be found in Herbert Blumer's work (1969), and the development of symbolic interactionism, which explained how people interacted and adapted in their daily lives (Holloway and Galvin, 2017). Symbolic interactionists believed that people interacted with each other through meaningful symbols, and meanings then evolved. Value became attached to these meanings through social interaction, which determined behaviour (Blumer, 1969). They believed that human reality was constantly changing in response to emerging meanings in social life, therefore the researcher needed to engage with the group being studied, in order to collect data about their participants'

experiences and knowledge (Knight, 1998). Therefore, people cannot be divorced from the contexts in which they exist (Handbery et al., 2015).

Critics of grounded theory claimed that it lacked epistemological clarity, in its assumptions about the nature of knowledge and how it could be acquired (McCann and Clark, 2004a, 2004b). The researcher would be both objective and subjective at the same time, and was also expected to use inductive and deductive thinking (Hutchinson, 1993). It was also acknowledged that some of the jargon used in relation to its methodology and procedures, could be difficult for first time and novice researchers. The critics turned their attention to symbolic interactionism, which was very often used as the theoretical basis for grounded theory (Handberg et al., 2015). Glaser (2005) dismissed symbolic interactionism along with any other specific philosophical position, because he believed this would reduce the potential of grounded theory (McCann and Polacsek, 2018). However, Corbin and Strauss (1990, 2015) viewed symbolic interactionism as constituting the basis for grounded theory, although the researcher did not have to subscribe to this philosophical belief in order to carry out grounded theory research. Charmaz, (2014) argued that symbolic interactionism allowed the researcher to achieve a way of knowing, that broadened their views of meanings, actions and events regarding the phenomena being studied. The researcher found that this was apparent with nearly all the participants while interviewing, where general discussion around issues within their working week were referred to. Frequently the questions asked caused other comments to be made alongside the answer, and in order to gain their trust and be civil this was allowed for during each interview. The researcher thought that this approach would engender a more positive attitude to the interview, highlighting that their views, whether related to the research or not were valid. This approach

supported Charmaz's views of the research being an ongoing interaction between the participants and the researcher, (Kenny and Fourie, 2015).

Each interview was scheduled for around 1.5 hours so that questions could be asked, answered and for additional commentary from the participant. Many scholars considered symbolic interactionism to be exclusively linked to grounded theory research (Milliken & Schreiber, 2001), but Glaser, remained true to his original version of grounded theory, by focusing on methods rather than any philosophical position. He held firm in his belief that researchers were independent of their research, and that an external reality existed (Kenny and Fourie, 2015). Strauss (1987) took a more pragmatic approach and was influenced by symbolic interactionism (MacDonald & Schreiber, 2001; Hall et al., 2013), while Corbin and Strauss (1990) together viewed people as being influenced by social interactions, and believed that the research phenomena being investigated allowed for open research questions, to take the development of social processes into account (Corbin and Strauss, 2015). Charmaz, (2014) remained flexible and avoided taking a rigid approach to data coding, as she thought it would stifle the researcher's creativity.

10.2   Constructivist grounded theory

Charmaz was originally a student of Glaser's, but later decided to distance herself from the positivism inherent in Glaser's, and Strauss and Corbin's (1994) subsequent grounded theory approaches (Qureshi and Unlu, 2020). She adopted a constructivist approach and went on to publish *Constructive Grounding Theory* (2006) which took the constructivist philosophical approach to research. Although it retained the basic principles of grounded theory, constructivist grounded theory (CGT) differed from the classic Glaserian and Straussian approaches, because it

openly addressed the researcher's role in the analytical process, and the development of theory (Qureshi and Unlu, 2020).

CGT can be defined as an inductive method of developing a theory, through contact with the empirical world without any preconceptions (Denzin and Lincoln 2008). Within CGT, symbolic interactionism enables the researcher to arrive at a new theory, driven by actions and statements. In this study this would be achieved through the interview process, in which participants would be asked about their approach to and decisions made, when developing curriculum material for their modules and determining teaching strategies. This would therefore be an effective methodology to use for this study, because it fulfilled the aim of investigating peoples' actions (McCann and Polacsek, 2018).

Another reason why CGT was selected over classic grounded theory was due to the absence of any paradigm, that underpinned the methodology in the grounded theory texts of (Strauss and Corbin 1990,1998) (Mills et al., 2006). Strauss and Corbin (1994) wrote a chapter in their book on the relationship of theory to reality and truth, which saw them positioned as relativist pragmatists, which meant that theories were embedded in history. Long and short-term events were taken into account, in the development of judgement and the formulation of theories (Strauss and Corbin, 2008).

A chapter by Charmaz in Denzin and Lincoln's (2000) (Eds) *Handbook of Qualitative Research,* drew criticism from Glaser (2002) on the grounds that her approach differed significantly from his theory. Yet Charmaz, (2000) had interestingly previously reinforced Glaser's view, that grounded theory should involve a neutral observer, who discovered data, objectively analysed it and offered it up to scrutiny.

Nonetheless, there remained similarities between classic grounded theory and CGT (Mills et al., 2006). Both Glaser and Strauss (1968) established their places within academia, and the most significant differences between classic grounded theory and CGT relate to the worldviews that all three authors held. Charmaz, (2018) claimed that the grounded theory approach to data collection, coding, memo writing and data analysis, fostered a theoretical momentum, and this was a key feature of social constructionism, which supported the implementation of the CGT methodology (Straughair, 2019).

Mills et al., (2006) suggested that a researcher engaging in any form of grounded theory study, needed to address a set of common characteristics, such as the procedure used to generate theory from the data. Glaser and Strauss (1967) used an ongoing, systematic and iterative process of data analysis, that led to the development of a theory (Higginbottom et al., 2014). Although there were differences between some of the terminology between classic grounded theory and CGT, the process of analysis is similar in both methods. Another difference is reflected in the time periods from which they hail; Glaser and Strauss (1967) developed classic grounded theory in the 1960's, at a time when post positivism was very dominant in the research field (Denzin and Lincoln, 2005; Birks and Mills, 2011). Glaser and Strauss (1967) and Glaser (1978) stated that their goals in generating theory subsumed empirical generalisations, therefore making it more applicable and imbuing it with better explanatory and predictive power (Higginbottom et al., 2014). Meanwhile, Charmaz, (2006) in the early part of the 21st century was influenced by other theoretical perspectives such as critical theory, post positivism and CGT; she was particularly influenced by constructivism and wanted to take grounded theory in

this direction. For Glaser and Strauss (1967) this represented the realist ontology and objective epistemology paths, which differed starkly from Charmaz's (2006) relativism and subjectivity (Higginbottom et al., 2014).

According to Charmaz, (2014), interpreting theory yields an abstract understanding, and should therefore be given greater priority than mere explanation. The theorist's interpretation of the studied phenomenon, allowed for the possibility of the undecided rather than focusing specifically or looking for causality. This approach enabled patterns and connections to be theorised. Interpretive theories made it possible for people's actions and meanings to be understood, allowing for subjectivity on the part of the participant and researcher (Charmaz, 2014). The researcher interpreted the participants' meanings and actions and vice versa, analysing numerous comments and actions from the data collected, including any commonalities. Charmaz's brand of constructivism focuses on the "loosening" of grounded theory, from its objectivist foundations (Charmaz, 2014, p. 321), thereby taking grounded theory into the research setting and the process of inquiry. Charmaz, (2006) claimed that researchers should position themselves within their own research, rather than above or outside it.

Charmaz's CGT approach was ideally suited to this study because the reality being investigated was a finite subjective experience. It supported the researcher when constructing meaning from the data collected from the participants, who were also part of the constructivist process (Denzin and Lincoln, 2003). This interactionism inspired theoretical thinking, and encouraged the development of a new theory from the data, while the grounded theory methodology enabled this to happen (Charmaz, 2014). In this study the researcher needed to learn from the participants, and view the process of curriculum development and writing from their perspective. If this

guidance had not been followed, then it would have resulted in a reliance on preconceived notions, which would have negatively influenced the process of data analysis (Currie, 2009).

The constructivist approach required people to be studied in their natural settings, and placed importance on their own individual view of reality, which may not be the same as actual reality; this was referred to as subjective reality (Charmaz, 2006). By analysing the data, the researcher can gain insight into shared experiences and relationships with participants, together with other sources of data (Charmaz, 2006).

Charmaz (2006) asserted that CGT consisted of systematic guidelines for collecting and analysing data, so that theoretical frameworks emerged which then served to explain the data. As a constructivist, the researcher entered the participants' world, and learned about their meanings and actions, and this was interpreted by both the participants and the researcher. For a researcher who was familiar with the field, it would be difficult to ignore the fact that the concepts derived, also came from the researcher themselves, and not just the participants (Charmaz, 2014).

Having made the decision to use CGT the researcher contacted Professor Charmaz at the University of Sonoma in California, to request guidance on coding and memo writing. Professor Charmaz informed her of a workshop that she was running at the University of Lancaster in July 2018, which the researcher attended. Spending three days with the author was very informative, and offered the researcher a valuable opportunity to learn about how to code and categorize data.

10.3 Ontology and Epistemology: Some Fundamental beliefs and Curriculum Development

Ontology and epistemology are the key fundamental principles in research. Ontology is the position adopted towards the nature of reality, while epistemology is the view of what constitutes acceptable knowledge, in other words, what do we know and how can we then prove with measurable tools that it is a reality (Guba and Lincoln, 1994). They viewed an individual's ontological position as relating to whether reality is objective, or if it is created by one's own consciousness. Hence, this refers to the form and nature of reality, and what one can really know about it.

Each person has their own view of reality or beliefs, although these can have similarities due to life experiences, so the researcher regarded each participant as conveying their own version of reality in terms of how they worked. At times these aligned with that of other participants, illustrating that there were similarities as well as differences between them. The participant's reality then needed to be interpreted epistemologically in order to generate, understand and use the knowledge provided (Wahyuni, 2012).

To ensure a strong research design researchers need to select a research paradigm, that was in line with the nature of the subject being researched (Mills et al., 2006). We cannot effectively reach a conclusion about our own views on the nature of truth and reality, because we are influenced by history, and the cultural context which shapes our views of the world and the meaning of truth (Mills et al., 2006). Constructive research is a paradigm that denies the existence of an objective reality, but maintains that realities are the result of social constructions of the mind. There are as many constructions as there are people, albeit that many of those are shared (Guba and Lincoln, 1989). Those who disagree with the notion that an objective

reality exists, are described as taking a relativist ontological position (Guba and Lincoln, 1994). They can claim that concepts such as rationality, truth, reality, right, good and norms must be understood within a conceptual scheme theoretical framework, or paradigm (Bernstein, 1996). Therefore, the world consists of many realities which are influenced purely by their context (Mills et al., 2006).

Epistemologically constructivism emphasises the interrelationship between the researcher and participant and their constructions of meaning (Hayes and Oppenheim, 1997). Researchers are part of the research process and not objective observers, and therefore their values and involvement in the research have to be acknowledged as being inevitable (Appleton, 1997; de Laine, 1997; Guba & Lincoln, 1989; Stratton, 1997). To ensure that researchers avoid constructing their own meanings during the data analysis, they should use techniques that do not force the data, such as reflexive interviewing, bracketing, introspection and intersubjective reflection (Lear et al., 2018). These three aspects of interviewing will be discussed in the data collection section.

The aim of this study was to find out how individual lecturers determined curriculum development, and thereafter their teaching strategies. In relation to this aim, epistemology concerns how we can know about the constructed reality of the curriculum design process. Lecturers involved with curriculum design follow specific rules and guidance, but in practice they will filter those into their own delivery, using their experiential learning (Prosser and Trigwell, 1999).

Ontologically, the curriculum is a constructed artefact based on a range of socio-cultural factors present at the time. Mandatory curriculum guidance is determined by the NMC, and this is then subject to interpretation by HEIs and the nursing

departments within them, and finally the lecturers, thus creating the possibility for almost infinite variety. Therefore, ontologically, the researcher was trying to establish what was the nature of curriculum design, and what was meant by "curriculum" and "design" within nurse education. It is not a straightforward task to define a curriculum, and there are wide variations between different authors' descriptions (Lewis & Miel,1972; Tanner & Tanner,1980; Saylor, Alexander & Lewis,1981), and these have been discussed in Chapter One.

The researcher's view is that a curriculum is firstly a mixture of Tyler's (1949) objectives model which involves students having to attain objectives, and secondly Bell's (1973) view that it offers valued knowledge, skills and attitudes. Thirdly, Skilbeck (1984) broadly agreed with the aforementioned authors, but included the additional element of culture, because in nursing there is a specific culture of professional behaviour and learning that needs to be adhered to (Quinn and Hughes, 2016).

Curriculum design is dependent on the experiences of the lecturer as a teacher, a registered nurse and a student. In addition, discussions with academics, clinical colleagues and student feedback have a major impact on how curricula are designed by lecturers, something which was observed most notably in the early stages of the research conceptualisation. More discussion about this aspect is provided in the data analysis section later in this chapter.

10.4 Research Paradigms

Research philosophy relates to the nature of knowledge and how it is developed (Saunders, Lewis & Thornhill, 2009). Using a paradigm can help form a bridge between the study's aims and the method chosen to achieve the aims (Houghton et

al., 2012). A paradigm is a set of beliefs that explain how individuals perceive the world, as well as their own place within it (Guba and Lincoln,1994). Kuhn, (1970) stated that paradigms consisted of different scientific communities that shared similar beliefs, in determining which questions to research. It is imperative for the researcher to ask questions that will elicit the necessary data, so that conclusions can be drawn, and a theory developed. Therefore, selecting the most appropriate paradigm is vital to this process.

When conducting research, the researcher needs to ensure as far as possible that their aims and methods are epistemologically and ontologically interrelated (Houghton et al., 2012). Different paradigms may be used depending on the aim of the study, including Positivism, Post-positivism, Pragmatism. Interpretivism is used in this study with Charmaz's constructivist grounded theory.

The interpretivist paradigm subscribes to the constructivist view and considers individual perspectives and does not recognise patterns and commonalities (Houghton et al., 2012). Creswell, (2009) viewed the interpretivist view of reality as being constructed by social actors and people's perception of the social world, and believed that the individual's own background and experiences affected their interpretation of reality. Human beings were constantly trying to interpret the social environment, and interpretivists believed that human behaviour could only be understood when it was studied in its own environment, and not taken out of context (Milburn et al., 1995).

