

# The Right Student

## An Exploration of the Qualities Desired in the Next Generation of Nursing Students, Leading to Improved Selection Processes within Nursing and Midwifery

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### Abstract

This project explored ways in which student selection in nursing can be developed. Original research was undertaken throughout the United Kingdom using qualitative interviews with a range of academic staff and partners from practice. A conceptual framework was produced which identified five categories which can confidently be seen as precursors to the professionalism required in nursing:

- Analytic ability
- Commitment to care
- Effective communication
- Understanding of Field of Practice
- Challenge of interview

### Introduction

Nursing education in the UK has been described as being on ‘the precipice of great things’ (Taylor et al 2009 p1). Being on a precipice is not a comforting place to be perhaps, but it is undoubtedly an exciting situation to be placed in. Nurse education is indeed changing rapidly. The Nursing and Midwifery Council (NMC) of the United Kingdom has stipulated that from September 2013 only degree level nursing programmes will be delivered in the UK (NMC 2009). This is a move supported by a number of bodies, including the Royal College of Nursing (2002), who have argued that the complexity of nursing requires knowledge and cognitive skills commensurate with degree level study. Taylor et al (2009) argue that there is also the issue of the currency or weight of the nursing qualification, particularly when compared to those of other health care groups, e.g. medicine, physiotherapy or pharmacy, which already have an all graduate entry level qualification. However, there is a problem here, that the largest current cohorts of pre registration nursing study at diploma level, and although significant numbers of these students have qualifications which might allow entry into a degree programme, something in the order of 30% nationally, do not. It is therefore a challenge with a number of unpredictable variables to populate an all degree cohort of nursing students. There are some very positive pointers regarding the future of nursing education. The Department of Health (DH) (2011a) has confirmed that a package of financial support is available for all non medical National Health Service (NHS) training. Perhaps more significantly, the DH also announced that tuition costs for non-medical courses, including nursing will be paid directly by the NHS, a major confirmation of the government’s commitment to NHS relevant education.

### Literature review

‘*Frontline Care*’ was produced in 2010, by the Prime Ministers’ Commission on the future of Nursing and Midwifery in England. It focuses on the development of nursing and midwifery roles. It proposes that nurses and midwives should renew their pledge to society by committing to producing high

quality compassionate care. This should be reflected throughout the professions, including senior nurses and midwives, who must accept managerial accountability and champion quality, and also at board level, where corporate responsibility for the quality of care must be accepted. The report also stipulates that the title 'nurse' must be protected and remain registered with the NMC. New roles such as advanced nurse practice must also be defined and registered, and APs should also be regulated: all factors which improve standards of professional accountability. *Frontline Care* also calls for more studies of effectiveness and states that these should be coordinated at a national level. The leading role of nurses within health and social care must be recognised and nurses must be trained and empowered to work across the range of health and social care settings. A new role, that of Nursing and Midwifery Fellows is proposed, these would be champions of change and leaders of transformational peer review teams. The report concludes that steps should be taken to strengthen the professional status of nursing. These include a move to all degree level registration, support for all staff to study for a relevant degree, and the need to strengthen the integration of practice, education and research. Finally, the role of the ward sister should be strengthened and fast track leadership development should be implemented. Although this was produced under the previous Labour government, there are encouraging signs that a number of these initiatives will be put into action, for example the current coalition government (2012) has indeed confirmed commitment to an all graduate workforce and also confirmed that university fees for graduate nursing courses leading to registration will be paid centrally.

Education is further explored in '*Widening Participation in Pre Registration Nursing Programmes*' (DH 2010a). Its main aim is to increase the ability of NHS support staff to access education and hence develop their roles. Four main bridging models between health care providers and higher education are proposed:

A: Provision of a bridging programme from foundation degree to year two field of practice, composed of two modules of 60 credits each at academic level 4 (certificate level). This will allow suitable health care assistants to progress into higher education.