Interpretivist researchers view studies that evoked the 'inside' perspectives or real meanings of social phenomena from their participants as producing good social knowledge (Wahyini, 2012). The researcher was seen as being part of the

phenomenon under investigation, and inseparable from it, and therefore it would inevitably be subjective. Interpretive theories aim to understand people's actions, the meanings they attach to things, and how they construct them (Charmaz, 2014), and the subjectivity of both the researcher and participant is an integral part of these.

Therefore, interpretivism takes the view that the world in its social state is constructed by people (Milburn et al.,1995), and this perspective aligns particularly well with this study, in which the participants were studied in their own field. The interpretivist paradigm links well with the researcher's epistemological view and the research being conducted.

10.5   Sampling and Recruitment

Purposeful sampling was used for this study, and it was directed by the purpose of the study, not by statistical calculations as would be the case in quantitative research (Tappen, 2011). It was necessary to engage a sample of informants who were able to draw upon their experiences of curriculum design, and when selecting purposeful sampling the researcher must be guided by the research question, and not select participants at random, or for convenience only. Mulhall, (2003) suggested that sampling decisions were influenced by the ease of gaining access to populations, and Swanwick (1994) believed that often an approach was made if the researcher thought the individual was going to agree to participate.

There are some qualitative designs for which it is reasonable to suggest an expected number of participants, but for most studies providing an exact number before the study commences is difficult, because a certain proportion of participants are likely to drop out (Tappen, 2011). Some very useful and well-known research has been carried out using small samples, such as the study by Piaget in which he observed

his children's development to formulate his theory. Freud also based his theory on in-depth analysis with only ten participants (Tappen, 2011). Grounded theory methodology means that the researcher uses data saturation, as the criterion to apply to the categories. However, with a small sample size as is often the case with grounded theory, saturation can occur sooner (Glaser, 1992, 1998, 2001; Stern, 2007). Mason (2010) stated that sample sizes and saturation require a consideration of the study's objectives and the quality of the data collected.

For the purposes of accuracy, the researcher required research participants who were willing to discuss their decisions in relation to curriculum development and their teaching strategies. Bonner and Tolhurst (2002) suggested that researchers should approach colleagues, with whom they felt more comfortable and familiar, due to having worked together. But, Kanuha, (2000) pointed out that if these relationships were too comfortable, they could have a negative effect and obscure the research process. The researcher was aware that it was particularly important, to include participants who could address the aims and objectives of the study. It was anticipated that posting an advertisement on both campuses together with an email, to all nurse lecturers, would attract colleagues. Respondents were asked to contact the researcher by her work email, or her work mobile phone or face to face. The eligibility criteria were that participants needed to have worked on the Adult and/or Mental Health pre-registration nursing courses and written / developed modules for their respective programmes. The time element was not important here, just the actual experience of developing modules for their particular programme. Their role could be that of a lecturer, senior lecturer and programme lead, or a managerial role where experience of the above had been obtained previously. This ensured that the study was available to all levels of staff with experience in the subject matter.

Fifteen participants, eight from the larger campus and seven from the smaller one stated that they were willing to be interviewed. Only twelve interviews were completed due to sickness and workload, five on one campus and seven on the larger one. Six participants volunteered who the researcher had not worked with, but unfortunately two of these participants were either ill, or unable to have an interview rescheduled due to their workload. They were thanked for their willingness to be interviewed and not pursued further.

The twelve participants had an age range of between 37 and 63 years of age. Two participants had been in education for more than twenty years, seven for between ten and eighteen years and three for five years or less. All but one of the participants were over forty years of age, and had come into nurse education from clinical practice, where they had worked since qualifying as registered nurses. The participants consisted of five men and seven women, and eleven participants were of white ethnicity and one was of black ethnicity, and six had worked in another HEI in the UK.

The study's aims were documented in the email and posters, and the participant information sheets contained detailed information, which was reiterated by the researcher prior to the interview. A consent form was signed by both the participant and the researcher prior to the commencement of their interviews.

10.6   The Pilot Study and Data Collection

The pilot study is a small-scale version of the proposed larger study, which is carried out to test the methods employed, and to inform the main study (Kim, 2011). Polit and Tatano Beck (2004) suggested that any pilot study should be planned, and form part of the entire project from the outset. The aim was not necessarily to test the

results produced, but the sampling strategy. Other benefits could include ascertaining whether the data collection tool was the most appropriate one, and to identify any barriers to the data being collected (Kim, 2011; Beebe, 2007).

Pilot studies are more commonly associated with quantitative studies, whereas there appeared to be under usage of them and / or under-reporting within qualitative research (Kim, 2011; Sampson, 2004). Morse (1997) argued that it was inappropriate to use pilot studies in qualitative research, and that they could hinder inquiry, because there had to be an acceptance of uncertainty in relation to the outcome until data saturation had been achieved. When the aim was to test methods and not produce results, Morse (1997) stated that the interviewing, testing and sample group access could be incorporated into the main study. Alternatively, Perry (2011) claimed that pilot studies were necessary, to identify any implications for the main study. This was the situation for this study where as a result of the pilot, interview questions were altered, as detailed below. The pilot study also allowed for the researcher to practice her interviewing skills, which proved to be very helpful.

Following ethical approval, two participants agreed to be interviewed for the pilot, and they were at different stages of their academic careers: one had been working in nurse education for two years, and the other was near retirement, having worked at this HEI and at others at a senior level. The results of the pilot study were twofold: firstly, one of the questions was initially asked in a closed manner, so it was subsequently rephrased in a warmer way, hoping to encourage participants to divulge more information. This question was altered from: "how do you approach the writing and development of a module for a curriculum?" to "please tell me how you manage the development and writing of your modules?". After listening to the two taped interviews, it became clear that the researcher had spoken at length, instead

of listening to the responses, and this resulted in the voice of the researcher being heard almost as much as the participants. Subsequently, the researcher decided to speak far less and focus on asking the questions, and use prompts and paralanguage such as "uh-huh". Responses were given when asked for and where was considered appropriate, with the intention of encouraging a participant to tell a story when they wanted to do so (Charmaz, 2014).

Interviews were deemed to be the most appropriate method of data collection for this study, as they allowed the researcher to explore the topic in depth. Besides being the most widely used tool, they also offer an effective way of uncovering the story behind a participant's experiences (Doody and Noonan, 2013). Researchers can then follow a line of questioning to retrieve information about their topic and explore further responses. An appreciation of their use was necessary before embarking on the interview stage of the study, while the ability to conduct interviews developed over time and in consultation with other researchers, by asking for guidance and advice to hone one's skills (Doody and Noonan, 2013). The interviews were to be recorded with the consent of the participant, and in accordance with Charmaz, (2009a), and this helped to pick up all the nuances that occurred.

Memos were written by the researcher intermittently when a point warranted a detailed explanation, or to record a specific response or facial expression. This was also completed when time and gaps in the answers allowed, such as the participant's office phone ringing or a knock at the door. The researcher would stop asking questions while typing the detail that had been given. Often, while doing this the participant would offer further information to ensure the researcher had understood what was being stated. In doing this it gave the researcher time to think of further probes to again ensure accuracy of the data.

During interviews an initial question may offer up adequate data for the whole interview (Charmaz, 2009c), however, there were five questions being asked of each participant here. These were asked at differing tempos depending on how forthcoming the participants were, and whether their responses highlighted anger, anxiety or frustration, all of which were seen. The researcher adapted her timing and stopped to allow for the participants to indicate they were happy to proceed, as well as showing empathy where an interviewee needed time to refocus.

Charmaz, (2014) observed that controversy existed amongst grounded theorists regarding how many interviews were acceptable, and this question tended to rest on three suppositions. Firstly, there was a presupposition that the number of interviews must be seen as credible, by meeting the standard required in research interviewing. Secondly, it was important that experts could determine a "concrete number of interviews" and thirdly, they should all agree on the same concrete number (Charmaz, 2014, p. 105). This factor did not influence the researcher, as she was prepared to interview as many participants as possible in order to gather vital data.

A semi-structured open-ended approach to the questions was decided on, because it would enable the researcher to probe the participant's responses, in order to gain further clarification (Doody and Noonan, 2013). This also gave the researcher an opportunity to watch and listen. In-depth qualitative interviewing fits very well with grounded theory because both are open ended, yet still directive, as well as being emergent in nature (Charmaz, 2014). Consequently, an in-depth interview with a participant who had substantial experience of the topic being studied, would yield rich data (Charmaz 2014). The participants were interviewed in their own environment with continuous observation and engagement by the researcher for between sixty and ninety minutes.

Charmaz, (2018) advised that interviews needed to be conducted slowly, and questions asked carefully, to encourage the participants to reflect. Most of the interview participants used paralanguage, which was sometimes linked to the verbal responses that clearly signified annoyance or frustration at a situation. Dismay and acceptance were frequently expressed and / or observed by participants, in regard to how they managed curriculum development and determined teaching strategies.

Grounded theorists needed to take care not to focus exclusively on pursuing a theory, due to the danger that they could neglect what the participants were actually saying (Charmaz, 2014). Two approaches are recommended when conducting interviews using a grounded theory approach: paying attention to the participants and constructing theoretical analyses. In constructivist grounded theory the "how" and why" questions enable the researcher to identify emerging phenomena and to shape the subsequent theoretical analysis (Gubrium and Holstein, 2001b). Therefore, the distinction between data collection and analysis could become blurred, so credibility was a property of the data and separate from the analysis. However, Charmaz, (2014) stated that care needed to be taken when asking the "how and "why" questions, because the pace and tone could be viewed as confrontational. Asking the question slowly and in a calm manner, would help alleviate this potential problem. In fact, constructivist interviews should attend to the situation and construction of the interview, and the research being conducted, together with the relationship between the researcher and the participant (Charmaz, 2014). Both the construction of the participant's story and their silences both tell the researcher something, so all is informative. The result of a constructivist interview may not just be emerging theory, but also an emerging bond between the researcher and the participant (Charmaz, 2014).

In conducting interviews taking notes was deemed as adequate for grounded theory interviews (Glaser, 1978, 1998, 2001), as he stated that this captured the essence of the interview without becoming lost in abstract material. However, notes cannot record the participant's tone, tempo, silences and statements and the form and flow of questions and responses (Charmaz, 2009c).

Theoretical sampling was not carried out as performed by Charmaz, (2014) and Thornberg, (2010a), due to time constraints and the difficulty in regaining access to busy faculty staff. During the process of interviewing data was checked with other participants, in order to ascertain if they agreed or had similar comments to add or not. The researcher asked questions about issues that other participants had raised, in order to ascertain if they were relevant for the person being interviewed at the time. Therefore, this type of theoretical sampling / member checking is not done with the original participant but with others instead (Morse, 2015), and this was found to be an appropriate decision for this study, due to the inability and reluctance of participants to be interviewed again.

11 Insider interviewing

Because the researcher was an "insider" which is common in qualitative research, where researchers are a part of the interviewed group team (Moore, 2012), she was very much aware that her behaviour could have negative responses from participants if not professional, friendly and receptive. The researcher was already regarded as "a native" or "indigenous" before the research started (Bonner & Tolhurst, 2002). Ritchie et al., (2009) suggested that qualitative research could be seen as blurring the line between "insiders" and "outsiders", thus making it more appropriate to define researchers by their physical and psychological distance, rather than their paradigmatic position.

It is important to recognise that there are four main challenges when interviewing participants who are colleagues, first a power differential in the relationships, second the need to manage your own emotions as the researcher, third the risk of assumed understanding and lastly the risk of participants over disclosing due to the shared experience (Byrne, et al., 2015; Blythe et al., 2013. It could be argued that the power differential was minimized if the researcher was well known to the participants, and she was as another staff member, so prospective participants were aware of her due to her various roles within the department.

Coercion during recruitment could be seen as problem, and it was suggested by Asselin, (2003); Johnson & Macleod Clark (2003); and Quinney et al., (2016) that this was best managed with a third party managing the recruitment. A third party was not used but following the email and poster display offers to participate came in from more than fifteen lecturers. No staff member was approached to enforce their co-operation. Emails were sent to the participants prior to the interviews, explaining that their own ideas and approaches to curriculum development and teaching strategies would be highly valued, a message that was reiterated face-to-face before each interview began. The fact that the data was to be used only for this study and not for the department management was also made clear.

Conversations during data collection raised issues, where staff members felt strongly about challenges in their work. Sometimes it was difficult to listen to a participant who was struggling with work issues, and where the unexpected was revealed. Montgomery and Bailey, (2007) viewed writing memos as enabling the researcher to manage their emotions, as well as supporting reflexivity. This I did and I engaged

verbally with the participants, when asked about an issue, or where it would have been inconceivable not to respond in some way. To avoid any misunderstanding or assumptions I had to ensure that the question was asked and understood and clarification was given where needed. When interviewing colleagues, McDermid et al., (2012) suggested that the use of self-disclosure and maintaining confidentiality needed to be carefully considered, in order to gain participants' trust. I therefore had to be demonstrably open, honest and authentic, in order to gain the trust of the participants, while also remaining fully committed to my role as the researcher by interpreting the participants' answers accurately (McDermid et al., 2012).

At times I would return to a question for further information by encouraging further dialogue. In fact, the interviews went on longer than they were scheduled for due to participants appearing to relax and talk at length in their answers and even add extra detail when not asked, which was possibly cathartic for them. Assumptions about my knowledge could also have withheld information, (Rooney 2005; Warr et al., 2011) so I addressed this by asking for as much information as they were comfortable in revealing as I too was learning about this aspect of the role. Although, lecturing roles have many similarities, work and issues within different modules could differ. In response to the issue of over disclosing, a member of staff from outside of the health programme had been identified to all participants, who would be available for private discussion if a participant requested this due to concern over their answers or similar.

Another issue that I was aware of was the interviewing of staff members I did not know and vice versa, due to different campus working and module team

membership. This could be an issue if they knew that despite being a staff member, they did not know me personally or professionally, and questioned what I was doing with the data. When the consent forms were given to participants I spoke about the purpose of the study and about the collection, storage and destruction of the data. No-one but me would have access to the written and recorded data, and the participants' coded names were known only to me and this was reiterated.