B: An inverse progression model, which will allow students who had failed to progress academically to work towards a foundation degree.

C: Progression from National Vocational Qualification level three into pre-qualifying nursing programmes

D: NHS adult clinical higher apprenticeships to allow participants to work at agenda for change band four.

The report also notes that outcomes should be transferrable between employers, making this a nationwide initiative.

By contrast, '*Essence Of Care 2010*' (2010b) focuses on practice rather than education. It builds on the *Essence Of Care* document from 2001 (DOH), and includes a range of tools to benchmark care and to audit, disseminate and educate about care. It covers core caring activities, including communication, assessment of communication and information sharing, and provides standards for a wider range of care, including bladder, bowel and continence, feeding and drinking, prevention of pressure ulcers and record keeping, amongst others. Its significance for nursing is perhaps largely self explanatory, but it also promotes the idea that nurses should take ownership of care, and is particularly important for the new graduate nurses who will be leading these initiatives across their fields of practice. In a complimentary report, '*Our Health and Wellbeing Today*' (2010c), although it does not discuss nursing specifically, outlines further targets for services, including an emphasis on public health. The need to provide care throughout clients' lives is shown, from starting well, developing well, growing up well, and living and working well. The need for health care professionals to provide support for healthy lifestyles, to prevent inequalities, help protect against diseases and environmental hazards is clearly and emphatically made.

The two final reports to be considered in this review are related directly to the development of services within the NHS. '*Improving NHS productivity- More With The Same, Not More Of The Same*' (King's Fund 2010), deals with the projected shortfall of £21 billion funding within the NHS, making the case that productivity needs to rise by six percent each year for six years, to maintain current levels of service. In order to achieve this, it proposes the need for focussing on effective clinical decision making, reducing variations in care delivery, and making more systematic use of evidence based practice. Three opportunities are presented for nurses to take an active part in. These

are (i) improved prescribing and management of drugs,(ii) integrating care across health and social care boundaries and (iii) for the providers and commissioners of care to work more closely together. Inefficiencies are illustrated in the report, for example it is noted that only 20-30% of clinical time in the community is spent in delivering care. To address these problems, it suggests that care tasks be moved down 'the care ladder', increasing appropriate delegation to assistant practitioners. Similarly the development of the advanced nursing practitioner leading delegated teams is one way to do this, as is the delegation of current nursing roles to health care assistants. Examples of implementation of evidence based care include full adoption of NICE guidelines. All these changes will allow and encourage decreased lengths of stay in the hospital setting, it is claimed, and will develop meeting the need in the community of people with long term conditions such as diabetes and chronic obstructive pulmonary disease, encouraging self care and providing services such as anti coagulation monitoring near to the home. Another way in which this could be developed would be through community matrons providing partnership projects. Care is described as being developed in clinical micro-systems, clustered around General Practitioner (GP) practices delivering frontline services with devolved budgets at team level, helping people to manage their own long term conditions. It is envisaged that this would reduce administrative costs. Many of these themes are supported and reiterated in the '*NHS Business Plan*' (DH 2011b). This supports a move to local consortium funding, empowering GPs to deliver services within the community setting. A specific goal is to increase Health Visitor training. The report's significance is that it clearly states the Conservative and Liberal Democrat coalition government's vision of health care, so these will shape the delivery of health care over the short to medium term future, from 2011 to 2014, or the lifetime of the government, whichever is shorter. To do this it is pledged that by 2012 GP consortia will be established which will have freedom to purchase care packages appropriate to their patients, with a view to providing patient centred care within the community, including post discharge tariffs, providing health and social support for patients for 30 days following discharge from hospital. To some extent, the literature which has been reviewed has been eclipsed by the UK Government's Health and Social Care Bill. The Bill was published in January 2011 but its progress was delayed when the Government initiated a 'Listening Exercise', led by the NHS Future Forum. However, the review remains important, in that it shows the development of ideas which led to the bill, and hence illustrates the direction of travel, sustained over a period of at least five years. Thus the themes identified above remain relevant, and will be supported and developed within the new system of financing and regulation outlined in the Health and Social Care Bill. The UK parliament (2012) identifies that the main aims of the Bill are to:

- Establish an independent NHS Board to allocate resources and provide commissioning guidance
- Increase GPs' powers to commission services on behalf of their patients
- Strengthen the role of the Care Quality Commission
- Develop Monitor, the body that currently regulates NHS foundation trusts, into an economic regulator to oversee aspects of access and competition in the NHS
- Cut the number of health bodies to help meet the Government's commitment to cut NHS administration costs by a third, including abolishing Primary Care Trusts and Strategic Health

## Phase One Research

### Aims

- To determine from a range of perspectives key characteristics required by students applying for entry to nursing in the new all degree curriculum
- To establish a profile of the ideal characteristics required for students applying for entry to the new all degree curriculum
- To incorporate innovative practice to assist identification of high quality students in the new all degree curriculum

## Methods

Two phases of research took place. The phase one research took place across a range of universities within the United Kingdom (UK) with academic staff who were directly involved with student selection. In order to generate theory that could be applicable in a number of settings, an inductive approach was chosen (May 2002). Similarly, because there was limited literature available exploring the ideal characteristics of the next generation of student nurses, an approach influenced by Grounded Theory was used. However, in order to produce focussed research, semi structured interviews were used, which arguably deviates from the initial approach of Glaser and Strauss (1967), but is supported by later authors such as Corbin and Strauss (2008).

## Sampling

As an inductive process it was not possible to predict an exact number of experts to be interviewed, but it was estimated that four- six experts in each field would be sufficient to meet the aims of the project. Two strategies were used:

- 1) For the first selection of participants, local academics within the school of Nursing and Midwifery were identified.
- 2) Subsequent participants were recruited through snowballing, where names were provided by participants in the study, or through external examining contacts.

## Procedures

Permission to proceed was gained from the Health and Life Sciences Faculty Research Ethics Committee. The interviews took place primarily in the offices of the participants, across the UK. The majority of interviews had single participants, but two had two participants. Nine participants were employed by DMU; three took place in Scotland, two in Wales and one other within England. All interviews were digitally recorded.

## Results

Transcription of the tapes was made by an experienced audio typist. Transcription symbols were not used. However, in order to support accuracy, the transcripts were all reviewed and compared with the MP3 files. Amendments and corrections were made by the researcher to support quality, following the recommendations of Gillham (2005).

## Analysis

The transcripts were analysed using two conceptual levels, again in line with Grounded Theory principles. An initial extraction of data took place using a formatted summary sheet, to produce a set of open coded items, which were recorded using conceptual labels. The content of these items was then noted, and placed within preliminary themes. Following completion of the fieldwork, the preliminary themes were then put into a conceptual matrix (Huberman and Miles 2002) to allow the emergence of meta- themes.

## Findings

Within this presentation of results, the academics who took part in the research will be identified as the participants. Within the research, the terms 'interview', 'selection' and to some extent 'student' were used interchangeably, and these terms are all included verbatim. Five preliminary themes were identified.

These will be introduced and discussed with the categories which were most influential in the development of the final conceptual model introduced lastly.

## Cautions

This theme centred on some of the bureaucratic steps involved in the admissions process. Of particular relevance to a number of respondents (4) were the references and letters of application that applicants provided. For example, KC noted:

'the difficulty... the access tutor has when giving a reference for someone he has known for three weeks'

Possibly because of this, it was noted that references from Further Education in particular tended to be universally positive, and also quite similar. Similarly there was some doubt over the validity/ authorship of some personal statements, as these could be sourced from the internet, amongst other options. As BC explained:

'sometimes the statements are quite broad, just three lines and could have been written for anyone'

In addition, currently personal statements are typed into the national application system by administrators, therefore there is no direct way to review literacy of candidates. This theme therefore suggests that the preliminary information presented to interviewers of the students' literacy and communication ability is limited and, on occasion of possibly doubtful origin. Therefore, within the interview, active processes to assess these personal attributes will add to the effectiveness of the process.

## Procedural Measures

This theme explored the processes involved in setting up and conducting selection events. A range of procedures were discussed across the six institutions which took part. In line with the NMC requirements that 'the selection process provides an opportunity for face to face engagement between applications and selectors' (NMC 2009), all conducted interviews in one shape or form, including working through a range of skill stations, and conventional interviews. It was noted by three participants that the interview was an important event in the life of applicants, and that the giving of information was of great value. It was felt that the selection procedures should:

'give students value for their money, be seen to be worthwhile and to give a lot of information' (BF)

Similar views were given by three others. Furthermore it was identified that the interview was a

'big event' (CG)

and effectively gave as much information as it elicited, the selection day was used as:

'... information giving to them and their career... taking them around the university and using previous students to do this, so they can have a quiet word' (SU).

It was noted that the interviews also gave the students clues as to what was expected from them as they integrated and developed into a professional way of life, which influenced the behaviour of the

interview team. Opinion was largely on the side of the whole academic team taking part in the selection events, specifically interviews:

‘the interviews are not the responsibility of a self selected team- all should be involved in the in the joint exercise’ (CG)

The point was made however that the team needed to be well resourced, and supported by administrative staff. The majority of institutions used some kind of ordinal scale to record the applicants’ performance, typically of five intervals, but it was noted that a surprising number of students were rated as ‘outstanding’ using these scales, as BF put it:

‘not everyone can be outstanding, by definition’

This was attributed to a halo effect, where those students who were outgoing and positive were given high scores, despite possibly not having the analytic abilities to justify the assessment. However OV noted that:

‘interviewers should be more confident in their own professional judgement’

The basis to this appears to be that the academics easily recognise professionalism through time in practice and can identify these qualities within the context of the interview. As OV enlarged:

‘but I’m never surprised by the people who drop out, I think that that’s, you know, usually quite telling at the first meeting’.

Thus, both analysis and assessment using professional characteristics are important skills to be incorporated within the selection process by academics.

## Future Roles

This theme explored the ways in which the role of nurses was changing and would continue to change into the near and medium future. A majority of the participants (10) identified that this was the case. As OV observed,

*‘Patient care will become more complex across field of practice, for example caring with dementia patients in the community’*

And further that:

*‘Nurses and their care will have to be sensitive to the needs of different communities’,*

This was echoed across all four fields of practice. For example KE, who lectured in mental health nursing, stated that

*‘Nurses will be based in community settings, which could involve a range of teams and signposting to other care opportunities’*

A greater management role was identified by other participants, specifically that nurses would be expected to work with and lead teams of care givers, within different settings, for example UC noted that nurses would:

*‘Have an increased role in the management, working in the community and a variety of partnerships with their patients’.*

It was identified generally that care delivery will be more complex, and nurses will be expected to be at the forefront of that care. Two participants identified that education at degree level would support this role development. As MS stated:

*'Future nurses will need to be able to rapidly analyse changes in practice, this requires academically able students.'*

Some concerns were also sounded about this, specifically that nurses might lose their hands-on tradition of care delivery. This theme therefore illustrates the perception that nurses will be leaders of care teams and will need to work in a range of settings. To accomplish this, participants noted that high standards of communication, analysis, as well as leadership would be required. One issue which was raised here however relates to this theme and the others that follow. There was a consensus that at the early stage of a nursing interview it was unlikely that a sound judgement could be made regarding the ability to lead teams. However, it was felt that a number of markers could be identified which could be predictors of this and other desirable qualities, which will be discussed under later headings. One participant (KE) associated these qualities with *'gut instinct'*, but by contrast, LD was more guarded, noting:

*'It's relying on their- not their gut instinct but (the interviewers') experience of spotting potential and spotting, you know, difficulties so much...'*

This therefore illustrates that a level of individual judgement is required in the interview situation, and this will also have a subjective element, based upon personal professional experience.