Preconceptions could be confounding when participants behaved in a different way to that which was anticipated (Moore, 2012), and there was also a possibility of the relationship between the interviewer and participant, being exploited to try to benefit the study. This could result in a dilemma where there was dissonance between maintaining former working relationships, and the requirements of the study. It would be particularly relevant if other data collection methods, such as focus groups were used, where exploitation and coercion may become apparent (Moore, 2012). However, Malone (2003) argued that all research was coercive to some extent, particularly when it took place in a setting where the researcher was an insider. Individuals would be unlikely to refuse to participate, due to the fear of potential repercussions.

Mercer, (2007) believed that researchers were often unprepared and / or unsupported, in regard to navigating the hidden ethical and methodological issues associated with being an insider. Meanwhile, Allen, (2004) pointed out that this position tended to change as a research study progressed, where different people were interviewed and social proximities and boundaries altered, and this could influence the social dynamics that brought social issues to the fore. I was aware of this potential pitfall, and therefore tried to adapt as far as possible to the participant's behaviour, so I considered how they entered the interview and the stance they

adopted during it. Turnock and Gibson (2001) believed that remaining a detached observer would promote objectivity in terms of data collection. However, Kanuha (2000) pointed out the impossibility of trying to separate oneself from being an insider and having knowledge of the population being studied.

Reflexive interviewing also known as bracketing (Crotty, 1996), is carried out in order to enable the researcher to examine their assumptions during the interview (Leah et al., 2018). Bracketing occurs when researchers set aside their own pre-understanding, and act in a non-judgmental way while both collecting and analysing data (Sorsa et al., 2015). Reflexive interviews can be seen as a type of storytelling, in which there may be hidden meanings that differ from what is being said, and the interviewer's role is to probe and react, as they wait for a full account of the story to emerge (Leah et al., 2018). Such interviews challenge people to be free of discrimination, allowing past events to be discussed openly (Downing et al., 2013) and ethical issues to be explored (Robertson, 2012). To help highlight emotions, interviews can be read aloud (Denzin, 2001) during the process of analysis, and this the researcher did multiple times.

When undertaking these interviews, it was not possible to fully understand the precise position of all the participants who were nurse lecturers, because each person's experience was individual. Despite this, some similarities as well as significant differences were observed between some of the participants' experiences and the researchers. She needed to acknowledge her own personal beliefs and opinions, and other biases that could have a negative impact on the outcomes of the study. Therefore, she made a concerted effort to do so by memo writing and consistently referring to the data. The data was read aloud repeatedly, to ensure that she was only quoting participants' responses, and not using her own experiences in

the analysis. Enquiring about what this knowledge represented, depends on whether one takes the view that knowledge is an objective reality, or the individual's subjective experience, but either way it meant that knowledge was gained from those who knew (Guba and Lincoln, 1994).

Reflexivity has become a defining practice in qualitative research (Bannister et al., 2011), because researchers inevitably influence their studies, which has implications for the study's reliability (Callery and Hall, 2001). The researcher's influence could be reduced through memo writing, diaries (Clancy, 2013), reflexive field notes (Holloway, 2017), reflexive video focus groups and reflexive member checking ((Liu et al., 2016). Nonetheless, Hugill, (2012) claimed that the researcher's experiences could not be entirely separated from the way in which they carried out their research. This would have an effect on the topic selected for study, together with the methodology used and the data analysis (Colthorne and Sque, 2004).

Reflexive interviews offer an ideal way of collecting data, that enables a better understanding of the researcher's position and their influence (Lear, Eboh & Diack, 2018). Prior to the commencement of the study, the researcher was aware that her own personal beliefs and experiences could introduce bias into the research, from the choice of topic through to the data analysis and interpretation (Lear, Eboh & Diack, 2018). Charmaz (2017) strongly advocated the use of reflexivity in relation to grounded theory, and also pointed out that it entailed more than just examining the researcher's methodological decisions, but also scrutinising who the researcher actually was.

Morse and Mitcham (2002) identified two types of researcher bias, one of which is known as the "pink elephant bias" and refers to a tendency for the researcher to see

what is anticipated, rather than what is actually there. They saw research as being potentially value laden, in that we expect a situation to have specific characteristics, and these features are then emphasized excessively in the data analysis. Therefore, researchers were encouraged to try to adopt a neutral stance when they entered the research setting (Popper,1963 /1965), which was problematic due to the very fact that they entered with a specific question or subject to be investigated (Morse and Mitcham, 2002). However, it has been suggested that if the researcher uses verification during data collection, this problem should correct itself during the process of data collection and analysis (Meadows and Morse 2001; Morse et al 2002).

Introspection was used to clearly identify the researcher's own biases, which were documented, and resulted in changes being made to some of the interview questions. This was carried out to correct those questions that could be regarded as leading, in that they assumed the participant had the same experience of curriculum development and teaching strategies as the researcher.

Secondly, intersubjective reflection was used during the interviews, so that when similarities were identified in the participants' responses, the researcher would probe and ask for further clarification and examples (Moore, 2012). It was important for her to establish a rapport with the participants in order for them to be as revealing and honest as possible.

Thirdly, social critiquing was used to enable the researcher to try to minimise any power or authority, that the participant might think the researcher had over them. The participants were colleagues working at either the same level, or in the case of four of the participants a grade senior to her, so it was hoped that there would be no

authority issues, certainly not in the researcher's case. Self- deprecating humour was used, and as this was normal behaviour for the researcher, it was hoped that the participants would not notice any difference, but that it would serve to build a rapport with those she did not know well. When asking participants to reveal their personal approaches to the development, writing and delivery of teaching material, this strategy was regarded as a positive way of minimising any power imbalance that may have existed for the participants (Lear, Eboh & Diack, 2018). It was also reiterated to them that the data collected was to ascertain what was developed and delivered to students and was solely for the purpose of this study.

11.1   Interview location

The university was located in the East of England, and had two sites for nursing programmes some forty-five miles apart, and both campuses delivered Pre-registration Adult and Mental Health nursing programmes. Lecturing teams from both sites were involved in curriculum development and writing prior to each programme re-validation. Interviews for this study took place across the campuses, in a quiet room in order to reduce disturbance, and these were organized by the researcher or the participant on agreement.

12 Data Analysis

Charmaz (2014) described constructivist grounded theory as an iterative process, whereby the researcher repeatedly goes back and forth between the data, the analysis and the interviews, as was practiced in this study. Charmaz (2014) used initial coding and focused coding in data analysis, and the researcher followed the same process as detailed below.

Grounded theorists study the early data generated by separating and sorting it, and then begin to synthesise it through qualitative coding (Charmaz, 2014). Coding involves attaching labels to words and phrases, so that the researcher knows what each segment relates to, and is regarded as the first step in theoretical analysis in order to develop codes from the data (Mills et al., 2006). This was replicated in this study.

Glaser and Strauss (1967) advocated the comparison and coding of data, whereby the initial coding involved labelling small amounts of data and analysing them, and exploring the meanings and actions suggested by the data. Charmaz and Thornberg (2021) initially advocated line by line coding, because it strongly encouraged the researcher to look closely at the data, compare it and analyse it further. Line by line coding enables researchers to gain a deeper understanding of their participants' experiences and perspectives, and this provides an opportunity for accepted concepts to be re-thought and potentially rejected (Charmaz and Thornberg 2021). Tracking back and forth between the data and the analysis raises the researcher's perception levels, thus allowing the relevance of data to be checked thoroughly, while the coding and memos are written in tandem (Charmaz & Thornberg, 2021). This is what the researcher did where data was read and listened to repeatedly, going back and forth looking for codes and then categories.

Inductive reasoning was used entirely here because a theory was being developed from the data so this was appropriate, and Morse, (2003) stated that research which aimed at making new discoveries was inductive. It was important to respect the integrity of the method and methodology, so the researcher adhered to the inductive approach (Morse, 2003).

12.1.1 Initial Coding

During the Initial coding multiple codes were used to link to the actions identified in the data. It was carried out using gerunds, which are a noun form of a verb created by adding the suffix "ing", indicating action and process (Irwin, Donnelly & Kelly, 2024). Coding gerunds enables the researcher to work with the participants' words to understand and define meaning, to ensure the codes match the data. This was carried out by the researcher repeatedly to ensure that the codes matched the interview data. Throughout the initial coding the researcher asked questions of the data in order to aid the analysis, and generate further understanding and move towards deeper analysis, and then to develop a theory (Bryant, 2017). Fragments of data were studied in single words, and lines and large pieces of prose where incidents were relayed were looked at closely for what it brought to the analysis. At stages these gerunds had to be changed as they did not immediately reflect what had been said, and needed to accurately reflect the data.

During this time drafts of the report were written whilst looking for theoretical meaning, with the data being sorted into that pertaining to theory and any related abstractions. This involved an ongoing systematic and iterative process of analysing the data, that ultimately would lead to the development of a theory (Higginbottom et al., 2014). In my study the theory was developed inductively from the data, and refined at various stages and then checked again with the data. In reference to reflexivity the researcher was careful to ensure that the codes arose from the data, and not from her experiences. Repeated checks were carried out by listening again to the interviews, and re-reading the notes taken during the interview, together with the written memos. Mills et al., (2006) claimed that Charmaz saw researchers as co-producers in the research study, whereby the researcher described the situation, the

interactions that took place and their perceptions of how the interview went. The researcher discussed the interviews with the participants immediately afterwards, and some participants asked how they had performed in the interview. In response the researcher that it was not a question of "performance" but of their knowledge and actions, which she was very grateful they had shared with her. Charmaz, (2000) was very focused on researchers treating the data, and their analytical outcomes as the main aim and theme of the research, because she saw researchers as immersing themselves in the data so that narratives were embedded in the outcome. The memo writing carried out by the researcher, became more complex, but this was not unexpected as Charmaz, (2018) explained that as raw data was entered into theoretical memos, they became increasingly complicated. This served to keep the participants' narrative at the forefront of the process. Charmaz, (2000) viewed the writing style of the memos as being literary rather than scientific, and that was certainly the case in this study. This allowed for the focus to be on what the participants were saying and reinforcing their experiences (Mills et al., 2006). Coding links the collected data with the development of an emerging theory. When the data was initially examined the following themes were picked out: "not enough time to do it all and then I had to write a module", "frustration with making module changes", "classrooms not big enough, "teaching each group several times", "I never learned to do this" and "how do I write this", " I needed help but everyone was busy" At this stage there were many different codes, but at the focused coding stage these became more coherent and explanatory.

An Example of Initial Coding

12.1.2 Table 2 – Coding from the Initial Data Analysis

Experiencing panic	I have lost sleep as I panic about writing a module, I have never done this before, who teaches this stuff? I can work clinically but here I am totally at a loss. Knowledge from practice is no good here.
Asking for help	From a mentor I suppose you would call it although it is unofficial. Everyone is so busy but I needed help with writing my module.
Frustrated with small room allocations	Small teaching rooms are always allocated for our core modules with 70 students, but why is that as we have more students in this core module than most of the other depts have in their option modules?
Using my clinical experience	My long clinical experience means I do know how to nurse, but teaching it is very different and I am not sure I know what I am doing.
Helping students	Students evaluated that the on-line learning was unfair and they felt left out. They only seem to value face to face lectures, and this is a problem.

Feeling under pressure	Poor evaluations from students due to staff sickness and poor room allocation. So I have to try and do something different with this module as it was not popular.
Worried because have to do marking, teaching and then module writing	With teaching and marking to do etc, and students who always want to see you, how do you write something for a curriculum, ah yes that's right you do it at night and at weekends, which is not fair on my family.

12.1.3 Focused Coding

Focused coding is the second major stage in grounded theory coding, where the codes appear more frequently at this stage (Charmaz, 2014). This was true for this study's data, some of which were more significant than others, so large amounts of data were synthesized, and more detail was included. This sharpened the researcher's focus and enabled her to see the emerging analysis more clearly. Here examples of the focused coding were longer and more explanatory. (Please see the example in the box below). At this stage similarities were observed between participants' comments: the same issues were raised by several people. It was also found that codes that had appeared elsewhere in the data, reappeared in an answer to another question, showing that some crossover was occurring. Charmaz, (2014) concurred with this by noting that reference to an earlier incident, may appear in a subsequent one which illuminated more about the data and reinforced it.

12.1.4 Table 3 – Focused Coding from the Data Analysis

Developing a module – blended or otherwise. Content and teaching strategy - who has the expertise to deliver specific content if I don't?	Do I deliver this face to face which the students prefer or do I teach this module on-line where time and resources are limited? How do I teach stuff I don't know and where is there a lecturer's knowledge bank so I know who to ask? Do I just send a general email – such a long way round and a waste of time. How do I know who to contact in the various Trusts who are clinical experts when I haven't worked locally?

Feeling apprehensive about student feedback initially.	The student feedback has helped me develop the module for the apprenticeship students, although we were lucky in having mostly good feedback. The student feedback really terrifies me as you live or die by it don't you? But I know we have to do it in order to really understand it, as that is how you learn really on reflection.
Mentoring would be really helpful. Worried about the lack of support for module writing.	I think over the years (erm) because we work together as teams, we have always had someone who mentored us in clinical practice.
Accessing resources to deliver a module	It is very difficult because if staff and rooms are not available, you can't magic them out of thin air, but the risk is that you reduce the quality of the module and that saddens me.

After completing the focused coding, the researcher moved on to the themes, repeating the same process that Charmaz (2018) used. Following the codes that

were selected during the analysis, themes were emerging, although at this stage the theory was not clear until much later.

12.2   Theory Generation

The theory was slow to emerge at each coding stage, but slowly became apparent and detailed during the focused coding stage where the gerunds included: learning, feeling, developing and accessing, frustrating, not knowing etc, as seen above in Table 2 where participants had expanded on their actions and decisions in response to the questions. These gerunds highlighted processes and theoretical sensitivity which moved the researcher from a static state to that of an active process, identifying where the participant was "doing" something. The researcher gains insight into their actions and the link to social processes resulting in a theory of why specifics occur (Irwin, Donnelly and Kelly, 2024). The timing of gerund analysis is said to be most effective if carried out alongside data collection or at the earliest opportunity, which was carried out initially, but later on further analysis was carried out when making major changes to the thesis, and returning to the data repeatedly.