## Negative Qualities

The following discussions of the last two themes will broadly follow the sequence of events of the selection process. This theme identifies the qualities which are seen to be undesirable in applicants and which, in the opinion of the participants, make them less likely to succeed in their studies, or at least be selected. A lack of engagement with the selection process was seen as an early indicator regarding suitability for a career in nursing. As UC noted:

*'so it starts even before they come to us, (they) don't reply to emails, don't send photographs, who change their address every six weeks or less, the ones who just keep falling through the cracks'*

Similarly DV noted that sometimes it was necessary in interviews, for the weaker candidates, to:

*'really drag things out of them and then you say about academic work and they say well I've managed so far... and that's it'.*

Similarly punctuality was an issue which caused concern for participants as was being ill-prepared and unable or unwilling to follow instructions for the interviews. As QS put it;

*'somebody who's late... who've not followed the instructions on the letter, because if you don't, that's disrespectful, shows poor planning and then attitude'*

This inability or unwillingness to rise to the *'big event'* (CG) of the interview was noted by other participants, as was a lack of focus, BC noted applicants who:

*'had no real knowledge of nursing... and who gave broad personal statements which did not relate to their preferred field of practice'*

KE also felt that:

*'the students' appearance related to their respect for the selection process.'*

Thus the inability to rise to the challenge of the selection process was seen as an indicator of concern itself, and impacted negatively on the judgements made by interviewers.

## Positive Qualities

This theme identified the qualities that the academic staff look for and value in the selection process and contained the largest number of responses. Within it a number of subsidiary themes will be identified, which assisted exploration and categorisation of the data. The first of these relates to vocational qualities. Despite the prospective changes to nursing roles and publications from the DOH, and others, which emphasise future leadership and managerial roles, a number of participants identified that the essential role of nursing was still centred on humanistic concepts such as empathy, understanding and compassion. As KE put it:

*'what we should be looking for are the real basics like compassion and care and not, you know, ambition and wanting to run things'*

This was reported widely across the interviews, for example QS described identifying students who would be *'caring and compassionate'* and EE described looking for applicants with the requirements to *'show empathy'*. This was closely related to the second sub theme, commitment to a career in caring and specifically nursing. CD noted that it was *'essential to explore and evaluate commitment'*, OV that *'commitment to caring remains very important'* and for this to happen, it is necessary that candidates actually understand what nursing is. Furthermore, SC identified that the applicants should have a clear focus on their preferred field of practice, as this showed *'that the applicants have thought their application through'*.

Five participants identified the next subtheme, Previous Experience. Unsurprisingly, it was noted that candidates who had worked in a care setting performed well at interview and their experiences allowed them to discuss communication, caring roles and caring for clients in a knowledgeable manner. Knowledge of this was seen as being *'ideal'*, CD noted that without this they did not realise

*'that the patient may need to be washed, cleaned, fed and taken to the toilet'*

Without this type of knowledge, it was extremely difficult to gauge whether the candidate could really conceptualise the needs of the profession. However, it was also identified that if candidates had not had the opportunity to do this, then work experience in other fields, for example retail, still allowed positive discussion in the interview situation, the emphasis here was on transferrable skills and client care and being able to: *'respond to needs in a professional manner in the work situation'* (BF).

The final subtheme is that of Communication, specifically within the interview situation. Eight participants identified communication skills as being key to effective candidate selection. Within this heading it was identified that effective communication would equip the students to be assertive (OV), were indicative of good academic ability (CD), and allowed the student to engage positively within the interview. This included emphasis on non verbal communication, including eye contact, positive interaction and charisma (DV). Underpinning this, it was felt necessary that the candidate should exhibit skills of analysis and not just produce a narrative (3 participants). BD cautioned against candidates who were clear in their own minds that they wanted to be nurses, but were unsure why: *'when you explore it with them you don't get any further'*. EE expressed similar concerns that the students should be able to: *'analyse a situation, not just provide a narrative'*.