Participants' words used in the theory construction with extracts used to support findings, ensures that there is an accurate representation of their meaning, and this has been carried out here under each theme (Cooney, 2011). Examples of memos have also been added to illustrate a response other than a verbal one from the interview, as this tends to reinforce what the participant is really thinking.

Thematic analysis which is frequently used in inductive research and which was been used here, enables the researcher to break the data down into smaller pieces in order to arrive at gerunds and then themes.

12.3   Ethical Considerations

Ethical approval was obtained from the University Ethics committee, and while carrying out the interviews, it was important to be aware of the duty of non-maleficence. This was in order to ensure that participants came to no harm, as a result of taking part in this study (Mealer,2014). The aforementioned staff member not connected to this study, whose contact details were on the participant information sheet would be available to see participants as required

It was ensured that the data collected would remain confidential, and only the researcher would know the participants' names, which were all replaced by individual codes known again only to the researcher. Participants were assured in writing and verbally by the researcher of the confidentiality of their responses, and the interview recordings were stored in line with the requirements of the Data Protection Act, (2018). Data in the form of note taking, memos and anything written in regard to the participant or interview were stored at the university in a locked personal cupboard within the researcher's office. Electronic data was kept on a specific drive on the researcher's desktop computer which was password protected. When the researcher retired in 2022 all the data was taken home and locked in a cupboard in her study. The electronic data remained on a specific drive for research findings, with a password which only the researcher had knowledge of. Mealer, (2014) highlighted the importance of protecting the confidentiality of participants, given that they were disclosing potentially sensitive information, in order to minimise the risk of harm to them. Sensitive information refers to a range of issues, including that which could damage an individual's financial standing, employability or reputation within a community, such as a health department as was the case here.

Research that concerns sensitive information, or which may be perceived as such by the individual, could provoke emotional responses and place participants at risk of discrimination, recrimination, or other harm (Bankert and Amdur, 2006). The researcher informed the participants about confidentiality, assured them that it would be maintained, and adhered to the ethical agreement submitted and sanctioned by the University Ethics Committee.

In regard to beneficence, defined as doing good to others, the findings of this study would be used to develop guidelines to inform prospective and early career nurse lecturers. The study's findings would provide information and guidance for the senior management team, to help them address issues relating to faculty education, development and therefore retention.

Since this research was carried out, newly appointed lecturing staff are now required to undertake a Masters in Clinical and Medical Education (MaCE) programme, after commencing employment.

12.4   Trustworthiness

Guba and Lincoln (1985,1989) developed criteria for qualitative research inquiry in order to ensure the trustworthiness of the completed product, and these criteria included strategies that have been used extensively over four decades by researchers (Morse, 2015). A few scholars have questioned their effectiveness (Krefting, 1991; O'Neill,1995; Tuckett, 2005), but the worthiness of the research and the rigour with which it is carried out, are generally both considered to be vital to good research studies. Guba and Lincoln, (1989) identified the goal of trustworthiness which consisted of credibility, transferability, dependability and

confirmability. These are the equivalents to internal validity, external validity, reliability and objectivity, which are the criteria used in quantitative research for the same reasons. Creswell, (2012) expressed the view that at least two of Guba and Lincoln's (1985) aforementioned criteria should be used, but he did not specify which of these, nor did he explain how, why and when. Morse (2015) suggested that today we should now be using different language to explain trustworthiness, and return to the terminology used in mainstream social science, reliability, validity and generalizability. Both reliability and validity are intended to ensure that research is rigorous, which would formerly have been referred to as trustworthiness (Guba & Lincoln 1985). Through the development of theory validity this enables qualitative theories to be generalised, and to be recontextualised when applied to other settings (Morse, 2015). Morse regarded both reliability and validity as being intertwined in a qualitative study; reliability should be integrated within the process of verification thereby encompassing validity as well. Similarly, Guba (1981) believed that validity could be supported internally by reliability.

Credibility measures, which include triangulation and member checks were not carried out within this study. Member checking refers to the transcribed interview being returned to the participant, to ascertain if there are any changes to be made to the data or additional information needed. However, it is not clear why this should be done, as it is not a requirement in other types of research (Morse, 2015). Morse argued that this put the researcher in a very difficult position, if the participant disagreed with the data analysis. The analysis was effectively the researcher's recall of all the interviews that had been collated, because the text would have been abstracted, and the participant's own individual story may not be clear initially clear to them (Morse, 2015). The stage at which the participant was shown the transcript

was relevant, because if they saw this in its verbatim form, they would acknowledge their own words (Glaser & Strauss 1967; Melia,1982), but they had no influence on how this data was transcribed and interpreted (Houghton et al., 2013).

Although Koch (1994) suggested that participants should be asked to read their analysed data, Sandelowski, (1993), and Morse et al., (2002) argued that this could raise issues and challenges, where the participants did not recognise their answers in the synthesised data. This supports the case for member checking directly after transcription rather than after analysis (Houghton et al., 2013). In a qualitative case study, 58 participants were sent their data with an accompanying letter directly following transcription. Only three participants raised concerns at this point, and these were about their own use of language in the interview, and following discussion with the researchers they agreed to the transcript remaining unaltered (Houghton et al., 2013).

In this study participants were not sent their data for checking, but some spoke about their responses during their debriefing session to explain something or reaffirm their answers, but no changes to the data was requested during the discussion. Not all the participants stayed for the debriefing, either due to work commitments or other reasons which they did not divulge.

12.5   Conclusion of Chapter

This has been a detailed chapter looking at methodology and the reason why CGT was selected for this study. Alternative methodologies, the aim, design and symbolic interactionism have been discussed, and ontology and epistemology and their relevance to this study and how they map with objectivism and constructivism and CGT is included. Research paradigms have been included in this chapter and how

they align with this study. The sampling, recruitment, pilot study and data collection have been documented, together with data analysis. This chapter concludes with the ethical principles and the trustworthiness of this research study.

13 Chapter Four - Findings

13.1   Overview of the Chapter

The chapter presents the findings and the themes from the interviews with extracts taken from the participants. This chapter explores each of these themes in some detail, and where a direct quote has been used from a participant to highlight a point, a number after the word "Academic" has been used to specify which participant this refers to. The confidentiality of the participants has been maintained at all times, as only the researcher knows to whom the Academic number refers. Any imbalance in participant representation in the quotes, is a result of the fact that some participants gave more detailed accounts than others. All participants responded to the questions and the themes have been derived from this data only.

Data was documented mostly word for word, and where the participant paused and made an extraneous comment for example, these have generally been put in brackets. This illustrates where the participants displayed facial expressions or other verbal responses when answering the questions.

13.2   Themes

After analysing the data from the interviews using the typed notes, the tape recordings and the memos, the following themes were identified:

1) Curriculum knowledge – informal and formal learning. Using their clinical experience to assist them in developing a curriculum.

2) Managing resources classrooms and colleague support.

3) Mentoring from experienced and senior staff to learn how to write a curriculum.

4) Student evaluation invaluable challenging but recognized as important.

Coding relies on having solid data from the interviews and notes or memos. Some theorists view establishing codes from notes rather than the transcribed interviews as being optimum (Charmaz, 2014). However, this supposes that a researcher has an excellent memory for the valuable material told to them, and an objective transparency of what participants say and do. Fine (1993) found that ethnographers who were experienced frequently forgot interview details, and notes assume that the major aspects of a participant's responses had been captured, but these assumptions are not reliable even for experienced researchers.

The researcher arrived at her codes from the interviews as there was a great deal of data here which was supported by her memos. These were written straight after an interview or later when a thought occurred about something that was said in an interview, which was then checked with the transcription. Coding the interviews gave the researcher ideas and further understanding that may have been missed initially. Further memo and note reading plus importantly listening to interviews repeatedly, either reaffirmed coding decisions, or made the researcher return to the data repeatedly to ascertain what had been said.

13.2.1 Curriculum knowledge and using past clinical experience.

The word experience was used over thirty times by participants during their interviews. They spoke about how their clinical experience to some extent enabled them to determine what content to include in their modules. This was also in part supported by their own experiences as students on nursing courses. *"I rely on my own experience for writing curricula and teaching strategies." (Academic 10). "A lot of information comes from my first-hand experience which is backed up by the evidence" (Academic 4).* One participant who had been in education longer spoke with confidence about what their teaching practice had taught them, in regard to module content and the teaching strategies they adopted. The enjoyment of passing on experience and education to nursing students for them was paramount. *"My own experiences I think are really important, and I think I do a reasonable job and have a pretty good grasp of nurse education. I have a lot of knowledge about what has worked in the past and alternatively what doesn't work, and that's an important point. I also realise that we have to reflect practice accurately." (Academic 3).*

During the interviews participants frequently referred to their colleagues in the working and sharing of theoretical knowledge and combined clinical experiences. This "working" and "sharing" was called support by several participants and formed an extremely positive aspect of curriculum development, which enabled them to determine content and strategies more easily than working alone. *"She thinks of stuff that I wouldn't have and so we work together as a team, I mean we are all worthwhile and we shouldn't downplay ourselves. Here the module team must have a combined experience of 100 years". (Academic 5). "We are good together, because she is very quantitative and I am very qualitative so we complement each other well" (Academic 9).*

Some participants related the confidence they felt in writing a module in which they had expertise, which was logically relatable. Alternatively when leading a module where they identified their knowledge as little more than the students, participants showed and voiced frustration. Consistently there was recognition from many of the participants that despite their past clinical knowledge, they had to maintain current knowledge through reading up-to-date research. Some participants stated that students identified a lecturer who was not confident in their knowledge base when teaching. There were expectations that lecturers would be competent, and this was clearly acknowledged by participants. It was interesting to note that none of the participants expected to be excused from curriculum development, due to their lack of expertise. Two participants were focused on experiences, not their own, but those of the patient and the student, so module plans included service users who relayed their health care experiences to students during a module. This was evaluated very well.

All but one of the participants stated that they had not learned about curriculum development from a formal programme, but from other more senior colleagues and a "trial and error" approach. Participants spoke about their formal learning in curriculum development. These included a Post Graduate Certificate or Diploma in Education (PGC / DE), a Bachelor of Arts in Education (B.A Eds) or a Masters in Clinical and Medical Education (MaCE). The one participant who spoke about their own theoretical learning in a positive manner had studied for a MaCE, and had found the benefit of this in their knowledge of curriculum development. *"I think actually in terms of curriculum development yes, I did find it helpful. (Erm) Yes in MaCE that is what I found probably the most helpful thing was curriculum development, I think it had flaws in other areas, quite significant flaws, but it was actually the curriculum*

development and understanding you know how to take an overview (erm) and ensure that right from the outsight you are being mindful of what your objectives are". (Academic 3).

The other eleven participants had not found their education programmes useful in their knowledge development or the subject had simply not been in the course content. "*But the truth is that I don't think that I was equipped to come out and write a curriculum in a university, and the course did not prepare me for that skill. The truth is I don't think you can have just one module in curriculum about writing and planning this, as it is quite a big thing really, so you need to have much more in depth teaching and learning to prepare you for the job".* (Academic 6).

"*The Cert Ed I did had no curriculum design content, and I have had nothing from the university in how to write a curriculum, which is surprising in that we are not prepared for this new role".* (Academic 2). In response to this question all but one of the participants spoke about the lack of preparation for their new role, and how they relied on senior more knowledgeable teaching colleagues to guide them. This was unofficial time for both the learning lecturer, as well as the senior colleague and was not recognised in their time allocation.

"*Guidance on how you develop a module guide, would be really useful.* (Academic 7).

"*I completed a PGCE for FE and then did MaCE due to working in HE, but I actually learned how to write a curriculum as an apprentice, by writing a module with an experienced lecturer. Once you have mastered a module, I suppose a curriculum is next."* (Academic 11).

"Did a course at W------ which was far better than anything else I have done, which looked at andragogy and pedagogy in order to be able to write a module that would be applicable to a range of health professionals". (Academic 5).

13.2.2 Managing resources

Participants spoke about this in detail in regard to their preparation and usage of teaching strategies, and they were cognizant of some restricted resources, be they lecturers, teaching rooms or Information Technology. *"I think the challenge was more how to deliver the content rather than what to deliver. (erm) So do you do face to face teaching to a large group in a lecture theatre, which is not appropriate for the subject being taught. I mean we had 300 students (erm) and this strategy which had been used since revalidation of the curriculum was not evaluated well by students or staff from past modules" (Academic 4).* Participants were frequently using the teaching strategy that was manageable, but not necessarily the most appropriate or positively valued by the student.

More on-line learning was being used as a teaching strategy due to the development of resources, making this more available to students and staff, and the popularity of this teaching strategy nationally. Two negative reasons given for using on-line teaching were reduced resources and the increasing number of students. Students were entrusted to learn on their own or in groups, where their attendance could be monitored on-line. Participants spoke about students not valuing this strategy, and the feeling that they were being "short changed" if they were not having face to face teaching. It was noted by several participants that some students' on-line attendance was poor, and they did not know if this was due to the negative evaluation of the

teaching strategy or in line with their face-to-face attendance scores anyway. Frequently, students who did not attend on-line teaching also did not attend in class, which a survey had identified. Participants stated that student feedback had been more positive, when improvements had been made to the on-line provision. Participants were keen to give students good value teaching that was relevant to their programme and practice, and several stated that they saw positive outcomes in virtual learning, patient stories and self-reflection.

Participants were reluctant to simply

 deliver a keynote lecture, but were aware that some students had expected university to mean they would sit back and passively receive and absorb information. This was not how everyone learned and was not productive in addressing differing learning styles. *"I am very conscious of the students that come to the university just to sit there and receive information, rather than thinking they are participating in a learning process here. It should not rely on the teacher just coming along and regurgitating what is in their head and trying to put it in yours". (Academic 6).*

Blended learning was recognised as being paramount so that students had a variety of teaching strategies, enabling many learning styles to be available. *"So, we are now delivering it differently with mixed strategies, so we will see how it goes and how it is evaluated". (Academic 9).* A participant who was a more recent addition to the teaching staff identified the resource issue in regard to lecturers, *"I came in with fresh eyes, and I stopped and thought that there was an awful lot of (erm, pause,) dependence on academics here. It's a great thing getting that feedback, but I thought to myself it's not sustainable, so you need to use blended learning. (Academic 2).*

Some participants spoke about being disillusioned with the modules they had been allocated, for which they did not have the necessary expertise. This was due to sickness of the module lead or the lack of external speaker availability. This resulted in a great deal of work in order for them to "get up to speed" with the needs of the module content. *"When you are allocated modules that you are not a specialist in, as there is no way you can be an expert in everything, it is very frustrating to have to learn a new subject in order to teach this adequately. Here you are one page ahead of the student and that is not right". (Academic 9).*

The importance of giving students the opportunity for discussion was seen as important by several participants, where group discussions enabled students to express their ideas and check understanding with the lecturer. These were nearly always preceded by keynote lectures attended by the whole cohort. This environment though did not always enable a student to feel comfortable asking a question in front of a large cohort. *"So, how do we decide delivery, (pause) we decided that we need some chalk and talk, some activities (erm) and some group work. When I say activities, I mean literally they are given puzzles to do in numeracy, work sheets to complete (erm), (pause) and increasingly in the (erm) personal development side rather than just lecturing at them for an hour and a half. (erm), (pause), We have peer discussions, group discussions a bit of writing and some reflection, yeah so that's broken up." (Academic 8).*

The larger generic modules were problematic for those participants who were module leads which both adult and mental health students attended. These participants found there were inadequate numbers of lecturers available to teach to smaller groups, resulting in very large groups being taught a new and possibly difficult subject for some students that needed an array of strategies to present

information more effectively. Alternatively, the same lecturer normally the module lead, had to teach the same session multiple times to different small groups. Two participants told me that they thought that each session was not equally representative of the first session so felt they were short changing the student. *"But we have a shortage of staff delivering this module, which is a 40-credit module, and (erm) it's the whole of the BSc programme adult and mental health. So, it works out at about 85 students and because of the nature of the work we are doing, you can't really do groupwork with 80 students, yeah and so, (cough), it's also impossible to try and find classrooms that size, where you can move them around to do group work."* (Academic 8).

Another participant was particularly innovative and had demonstrated her ability to think laterally when she introduced a Dragons' Den approach, where students presented their research proposals to three lecturers in order to receive feedback. This allowed the students to understand the process of presenting a research proposal, and how and what information needed to be included in their proposals. This module had proved very popular with nearly all students, and the evaluations had been among the best in the entire programme, but due to staff shortages it could not continue. This participant was put up for a Nursing Times Award for this work.

 "Very often when I speak to them they say, "oh, that research module is going to be the worst thing ever, and I respond by saying don't be frightened of research, because you can read it and make sense of it, and we can relate this to clinical practice, which you will be doing in your proposals" (Academic 2).

Participants referred to the anxiety that research modules had on students at all levels, and much of this was due to the fact that it was an entirely new subject for

most of them who had not experienced any teaching on research unless they had undertaken another degree. Nevertheless, this was a module that carried the most credits, which could negatively affect their degree classification, and some participants spoke about doing their utmost to put research into context, and encouraging students to read widely and use studies that linked well to clinical practice.

There was a tension among the participants about using teaching strategies that were not practical, due to an absence of supporting staff and the number of students in a classroom, where they could be violating fire safety rules. The researcher had herself experienced this more than once, where she had to abandon a class due to an oversubscribed number of students in a classroom. No lecturer wants to put students at risk, and this was stated by participants in response to this resource issue. Cancelled sessions would be rebooked so students did not miss teaching. *"You need to write a programme pragmatically because you know the limitations, so you cannot be too aspirational for a gold standard experience, and have to settle for what is available, not necessarily what is the best for the student." (Academic 11).*

A participant spoke of the need to teach what was actually in the module content, because students would question if the topic was missing from the timetable. *"If it is in the indicative content then it should be taught. If you don't do that its unfair on the students, and as a student I would be looking at this omission very negatively." (Academic 8)*

13.2.3 Mentoring

Participants had sought help from senior colleagues when a curriculum was due for revalidation, because this enabled them to write a module alongside an experienced

lecturer, receiving verbal and written support. All the participants viewed this approach as very beneficial. At the time of data collection, a departmental mentoring scheme was not in situ, so the participants had not been party to this formally in the HEI.

"I think over the years (erm) because we work together in clinical teams, we have always had someone who mentored us. When I first started here from practice, I was lucky because I had a sort of mentor who had been in nurse academia for a long time. She talked me through the systems and processes, and that was very useful as it gave me a starting point and a trusted colleague I could refer to" (Academic 10).

It was through this supervision and guidance from colleagues that participants stated they had begun to learn how to write a curriculum. Some participants stated they learned while working or "on the job" and they expected this to be the way in which they would develop their curriculum writing skills. *"But I was never sat down in a job role and was told this is how you write a module or this is how you do that".* *(Academic 3). "I was mentored by senior academics but never actually told to how to write a module, it was by osmosis mainly". (Academic 12)*

Some participants spoke about how beneficial working with other colleagues was when writing a curriculum. *"Engaging with everyone when there is a curriculum due to be revalidated brings us all together. I wish it was like that all the time. (Academic 2).* Some participants spoke about missing the clinical supervision and / or mentoring they had enjoyed in clinical practice. *"Working in clinical practice with clinical supervisors or similar, was really helpful and I miss that here, why do we not have a similar system? (Academic 5).*

The need to have an experienced mentor was reiterated throughout the interviews, by every level of seniority. *"I don't disregard help I might get from less experienced lecturers, but I do think we need those colleagues with a lot of experience in writing modules to mentor us, and work with us prior to a revalidation. All lecturers should have a good mentor, somebody who has been in the area and knows the system well. They can then provide that guidance especially for writing things like module descriptors. Someone who has the knowledge in how to develop and write a module because they have gone thru the process several times, should be working with us, but everyone is so busy". (Academic 1).*

Participants spoke positively about the effect that a mentor had on their working lives and some questioned why this was not a departmental wide progamme, as there were no negatives associated with it.

"When I first started it was mentors who helped me, not a course or just learning by doing it which is not helpful". (Academic 6).

"I did a Post Graduate Diploma in Education where I studied module development and within that it had curriculum writing and design which was extremely useful. I have been mentored by senior academics but never actually taught or shown how to write a module, I suppose it was by osmosis really if I am honest! (Academic 7).

13.2.4 Student evaluation

The Student Assessment of Module teaching (SAMT) was very important to all of the participants, who recognised that it was a commentary on their teaching, and many of them felt the feedback was more important than the scoring. *"I think SAMT scores*

are more a popularity contest, than they are a reflection of your teaching and I think the comments are more valuable". (Academic 8). One participant had received very negative feedback from a student and it had affected her a great deal, to the extent that she became upset during the interview, so we stopped and we spoke about this and I emphasised, as we have all experienced negative feedback. *"(erm) the SAMT scores affect me massively (erm) I am not very good with (erm, er) negative feedback, and actually one of the students in their SAMT had written very nasty comments about me in it, and it affected me for ages (laughing and then crying,"* *(Academic 3).*

As one participant commented *"Possibly students need to stop and reflect before leaving such negative feedback, as surely the outcome is to improve our teaching and their learning, not to decimate someone's character". (Academic 3*). This was a powerful and insightful comment.

The fifth interview question that asked about the internal and external influences, on their curriculum content and teaching strategy decisions, was answered by each participant as being student evaluation. This was recognized as being very valid, and reasonable feedback was valuable, where changes were made as far as curriculum validation would allow. Statements from three participants spoke of having to make changes to a large part of a module, as new module leads. This was due to negative student feedback from an entire cohort due to previous module runs. *"I took the module over but decided to adjust the teaching strategy due to the feedback from the students, which was not good, particularly in how sessions were taught". (Academic 9).* The participants stated they were cognizant of the need to comply with NMC validation, so when a request by a student group to remove a subject or skill that was core, they had to inform them that this was not always feasible.

Two participants recognised that lecturers tended to be their worst critics, where at the conclusion of teaching sessions they would start to question their own competence, and worry about future student evaluation. "*So yeah, student feedback (erm) is probably the biggest thing and I think as lecturers we are our own worst critics aren't we, and if I come out of a teaching session I know in my heart of hearts if it has gone well or not.*" (Academic 5).

Three of the participants were more senior members of staff, who had or were working in management, and they considered external influences that affected curriculum development from a wider point. They had been working in and or had returned to a teaching role so they fitted the research inclusion criteria.

"*I am also very fortunate to be part of the QAA, quality academic assessment exercise, which was like a whole university group as a Senior Fellow for the HEA. All the senior fellows were part of this group that looked at the quality of curriculum and we looked at external examiner reports, evaluation reports and as senior fellows of the HEA, we were expected to have that bird's eye view of quality above the faculty*" (Academic 4).

"*I have been very fortunate that having worked in, in an (erm), an Erasmus link I have travelled to other countries, other universities and taught students at every level and actually made some comparisons. I identified the strengths and weaknesses between our system and others which was enlightening I assure you*". (Academic 11). "*QAA benchmarks and HEA needs have to be met so you always have to be very aware of those.*" (Academic 8) The senior staff members clearly had a broader view of student evaluation and referred to national evaluations such as the National Student Survey and the Teaching Excellence Framework. "*You have to consider that*

it is about a popularity contest in some ways, so what you have to teach is not always what students want. Now service users and the students have to be involved so lots of people are contributing, which is not always helpful as not everyone understands what mandatory things we have to include, so that takes time to explain." (Academic 1).

Student responses following the return of an assessment may negatively question the validity of a mark and / or comments made by the lecturer. This required the lecturer to be consistent in adhering to the assessment criteria and marking guide, which the students had knowledge of also. Despite this it could be challenging for lecturers to manage this issue, and some participants stated that this caused them to doubt their marking abilities. Changes to assessment criteria were consistently being evaluated and changed by the department or university, and the researcher experienced four different types of assessment and marking criteria during her fifteen-year tenure. *"I think that from the very first day we have to be the role model, we have got to go in and be highly professional, not shy away from difficult situations, give feedback that you are failing the student, tell them that the work is not up to standard or a higher mark, and talk about respect with their responses to you as a lecturer. So, you set the boundaries and you structure it accordingly"* (Academic 12). Another participant stated *"I am not here to be liked so I have to give feedback and say things that students don't like, and I have to say to the students this is only part of it, your responsibility is to go and learn about this".* (Academic 8).

One participant who was a recently appointed lecturer had looked at the amount and detail of the feedback on assessments that was required by staff, and had found it daunting. She also felt that she would ask the member of staff mentoring her to guide her with her first set of marking, and would expect to need further assistance.

Some participants complained about the increased and varied formats that feedback was completed in, which was being given at a varying and increasing pace due to student feedback that requested change. The responses from students to feedback was also referred to by several participants, where lecturers were challenged about their marks and comments. Participants spoke about how difficult this situation could be when a student refused to accept the feedback and mark awarded.

13.3   Conclusion of Chapter

This chapter has detailed the four themes that were found in the data. Issues raised within these themes have been discussed and quotes from participants given to support the narrative. The data from this study raised concerns which will be discussed in the next chapter, due to its impact on lecturers, the curriculum and students' education.

14 Chapter Five – Discussion

14.1 Overview of Chapter

This chapter discusses the findings of the study with reference to what has been discovered historically, bringing education up to the present day. In looking at changes to address these problems the four themes will be discussed.

Student evaluation and the importance of it is discussed and also how lecturers can manage it differently and more positively for the students and themselves. The education required for becoming a nurse lecturer, and the specialised knowledge that is necessary for curriculum knowledge development is discussed, as well as the issues of resources.

The changes over thirty five years of nurse education are discussed, assessing the progress so far, and that which needs to be achieved in order for nurse education to be valuable to both lecturers and recipients.

Role theory and that which is relevant to a nurse lecturer, and the emerging theory from this study will be discussed.

14.2 Curriculum Knowledge and Experience

In Benner's (1984) seminal work "From Novice to Expert" on nurse education, she stated that there was a complex balance between theoretical knowledge and practice. While developing knowledge and practice, students began to adopt an intuitive Gestalt approach to practice, as they became more experienced and expert. In doing so, they used their theoretical knowledge less and drew more on their tacit intuitive grasp of each situation that they faced. Similarly, in the study by Thomas and Davies (2006) they found that more experienced lecturers relied on their

instincts, and previous experience of how to respond to issues relating to curriculum content and teaching strategies. Some lecturers did not use curriculum documents but relied on their own experience of curriculum writing and teaching. So, the Gestalt approach to teaching was undertaken by lecturers, as it was with students in learning and practice. If this process occurred then what was being taught by nurse lecturers, would reflect their own experiences as students, which could result in poor practice (Breidenstein, 2002; Krisman-Scott, 1998). The experienced lecturers believed that specific knowledge should be taught to students for them to be able to practice safely, even if the content was not included in the current curriculum. Furthermore, lecturers were found to be concerned that if certain knowledge was not delivered, the student would feel neglected and ill prepared for clinical practice (Thomas and Davies, 2006).

Schwab (1969) had stated that educational theory could contribute to curriculum decision making, which highlighted specific aspects of practice. Over two decades later, Pendleton and Myles (1991) also viewed nurse lecturers as requiring curriculum planning skills which were based on sound theoretical principles.

However, another issue that impacts on nursing programmes in the UK, is that nursing curricula differs from one HEI to another. It is understood that there will be aspects of the curriculum, which are mandatory requirements by the NMC and QAA and each HEI's policies and procedures (Quinn & Hughes, 2016). But if each curriculum is the responsibility of the lecturers who develop and deliver it, as has been discussed, then a detailed knowledge is an essential requirement. Quinn and Hughes (2016) stated that the ENB (1999) carried out a study in a range of HEI's examining their nursing curricula. It was found that although there were some

similarities between HEI's, thirty-two of them had different content and delivery strategies.

Carr (2008) referred to the nursing curriculum as being subject to external pressure, as it was a continuous balancing act between the needs of the NHS, the current thinking on education and the funding available. The registered nurse was a test bed as well as a barometer of public opinion, and some of the problems of the NHS, particularly tragedies with patient care, were blamed on the universities and the training therein (Carr 2008).

As documented at the start of this study the researcher had experienced as an external examiner varied approaches to module and curriculum development, where similar modules could be very different in their content and delivery strategies. If curricula are so varied, then how do nurses completing their nursing programmes, have the skills and knowledge required to work as a registered nurse. Morrison et al., (2002) argued that curricula which were strongly influenced by the NMC and QAA, and where programmes resulted in the student qualifying for the same part of the NMC Register, should be similar across all HEI's. Although with so many unknown and varied patient encounters facing the nurse throughout their working life, it would be impossible for each one to have the same knowledge base (Roxburgh et al., 2008). This supports the view that lecturers must have expert knowledge of all manner of nursing curricula, to ensure that students avail themselves of the best the teaching team has to offer.

14.3   Managing Resources

Nurse education continues to face a shortage of lecturers available, to teach the many students embarking on pre-registration nursing programmes (Clochesy et al.,

2019). McDermid et al., (2012)'s large study, where literature on factors contributing to the shortage of nurse faculties was reviewed, they found that the difficulty of transitioning to an academic role, constituted a major problem for new nurse lecturers. The academic environment had its own distinct culture, language, expectations, values, and behaviours, which were alien to those entering it from clinical practice. Nurses working in practice at a senior level would be earning more than a new academic, so the salary reduction would be a major factor in the decision to transfer from practice to academia, and this had to be factored into attracting new staff to an HEI (McDermid et al., 2012). Although McDermid's study was based in Australia, she explored literature from around the world and compared the findings to those obtained in the UK, because there were similar issues here.

In 2006, the WHO reported a shortage of nursing faculty staff in most of its member states (Clark et al., 2010; Anibas et al., 2009; Gazza, 2009; Allan & Allbron, 2008; Council of Deans of Nursing and Midwifery (Australia and New Zealand), 2008; Shipman & Hooten, 2008; Penn et al., 2008; Kowalski et al., 2007; Morin & Ashton, 2004; Lewallen et al., 2003). Again, the WHO (2015) stated that health care was facing many challenges with the increasing age of the workforce, plus the ageing population, reduced resources and costs.

Such shortages not only had repercussions for the next generation of nursing students, but also contributed to the overall shortage within the nursing workforce (Potempa et al., 2009; Rich & Nugent, 2009; Berlin & Sechrist, 2002). This would affect the time available for and the quality of research, and limit the amount of influence that nursing research had on health policy both locally and nationally. This would inevitably have negative effects for patient care and outcomes. (Potempa et al., 2009; Rich & Nugent, 2009).

In the USA Nardi and Gyurko (2013) and Thompson et al., (2014) found that many countries within the western hemisphere were experiencing a shortage in nursing faculty members. The shortage of nurse educators affected the quality and number of registered nurses who graduated, particularly relevant in the USA where potential students were denied admission to nursing programmes, where there was a faculty shortage (AACN, 2013).

US analytic models predicted the shortage of nursing staff for the next two decades, where 45% of educators were over the age of fifty (Auerbach et al., 2017). Globally there is a shortage of nursing faculty (Boamah et al., 2023; AACN, 2019), and this is compounded by a shortage in the workforce, due to many nurses coming up to retirement. Adequate faculty members are vital for preparing new generations of nurses, and recruiting, developing and retaining an effective and satisfied faculty ensures an attractive work environment (Apen et al., 2021; Boamah et al., 2023; Haddad et al., 2019). Future faculty staff are attracted to inclusive work environments where, they are supported and valued (Alsulami et al., 2024)

Resource issues with rooming and staff were one of the themes to come out of the data, and it is particularly difficult for a lecturer to control, when they are not responsible for recruitment and the budget. The support of staff who may be working in a faculty where there is a shortage of staff, need to be supported when seeking alternative teaching strategies to deliver the curriculum. These participants had shown that initiative and frequently were innovative in their approaches.

Because of the increasing student intake into the higher education sector university infrastructure is frequently not adequate to house these numbers. This results in students being allocated to classrooms or lecture theatres where student numbers

exceed the safe level for fire evacuation, as was shown in some of the data collected here. The growth in student numbers is far outweighing the development of new buildings to accommodate them, and the allocation of inadequate teaching areas means that teaching strategies are negatively affected, which can be reflected in student learning and knowledge attainment.

14.4   Mentoring / Peer Mentoring

The recruitment and retention of nurse educators was affected by several factors, these include the opportunities for professional development, competitive salaries, collaborative working environments and a recognition of their efforts and successes (Clochesy et al., 2019). A national survey in the USA of over 2000 nurse educators found that the two most attractive factors for staff were the opportunity to work with students and the ability to change the nursing profession (Brady, 2010; AACN, 2016.)

Since this study was carried out peer mentoring has been implemented in the HEI, and the value is dependent on its structure and delivery, as will be seen below. A search of the same databases used for the scoping review, found studies on peer mentoring for nurse lecturers in the HEI's of the UK, but mostly the focus was on student mentoring. Peer mentoring is a professional relationship, in which an experienced mentor guides an inexperienced mentee, towards reaching their potential (Olenick et el., 2019). The benefits of this professional working relationship are well documented, resulting in greater recruitment and retention due to the career support that novice lecturers receive (Logan et al., 2016). With mentoring, nurse lecturers achieve career success and are more able to develop their teaching skills,

with increased research output (Massey et al., 2019; Olenick et al., 2019). However, this can put pressure on more experienced staff, who because of their seniority have a great deal of responsibility in teaching and other duties, and they become overburdened with the development of their less experienced colleagues. Therefore, the responsibility for this has to lie with the university department, as well the individual staff member.

Young and Dielkelmann (2002) reported how new lecturers felt inadequate and unprepared in their skill to teach, and Dielkelmann (2004) suggested that a system of peer mentoring would assist new lecturers in their understanding of teaching skills. Chester and Esplin (2003) stated that mentoring for new staff was successful, because it gave the lecturer a feeling that their colleagues were being supportive and caring. Neese (2003, p. 260) on discussing the positive of mentoring stated that "clinical expertise was not a qualification for becoming an educator". This study highlighted how positive mentoring had been for the participants, before a system of formal mentoring was introduced to the department. Lecturers had found colleagues with experience and expertise in curriculum writing, to help them develop their skills, and this had been invaluable for them. The data in my study very much illustrated how valuable informal mentoring had been to all the participants in the early part of their education careers, as well as later on in their careers.

Bulman, (2016) carried out an action research study to develop the use of peer reflective supervision. Eight nurse educators who worked on an undergraduate adult nursing programme at a UK HEI, used peer reflective supervision with each other, in order to identify the potential for improving their roles within undergraduate education (Bulman et al., 2016). This HEI had always had a system of reflection on education since the programmes had begun, but peer reflective supervision was a new concept

for the educators themselves. It was felt that if this could advocate and promote reflection amongst student nurses and practice colleagues, then there was no reason why it could not do the same for educators (Bulman et al., 2016).

The eight educators had co-researchers making the number of participants sixteen, and they worked in pairs to carry out their peer reflective supervision. During one academic year the eight pairs met regularly to facilitate each other's reflections. They then met three additional times in a Reflexive Learning Group, to gather taped data on their use of peer reflective supervision. From these recordings seven themes were generated, and the educators felt they had undergone a positive personal change, although it had at times been difficult due to work pressures. They all reported that finding the opportunity to raise issues through their reflections was very helpful, and actions to address identified shortfalls were going to be addressed by the educators and department in unison (Bulman et al., 2016).

There are cases of peer supervision not meeting the needs of all lecturers involved, and another HEI where a trial of peer supervision was implemented for a team of mental health lecturers was not completely successful. Fourteen lecturers volunteered to be members of the lead group, supported by the management team. The peer supervision scheme was advocated as providing education, support and quality checks for lecturers who supervised students (Claveirole & Mathers, 2003). The study's authors stated that this was instigated, because of the drive at that time for clinical supervision in nursing on a national basis. The goals that were decided upon were, to facilitate the development of new skills such as reflection, to be practiced by groups of lecturers, and then for these skills to be promoted to nursing students. During the two-year trial period four lecturers dropped out of the study, but after two years ten staff remained in the supervision scheme, because they had

found that this impacted on their work in a positive manner. The lecturers felt that it also had a high direct educational value for their students (Clarveirole & Mathers, 2003).

Unfortunately, it was not viewed by everyone as a positive contribution to the lecturer's role, and there were negative issues identified in relation to this scheme. The member of staff leading the study was a potential management representative, and had the support of the Head of School. Consequently, some lecturing staff felt that management were controlling the scheme, rather than the system being one they had developed themselves, which threatened the scheme's existence. Also, words used in the introduction to the study such as "management" and "quality checks" did not bode well for the success of this scheme. This problem was only resolved by a change of roles, and the decision not to have managerial involvement. The supervision did not extend to the entire nursing department, and it was not viewed as a robust feature of the department's educational culture (Clarveirole & Mathers, 2003).

14.5   Student Evaluation

Student evaluation was mentioned multiple times during the interviews mostly in a positive context, but these could at times be challenging for participants to be criticised in their attempts to develop, construct, deliver and assess students. The first recorded student feedback rating of teacher effectiveness, dates back as far as 1915 (Chan et al., 2017), and by the 1970s, research on student feedback was growing rapidly in the United States (Marsh, 1984). The study by Chan et al., (2017) was one of the first to consider students' voices in regard to teacher evaluation, and

defined student feedback as that which was the opinion of students expressed to teachers (Chan et al., 2017). However, some studies have used the term "student feedback", to describe the guidance given by teachers to help students improve their learning (Parikh et al., 2001; Price, 1997). Oermann et al., (2018) defined student evaluations of teaching (SET) as providing a structured way of collecting feedback from students, about their course and their teachers' effectiveness.

The student feedback perspective remains largely unexplored in relation to nursing subjects. Reviewing the current literature highlighted where there were gaps in the research, and identified that student feedback can be divided into three stages (Chan et al., 2017).

Stage One - before feedback has been collected; comprises of the process of accumulated learning that the students are experiencing.

Stage Two – during feedback collection; reflects the learning experience based on given guidelines. Feedback is expressed via the given channel.

Stage Three – after feedback has been completed; data is analysed and the teacher's performance evaluated. The influence of feedback on the teacher is realised and follow-up action can be taken.

At Stage One – because the focus by many HEI's on the teaching evaluation from the student, the accumulated learning is not considered. Feedback in the form of evaluation enables students to voice concerns, and for teachers to be able to adjust their teaching, to address the criticisms and improve their scores (Chan et al., 2017). Recording evaluations at different stages of a course, was seen as beneficial, as shown by a study that was carried out during a medical programme, in which feedback was collected after each lecture. This allowed for more of a focus on an

individual session and lecturer, rather than one negative aspect of a module affecting all the teaching that was being evaluated. The timing of and channels used to gather student feedback, were identified as the two core elements that needed to be considered before collection commenced (Luks, 2007).

At Stage Two – in much of the research the feedback collection process was frequently found to be justified (Crotty et al., 2000; Edginton et al., 2013; Halcomb & Peters, 2009; Shankar et al., 2011, 2004; Smith, 1997; Wolf et al., 2004). However, Henderson (2010) suggested that the tools used to collect data needed revision, in order to improve the teaching process. Students reflected on their learning using various reflection tools during the feedback process, and frequently the collection tool consisted of questions being asked and a channel of expression provided. The main questions asked for an evaluation of individual lecturers, coverage of the subject being taught and the guidelines given, clarity of presentation and the motivation for learning (Day and Partington,1993). The appropriateness of the questions determined how constructive the students' opinions were considered to be (Josefson et al., 2011; Reed, 2012).

Over the last few decades, the focus has shifted more towards questionnaire surveys, open-ended questionnaires, group discussion and the use of learning logs and diaries. However, the questionnaire is regarded as a less effective approach, compared to quantitative and qualitative tools, due to the difficulty in validating these questionnaire surveys and ascertaining their reliability (Josefson et al., 2011; Reed, 2012).

At Stage Three the data is analysed to gather information about teaching performance, and actions regarding performance are determined. The rigour with

which this has been approached by HEI's, has caused concern not just in the UK, but in other countries also (Alderman et al., 2012, Day et al., 1993). The effect of feedback can be maximised if the follow-up actions are implemented, and the main goal of doing so is to improve teaching (Alderman et al., 2012; Day and Partington, 1993).

Feedback from students should be valued and responded to appropriately, in order to improve the quality of teaching and ensure that learning outcomes are achieved (Chan et al., 2017). Nurse educators need to consider using different timelines for evaluations and think about how they are fed back, in order to illustrate that feedback had been acknowledged. Recommendations for change then need to be initiated, and instituting different evaluation collection points during the module rather than just terminally, was regarded as of paramount importance by the students (Chan et al., 2017). Some of the findings by Chan et al. (2017) could be transferable, but the study was carried out in Hong Kong so cultural differences need to be taken into account here.

The Student Evaluation of Teaching (SET), requires an understanding of what value students attach to a course, and a study by Oermann et al., (2018) on Student Evaluation of Teaching (SET) found that the data provided by students could be misconstrued, misinterpreted and misused. Kaltoft et al., (2015) developed a different approach to student evaluations by encouraging students to identify what they perceived as the ten most important criteria at the start of a course. The criteria included course content, materials, organisation, perspective, presentations, relevance, workload, support, interactivity and assessment. The students' ratings and the weighting assigned to the aforementioned criteria were then combined into a

single score, so that it was clear how much importance the student attached to each criterion (Kaltoft et al., 2015).

A qualitative study carried out in a UK HEI by Killingback et al., (2017), investigated physiotherapy students' and their lecturers' views on feedback, and found that this was regarded as a very challenging aspect of health professionals' education. This was because there was a significant lack of student / lecturer consensus in selecting an optimal feedback process. Students preferred lecturer-led modes which involved a high level of personal interaction using face-to-face, screencast, video and audio approaches. This was in line with recommendations to use direct dialogue and interviews in order to understand the student voice. Despite this, lecturers advocated the use of student-led modes involving peer or self-assessment, which they believed would encourage students to value the reflective skills that they could develop (Hoban & Hastings, 2006; Nair & Mertova, 2011). Clearly, there was a dichotomy between lecturers and students in this respect.

So, in conclusion it is not the evaluation per se that is necessarily the problem, but the stage and timing at which evaluation is collected, a subject that has received little attention in nurse education (Chan et al., 2017). Student voices need to be heard in order to develop programmes positively, and allow teaching evaluation to be performed in a circular system (Chan et al., 2017).

15 Theory Development and the Emerging Theory from this Study.

Induction was required in order for a theory to be developed, a technique which was pioneered in the social sciences by Glaser and Strauss (1967), who highlighted the fact that theory generation had been hampered by attempts, to test existing theories rather than develop new ones. Glaser and Strauss (1967) used an inductive method

to enable the theory to develop, using an iterative and systematic process, where coding categorising and comparing data was completed continuously. This was how the researcher developed her theory in this study. In this way there was no influence from a pre-conceived theory, and this approach agreed with the positivist epistemological view due to it being robust, systematic and replicable (Charmaz 2006; 2008a; Bryant and Charmaz 2007), and the symbolic interactionist view was included by looking at choice, action and reflection (Charmaz 2008a).

The current more widespread use of on-line educational technology, means that nurse educators must engage in innovation, to ensure that their educational strategies meet the needs of the nursing profession (Beccaria et al., 2018). In tandem with this, they also need to achieve teaching and learning excellence with a diverse student population (Bradley et al., 2008; Damewood, 2016), which requires nurse educators to have excellent knowledge of theories and practice, which are unique to the nursing discipline (Booth et al., 2016; Hayes, 2016). In addition, the knowledge and theories acquired from other disciplines such as education, learning and teaching in higher education, are also essential for the nurse educator, to be able to function at a high level (Booth et al., 2016; Leibowitz et al., 2017). Developing learning experiences for undergraduate student nurses, is operationalised within the cognitive, affective and psychomotor knowledge domains. Consequently, the nurse educator formulates objectives at various levels and for different kinds of behaviour. In this regard Bloom (1956) formulated a system of classification known as the taxonomy of educational objectives. The taxonomy classifies objectives into three spheres or domains, at which point they are further categorised according to the level of behaviour, from the simplest to the highly complex (Quinn & Hughes, 2016). The cognitive domain refers to knowledge and intellectual ability, while the affective

domain refers to attitudes and values, and the psychomotor domain relates to motor skills.

There are various ways to enhance the development of knowledge, attitudes and skills, in order for students to become critical thinkers, who are reflective and responsive practitioners at the point of qualifying (Hayes, 2016; Mgbekem et al., 2016, McKie & Naysmith, 2014). The scholarship of teaching and learning is integral to providing good quality higher education. These approaches should be underpinned by the influential theories of learning such as cognitive psychology, special constructivism, experiential learning and situational learning theory (United Nations Educational Scientific and Cultural Organisation, 2017). When delivering the core function of teaching, nurse educators are frequently required to engage in the process of scholarship, which prompts them to reflect on clinical and teaching practice in order to examine their effectiveness in regard to student learning and share this with other colleagues working in education (Leibowitz et al., 2017). This results in the advancement of nurse education knowledge, as a specialism through the use of systematic inquiry (Oermann, 2014; WHO, 2016). Scholarship of this type must be based founded on evidence-based practice, including adult learning theories and principles (Kalb et al., 2015; United Nations Educational Scientific and Cultural Organisation, 2017).

WHO, (2016) agreed that there was a need for consistent standards in higher education, in order to advance nurse education. In the same year they developed a set of nurse education competencies, that identified the need for educational theory to be applied to curriculum development, evaluation, research and teaching. They stated that the Theories and Principles of Adult Learning, should specifically relate to the importance of applying this knowledge, in order to direct curriculum development.

The relevance of evidence-based clinical practice, has long provided the motivation for improving patient outcomes. Therefore, nurse educators needed to use evidence-based teaching strategies to improve student learning outcomes (International Council of Nurses, 2012; Saunders & Vahvilainen-Julkunen, 2016).

There is currently no national nursing curriculum in the UK, and this means that each HEI provides its own version of a curriculum, which has to comply with the mandatory guidance from the NMC and QAA, in order to be validated. There are a range of issues that affect curriculum development and coherence, and how the performance of students is measured against specific standards, as well as how evaluation is determined (Hall, 2014), Consequently, it can be a minefield even for an experienced lecturer, so a novice undertaking curriculum development for the first time, will have little to no knowledge of how to apply this craft to the many benchmarks that have to be met, and is likely to be ineffective in this regard (Hall, 2014).

The AACN (2006, p.7), recommended that additional preparation in the science of pedagogy, should be provided to augment the nurse educator's ability to "transmit the science of the profession they practice and teach". Benner et al., (2010) and Schoening (2013) recommended that all nursing graduate programmes should include teacher education courses, with experiential learning strategies to prepare the future nursing faculty for educating students. Without teaching preparation and knowledge in how to develop a curriculum, the understanding of nursing practice and theory will remain an ineffective foundation for teaching nursing (Bartels, 2007). In the future, preparation and support for nurse educators, should acknowledge that this is a recognised specialist area of practice, which should include a standard for pedagogical preparation which would entail making curriculum development,

teaching, learning strategies and evaluation methods mandatory requirements (Benner et al., 2010, McCoy & Anema, 2012; National League for Nursing (NLN) 2011).

The results of this study have shown that twelve participants' knowledge of curriculum development was negligible before they commenced lecturing. Eleven of the twelve stated that the programmes they undertook to acquire a teaching qualification, did very little or were absent in helping them to develop their knowledge of curriculum development. This study has asked twelve participants five questions regarding their learning in regard to curriculum development and the determination of programme content and teaching strategies.

All of the participants spoke about how they had learned about curriculum development through a mentor informally. Furthermore, they spoke of those staff members positively, due to the knowledge they had developed in writing curricula. Only one of the twelve stated that their formal teacher training programme, MaCE had enabled them to develop curriculum writing skills, while working as a new lecturer.

Consequently, the use of in-house educational development should be considered a positive alternative, in the form of a teaching programme, that fully embraces curriculum knowledge development and pedagogy. This will enable the faculty management to have control over what is delivered, and monitor the evaluation. Alongside this ongoing curriculum development education needs to be readily available in the faculty, for all grades of staff, so that the education is developmental and continuously evolving.

Mentoring needs to be a key component within faculty departments and formalised, so that every staff member has a mentor affiliated with them.

Starting a new career in academia is emotionally challenging and puts immense pressure on people who are embarking on this new and intensive career pathway (Singh et al., 2020). They have to balance many roles and responsibilities, which include teaching, marking, research, and academic / pastoral care of students (Logan et al., 2016). Each role is not clearly defined and involves skills that an experienced clinician will not have developed, so these are complex and demanding of any lecturer (Massey et al., 2019).

Nurse lecturers in HEIs need to be retained and supported in order to ensure effective succession planning. It is costly to recruit staff who only remain in post for a short tenure, by returning to clinical practice or moving to another profession altogether. If concerns and issues in their roles are clearly understood by senior staff in nursing departments, they could design effective support mechanisms to assist with curriculum development education and mentoring.

Nationally, senior managers in nurse education need to plan in how future nurse academics can be most effectively prepared for the role. The question of which qualifications are necessary for entry into academia, and the type of education required to achieve this objective, requires further consideration (Jackson et al., 2011). The relevant theory underpinning this is that in order to produce effective practitioners, we need the best nurse educators. Bartels (2007) claimed that nurse education needed to be effective at teaching future nurses about the nursing profession. In order for this to happen, nurse educators needed to be able to perform

at their best, in terms of preparation and productivity, through their roles in undertaking research, scholarship and practice.

15.1   Conclusion of Chapter

This chapter has discussed the themes found in the data and role theory for nurse lecturers. Then theory development and the theory emerging from this study have been discussed, and options for change in order to address the issues raised by participants have been given.

16 Chapter Six - Conclusion

16.1 Overview of Chapter

This chapter considers the limitations of the study, presents the conclusions, and finally makes recommendations for future practice for lecturers at all stages of their careers. Recommendations for nursing faculties and HEI's are given, derived from the themes which arose from this study. These would improve the practice of lecturers and would support them in their role further.

While it is acknowledged that that the findings of this study were representative only of those participants interviewed, they were extremely valid in ascertaining how nurse lecturers determined curriculum development, and teaching strategies. In addition, it produced useful findings about what affected these, and finally, how they developed their curriculum knowledge before and / or after they entered nurse education.

16.2 Limitations

A test of validity triangulation usually refers to the use of two or more sets of data or methods to answer a research question (Morse 2015), because this process increases the depth and scope of the study. Different sets of data and / or alternative qualitative methods, can elicit different data and a different perspective. Therefore, the researcher has to consider which data or method, is the most appropriate for the research they are undertaking. There may be difficulties collecting data due to participants' time and availability, and using more than one data collection method may prompt the question, why collect the same data twice? (Morse 2015). Qualitative methods tend to be time consuming and involve a great deal of work for the researcher. If more than one method of data collection is used, this may also indicate a lack of belief in a single method. Researchers do not usually publish the

same study using different data collection methods in the same journal, which would allow the reader to read them both, in order to ascertain if they produced the same findings. However, if the second study was to generate information that the first method did not capture, then it would be worthwhile carrying out a further study (Morse 2015).

Member checking was understood by the researcher to be a valid tool for the credibility of a research study. However, when this was put to the participants individually prior to their interviews, many were opposed to it due to time restraints and workloads. So, she had ensured as far as possible that as much data as possible was collected via tape recordings, notes and memo and that an accurate picture of each participant's responses had been formed. Morse, (2015) asserted that if the analysis was sufficiently detailed and descriptive, then member checking would have been conducted during the data verification stage, which took place concurrently with the data collection and analysis. This was the case for this study.

16.3   Recommendation for future research

If the researcher carried out a similar study, she would ensure that member checking was included in the proposal, and that all participants were aware of this prior to their agreement to participate. A second meeting would need to be scheduled to return to the completed transcription for verification. Another data collection tool that the researcher would use would be focus groups, because the amount of information that can be generated and collected from these would enhance the findings greatly, and more participants would be involved.

If further and larger studies on this subject were undertaken at other HEI's, it would be interesting to see if the results tallied. This would encourage support for the recommendations below.

The supporting evidence from some of the studies carried out over the last few years, which have been documented throughout this thesis, illustrate that there remain problems with curriculum development for lecturing staff around the UK and abroad.

16.4   Recommendations for nurse educators

It is acknowledged that some nurses who wish to move into education are adequately prepared for doing so, and thus the recommendations made here should be considered on an individual basis.

a) Acknowledge and accept that your move into higher education was a career change. Recognise and accept the gap that exists in terms of knowledge and academic skills, and resist the urge to rely on clinical competency to compensate for a lack of academic credibility.

b) Identify early on what your needs are in order for you to carry out your role, specifically curriculum development and teaching strategies. Therefore, there is a need for discussion with your senior staff and / or mentor / peer supervisor about your developmental needs.

c) Be proactive in seeking support and guidance from academic colleagues who can introduce and guide you through the systems and procedures associated with higher education.

16.5   Recommendations for nursing schools and HEI's

a) During the interview process explore the level of understanding of the academic role and responsibilities of the nurse lecturer with the prospective candidate. Establish what their expectations are in relation to these, and whether they match what is offered by the HEI?

b) Curriculum development and teaching strategies need to be included on the faculty development programme, and specifically for health staff as the programme validations with the NMC guidance differ from non-health programmes.

.

c) Develop an induction programme that starts as soon as possible after employment is commenced.

d) Implement a support structure of mentoring and peer reviewing designed to draw upon the expertise of experienced nurse lecturers and provide developmental guidance.

WHO (2016) stated that there was a need for consistent standards in higher education to advance nurse education. In (2016) WHO developed a set of nurse education competencies that identified the need for educational theory to be applied to curriculum development, evaluation, research and teaching. Benner et al., (2010) and Schoening (2013) recommended that all nursing graduate programmes should include teacher education courses, with experiential learning strategies to prepare the future nursing faculty for educating students.

16.6 Conclusion and personal reflection on the research process

This study took a different approach from other studies, by asking lecturers how they approached a major part of their work, rather than asking about their experiences. This study provides worthwhile insight into the curriculum knowledge and work of nurse lecturers, and how they managed the issues identified, and altered their approaches where required.

A theory has been developed from this data, and this plus the detailed and confidential study results will be presented to the nursing department at the HEI concerned, as well as the participants who are important. This study will be published and presented at an RCN Education Conference in 2025, and it is hoped this will encourage further studies, and changes in how lecturers are developed and supported.

The researcher will be writing a book for prospective and novice nurse lecturers on how to approach curriculum writing and teaching strategies, plus advice on how to prepare for a teaching career.

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18 Appendices

18.1 Appendix One

18.1.1 Concepts related to 'role' using the nurse teacher role - adapted from Biddle and Thomas (1966)

Role concepts for the person

This includes all those concepts that can be used to apply to persons such as an individual, ego, self, each person and group. In the healthcare context, examples would include a nurse or doctor, while their specific characteristics would be a ward sister / manager, a consultant, a practice nurse, etc. In relation to the role of a nurse teacher, a behavioural concept for that person may be that of a nurse teacher, nurse tutor or nurse lecturer in nursing.

Role concepts for behaviour

Concepts relating to behaviour can be divided into specific types:

Behaviours associated with a specific concept such as a norm or performance.

Actions often learned previously such as school performance, leader or follower.

Prescriptions associated with behaviour such as role expectations.

Evaluative behaviours which are often positive or negative, such as reward or punishment.

Descriptive behaviour often representing events such as role descriptions, anticipations, subjective role or role probability.

Sanctioning behaviour when it is engaged to change some other behaviour such as ratification or custom.

Using the specific concepts outlined above, nurse teacher behaviour must impact on the role that they perform. This could alter from time to time and place to place, depending on factors such as the organisation, responsibilities, culture and the persons with whom they interact: student nurses, clinical staff and/or academic colleagues.

Role concepts for persons and their behaviours

This category combines both those concepts pertaining to the person and the behaviour which, according to Biddle and Thomas, is more dynamic. It also draws on Linton's (1936) work which claimed that individuals in a society will exert themselves through their perceived position. This can refer to their occupational role, such as that of a nurse teacher, but it can also refer to their name, with the example given of MacGregor as belonging to a specific clan, so this person would be identified as a teacher from Scotland, which could be quite inaccurate.

The title, nurse teacher, might imply that the role involves clinical nursing skills and some nurse teachers do continue to work in practice using their clinical skills, so in that case, this assumption would be correct. Alternatively, it could be a false assumption if they do not continue to work in a clinical setting and use their clinical skills.

18.2 Appendix Two

18.2.1 Consent Form

Title of the Project: A Qualitative Exploration of How Nurse Lecturers Determined Curriculum Content and Teaching Strategies, and How Their Knowledge of This Was Developed.

Researcher: Sherrie Green – Doctoral student

Supervisor: Professor Winifred Eboh and Dr Mary Kennedy

Professor Peter Martin and Dr Mary Kennedy

Professor Peter Martin

Please initial box

1. I confirm that I have read and understand the Information Sheet dated January 15th 2019, for the above study. I have had the 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 without giving any reason and without penalty.

3. I understand that, due to the nature of the study, if I wish to speak to a person not connected to the study about my responses, I have the option of doing this. This person is Dr Caroline Barrett – Email:mailto:barrattc@essex.ac.uk

4. Tel: 01206 873832

5. 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.

6. I understand that data collected in this project might be shared as appropriate and for publication of findings, in which case data will remain completely anonymous.

7. I agree to take part in the above study.

Participant's Name   Date   Participant's Signature

_____   _____   _____

Researcher's Name   Date   Researcher's Signature

_____   _____   _____

18.3   Appendix Three

18.3.1 Participant Information Sheet

The purpose of this research:

This research study is being carried out for the completion of a Professional Doctorate. The study is entitled "A Qualitative Exploration of How Nurse Lecturers Determined Curriculum Content and Teaching Strategies, and How Their Knowledge of This Was Developed.", and this has been decided on because there is a dearth of information about this subject. What has been written is some twenty years old and, considering the major changes that have occurred over the past twenty-five years, it will be very interesting to find out how lecturers come to their decisions about curriculum content and delivery.

What is involved for you as a participant:

There will be fifteen participants selected from those lecturers who volunteer. The only inclusive criterion is experience in developing modules for nursing curricula. You will be asked to attend an interview for around one hour at a location of your choice, and at a date and time to suit you. Travel will not be expected, as the researcher will come to you. The interviews will be conducted by Sherrie Green, the researcher. Second interviews may be requested from some of you, if there are further questions needed to address any gaps identified in the analysis. Again, this is with your consent and at a date, time and location to suit you.

The interviews will be recorded on a digital device with your consent, and written notes will also be taken, which will be transcribed immediately and transferred to the M: drive of my computer. The data collected will be anonymous to others because an individual

code will be allocated to each participant's name. My research supervisors will have access to the coded data if necessary, in order to give advice.

Benefits and Risks

The benefits are that, through the data analysis, new theory will be generated regarding lecturers' decisions about curricula content and delivery. This will be disseminated back to the participants firstly, then to the School and University, and then presented at the RCN Research Conference in 2019, as well as the Federation of Nurse Educators Conference in 2020.

There are no risks identified and all the interviews will be transcribed and stored on the researcher's M: drive at the University. The digital recording of the interview will be wiped, once it has been transcribed.

All participants will be allocated a code upon receipt of their consent to the research, and this will be used throughout the study, with no reference to names at all.

Terms for withdrawal:

Participants have the right to withdraw from the research at any time throughout the process, without prejudice and without giving a reason. They can also state that they do not wish their interview data to be used, and this will then be destroyed, by deleting this from the M: drive of my computer, and from the waste bin also. All digital recordings will also be destroyed.

Strategies for ensuring ethical use of the data.

The resulting data will be stored in the UK Data Archives, and access can only be given with the appropriate consent from you as a participant. Again, names will never be used, and every participant will have a code, that in no way will bear any resemblance to the actual name.

Details of the Research:

This research study is not funded but is undertaken by the researcher as part of their doctorate. The sponsoring institution is the University of Essex and the researcher, Sherrie Green, can be contacted at: sherrieg@essex.ac.uk or by phone on 07738 561812 and in office 2S2.3.07 at the Colchester campus of the university.

Contact for support post-interview.

Contact for participants who wish to speak to a member of staff about their answers to the research questions can arrange to speak with Dr Caroline Barratt. Email: barrattc@essex.ac.uk

My research supervisor is Professor Peter Martin who can be contacted at: petem@essex.ac.uk or by phone on 01206 872854. His office is also at the Colchester campus.

Thank you

Sherrie Green

Researcher and Doctoral Student

18.4 Appendix Four

18.5 Participants' Age Range, Gender, Ethnicity and Years Teaching in HE.

18.5.1 Table 4 – Participants' characteristics

	Age range	Gender	Ethnicity	Teaching in HE
Party 1	30-40	Female	W	4
Party 2	40-50	Male	W	18
Party 3	40-50	Female	W	19
Party 4	40-50	Male	W	16
Party 5	40-50	Female	W	5
Party 6	50-60	Female	W	15
Party 7	60+	Female	W	11
Party 8	50-60	Male	W	18
Party 9	60+	Male	W	29
Party 10	50-60	Female	B	21
Party 11	50-60	Male	W	15
Party 12	60+	Female	W	4

18.6   Appendix Five

18.6.1 Interview questions and the rationale

An Exploration of How Nurse Lecturers Determine Curricula Content and Teaching Strategies.

The rationale for the questions used in this study could be applied to more than one question.

Question One: Can you tell me how long you have been working in nurse education, here or in another HEI?

The researcher had carried out a study some twelve years earlier for her MSc dissertation looking at lecturers' attitudes to working in clinical practice. Experienced lecturers were shown to be more willing to work clinically, than those who were novice lecturers. The researcher wanted to understand if the longer lecturers had written curricula and used teaching strategies the more skilled they felt they had become.

Question Two: – So, tell me how long have you been developing modules for the nursing curriculum, and what formal and / or informal training / education have you had for curriculum development?

This question was designed to elicit information about how long participants had been developing modules, to identify if there was a link with Question 3 and their curriculum education. In particular, it sought to establish whether an educational programme such as the PGCE, PGDE, MaCE, or the PG/CHEP enhanced their ability to write a module, and if not, what did?

Question Three: - Please tell me how you manage the development and writing of your modules?

This question was relevant regarding the preparation that had been undertaken either prior to or after commencing a post in HE.

Historically nurses who moved from clinical practice into education had to be educated to graduate level (Hardicre, 2003). Novice lecturers needed to undertake a suitable educational programme and study this concurrently with their new career change. This increased workload and stress levels (Ibrahim et al., 2013). Now at the HEI where this study was carried out it is necessary for lecturers applying for their post to be made permanent have to undertake Post Graduate Certificate in Higher Education Practice (PgChep) or a Masters in Medical and Clinical Education (Mace).

Question Four: - Tell me how you decide on the teaching strategy for your modules?

Nurse education has traditionally been directed by policies and guidelines determined by nursing's regulatory body the NMC, the Quality Assurance Agency (QAA) and European Directives which affect the Adult Nursing programmes only but

which are still in effect even though the UK has left the European Union. The aforementioned study by Thomas and Davies (2006) on the origin and nature of knowledge utilised by nurse lecturers, found that despite the directives from above agencies it was lecturers at classroom level who determined course content and delivery. This was due to their reliance on experience of teaching and clinical practice, and therefore, it was relevant to ask participants how and why they made curriculum development and teaching strategy decisions.

Question Five: - Please tell me what internal and / or external factors influenced your decisions?

National Student Surveys, which are run by Ipsos MORI for the Higher Education Funding Council (HEFCE) (2021), are a very important aspect of evaluation. HEI's may use strategies to encourage students to complete these, including asking staff to ensure that completion rates are as high as possible (Rosser, 2016), the lecturer and some of her colleagues experienced this approach. The evaluations questioned student engagement, and raised issues regarding assessment, feedback and learning resources, and academic support (HEFCE, 2021). Therefore, the focus was on what lecturers delivered and how they responded to students' needs. Student module and course evaluations, involving lecturers being evaluated by their students strongly encourage the student to judge the quality of their course provision, and this may affect how staff construct and deliver teaching (Rosser, 2016)

18.7   Appendix Six

18.7.1 Concepts related to 'role' using the nurse teacher role - adapted from Biddle and Thomas (1966)

Role concepts for the person

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18.8   Appendix Seven

18.8.1 Categorisation of Focused Coding

18.8.2 Table 5 – Further Focused Coding Data

Developing a module blended or otherwise. Content and teaching strategy - who has the expertise to deliver specific content if module lead does not?	Although you could have a little bit of background provided, but in terms of practicalities, things that seem so simple you wouldn't necessarily think about them, (pause) how you access resources, how you develop a module guide even. Very simple stuff like we have module guide templates with all the basics on and you put into it whatever you feel that module needs for the students to meet the learning outcomes. The student feedback has helped me develop the module for the apprenticeship students, although we were lucky in having mostly good feedback. You have to do it to understand it as that is how you learn really on reflection, but guidance on how you access resources, develop a module guide, would be really useful.

Learning how to write a module	Curriculum planning wasn't something that I found particularly useful because I found that it wasn't specific enough for the job I was doing at the time. What it failed to do was to take in a whole range of professional bodies and regulators to stop and say, well how would you do this. A lot of them focus on you know how to write a curriculum for nursing, but the truth is what I think they should be doing is writing a module that would be applicable to a range of different health professionals. You have to do it to understand it as that is how you learn really on reflection, but guidance on how you access resources, develop a module guide, would be really useful.
Deciding on teaching strategy – how to deliver Accessing resources to develop a module. Staff not available to run a teaching session or a module	I took over two modules and looked at feedback and adjusted aspects where they were not meeting the students' needs. I rely on my own experience of writing curricula and developing teaching strategies. I aim to give everybody some learning, so use different teaching strategies. I rely on my own experience of learning a great deal and I struggled with research so I use analogies a lot. I liken the research process to choosing a holiday! I also as you know did a Dragons' Den style assessment which

	was very popular, but it was too resource heavy because there were not enough lecturers available. (Party 5)
Identifying that rooms required for a large student group were not available, therefore the strategy had to change	We have a shortage of staff in delivering this 40-credit module and (erm) it's the whole of the BSc programme, adult and mental health, so it works out at about 85 students, and because of the nature of the work we are doing you can't really do groupwork with 80 plus students yeah and so (cough) it's also impossible to try and find classrooms of that size. (Party 12)
Listening to feedback	There was an awful lot of (erm, pause), dependence on academics here which is a great thing getting that feedback, but I thought to myself it's not sustainable because if groups and therefore cohorts get bigger then you are just going to need more and more staff and that's hardly sustainable. (Party 10)
Being supervised and guided about curriculum writing	Did a PGDE with the RNT qualification looking at module development within that, had curriculum writing and design in this which was useful. Mentored by senior academics but never actually told to how to write a module, was by osmosis mainly. (Party One)

Daunting coming into academia from practice	It was bit daunting coming straight from practice and not really, well I had no experience of curriculum development up to that point, to be frank I found that more useful than the PGCE which went through the theory and a typical structure, but it was the support from colleagues and getting on with writing and helping and then getting feedback on it was the most useful thing I think.
Reflecting on their experience in clinical practice, and what it meant for them now as nurse lecturers	So, using our clinical experience and by looking at the community and population groups we managed to write a module. (Party 2) My first-hand experience was backed up by the evidence. (Party 6) I worked with a couple of my colleagues to formulate how people function and I felt a little bit on the periphery of that really, I think because I was quite new into higher education. I didn't really know what I was doing and I felt almost quite excluded from that module development of how people functioned, I didn't really feel competent in my ability to (erm) be as inclusive and put forward my opinion as much I may have done if I had been more experienced. (Party 2)

	I had a little bit of experience through other means by working in practice.
Teaching strategies – referred to the selection available to them and the reasons why they were selected	The Law and Ethics was a shared module with another colleague and I teach ethics and they teach law, so we work well together. We like discussion more than didactic teaching, that is ok with irrefutables like A and P, but with ethics we enjoy the discussion with the students, so we teach ethical principles and asks them to consider what they should do when faced with an ethical issue. The NMC, your employer and own personal responsibility which can conflict with each other. (Party 5)
Learning to write a theoretical module for a curriculum	When I first started it was mentors who helped me, people like Barry, Gerry and Peter (erm) who helped me in the structuring of the curriculum or module programme. (Erm) and then I had my own experience and then I did my MaCE. (Party 9)

I think actually in terms of curriculum development, yes, I did find it helpful (MaCE). (Erm) yes for MaCE that is what I found probably the most helpful thing was curriculum development, I think it had flaws in other areas, quite significant flaws, but it was actually the curriculum development and understanding you know how to take an overview erm and ensure that |

	right from the outset you are being mindful of what your objectives are. (Party 8) Yes, very daunting yes, I didn't feel as though I had the expertise to put worthwhile contributions into how people function and I kind of sat on the outside in the meetings I kind of just went along with what others were putting forward, er, and I felt quite inadequate to be fair Sherrie. (Party 2)
Working with and learning from feedback	I learned from their feedback, you know verbal feedback and the SAMT that they wanted some taught sessions, so what we do now is have large lectures every other week, and we still teach them online, so we are doing a blended approach now. (Party 5)
Having problems with room allocations and student numbers	I think the challenge was more how to deliver the content rather than what to deliver. The question is do you do face to face teaching or online. I mean we had 300 students (erm) we used to be able to do face to face teaching in lecture theatres as that space would take all of the students. We found that when you need to break them up into small groups it was impossible to do it in a lecture theatre. Every module has at least 6 members, so when you have 6 members of staff you can afford to break up 300

| | students into 5 or 6 groups, but when there are not the staff available or in fact the space what can you do but repeat the session over and over again. I don't know if I give every student the same information or level of attention that is needed. (Party 7) |

18.9   Appendix Eight - Ethical Approval

22 August 2024

SHERRIE GREEN

SCHOOL OF HEALTH AND SOCIAL CARE

UNIVERSITY OF ESSEX

WIVENHOE PARK

COLCHESTER

CO3 4SQ

Dear Sherrie,

Re: Ethical Approval Application (Ref 17046)

Further to your application for ethical approval, please find enclosed a copy of your application which has now been approved by the School Ethics Representative on behalf of the Faculty Ethics Committee.

Yours sincerely,

Lisa McKee

Ethics Administrator

School of Health and Human Sciences

cc.   Research Governance and Planning Manager, REO

       Supervisor