## Meta Theme: Orientation for Professionalism

As the analysis proceeded, it became clear that an underlying perspective was present throughout the individual themes, with the possible exception of the first. Each theme was discussed within the context of a candidate who had a range of skills and attitudes which would realistically allow them to develop to meet professional requirements. As KC noted:

*'you have an applicant and you say 'wow yeah'... the way people dress, the way they carry themselves, the way they communicate with you right down to the depth of their answers etc*

Similarly BF admitted:

*'because there is an argument there although it's not really what they are wearing that you should be looking at it's what their discussing but generally speaking we're looking for, do they appreciate it's a profession that they are asking to enter?*

BD and KJ identified this multi-faceted quality in terms of *'the professionalism of the candidate'*, To illustrate this, BF contrasted two groups of candidates, those who:

*'arrive for the interview and they've not read the letter that they were sent, they arrive late, ... we ask them to bring certain things to the interview and they don't bring them.. and who don't answer the appropriate questions, evasive in interaction and so on...'*

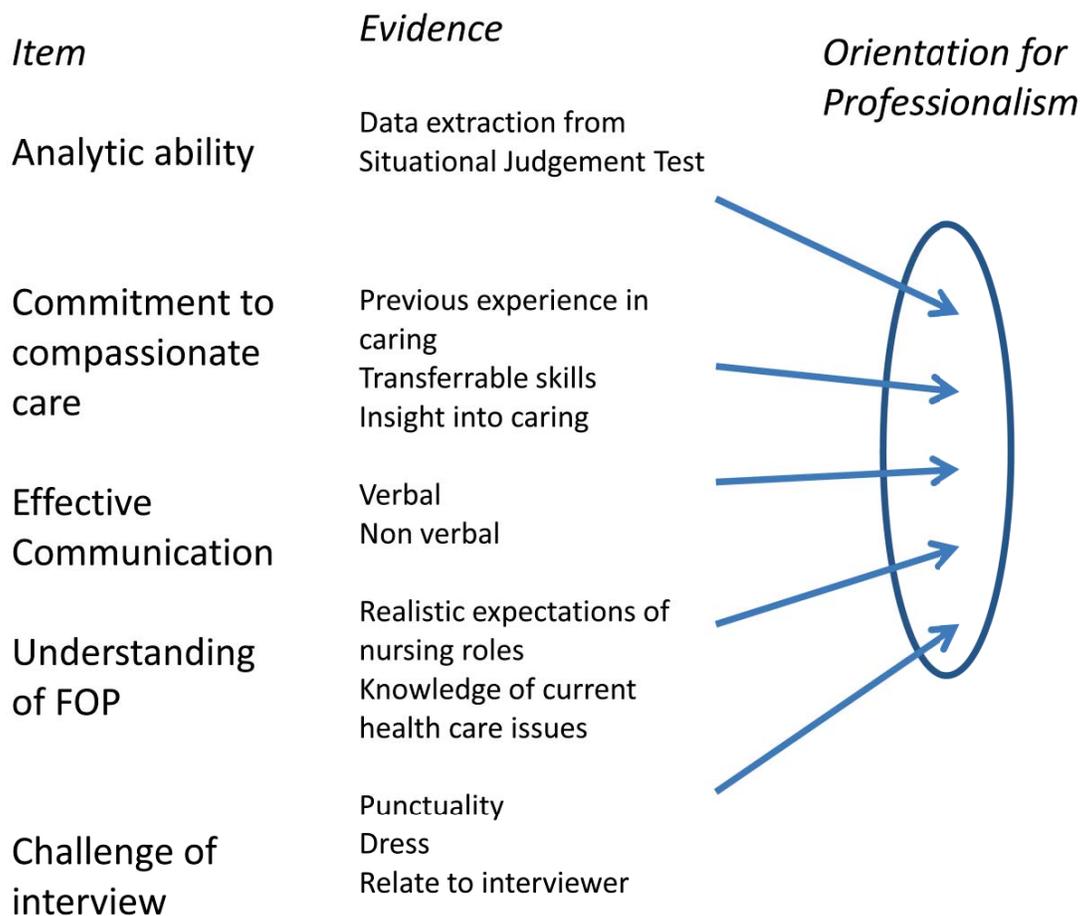
and those who:

*'are demonstrating a level, if you like, of potential professionalism, have got everything that they were asked to bring... people who are open, organised, willing to negotiate with you about their interview are ready for any questions you ask... showing professionalism begins as they walk through the door.*

Thus the 'gut instinct' of KC can be refined and identified; it is the multiple ways in which the candidate presents themselves, communicates and engages with the interview, team which allows the interviewers to predict that the candidates can develop as a professional practitioner. SU explained it as:

*'It is about looking for the potential of the person sitting in front of you... to become the professional we would be proud of within our institution'.*

Diagram 1: The Conceptual Model



**Discussion: The Conceptual Model**

Nursing describes itself as a profession, and although some aspects of the claim may be debatable (Hood and Leddy 2006), the broad thrust, that nurses working in health care should, and largely do, behave as professionals, is not (Burnard and Chapman 2005). This research has shown that the participants of the research used their expertise from their professional and academic careers to explore the positive factors which they could reasonably expect to find in candidates within the selection process. It was clearly identified that to formally test for professionalism at such an early stage as a pre-course interview was not feasible, but that there were a number of themes which might predict this ability in future, and which loaded onto, or were predictors of a meta theme, ‘Orientation to Professionalism’, which describes an ability to identify with and develop towards professionalism through their training and hence on to their careers.

A revisiting of the interview narratives in the context of the meta theme is summarised in diagram one (overleaf). It is formatted to provide guidance within an interview situation and uses content from the research in two ways. Firstly, under the heading ‘Item’, the main requirements for the meta theme are identified. Secondly, under the heading ‘Evidence’, the qualities which could be provided during interviews are given for guidance to the interviewers. This therefore represents a recasting of the main themes from the initial analysis in a way that can be used in the selection and interview process with some objectivity, rather than relying on a ‘gut feeling’.

## Analytic Ability

Degree level study and the ability to work within, and indeed lead, a range of health care teams requires an ability to analyse health care provision. It is consistently present throughout the literature review. This was also reflected across the body of the interviews. It is proposed that this could be explored by presenting the students with a Situational Judgement Test (scenario) prior to the interview, which they then discuss within it. Ability to provide a narrative by extracting a relevant storyline and to analyse the issues of care incorporated can then be encouraged within the interview situation.

## Commitment to Compassionate Care

It was widely reported that students who had experience of caring were likely to progress well in their studies. However, there is also an issue related to age discrimination, in that the younger students were unlikely to have gained much personal experience of working in a care environment; however, they should reasonably be able to identify some transferrable skills that they may have gained in other work (for example retail), or even social situations. In the absence of workplace experience, evidence of understanding compassionate care could be sought in the interview situation.

## Effective Communication

Seen as a vital element related to working in teams and with clients the research project and in the nurse centred publications from the literature review e.g. 'Essence Of Nursing' (DH 2010).

## Understanding of Field of Practice

Due to the extent of the commitment, the candidate should show a realistic expectation of what the work and study might involve and be able to justify their choice of field of practice, such as nursing Adults, Children, or clients with Mental Health or Learning Disability needs. The wider facets of working within a national health system could also be explored here.

## Challenge of the interview

This relates to students who did not prepare, were unpunctual and generally did not appear to engage positively with the interview and did not appear to attach any real significance to the process. Candidates who rose to the challenge of the interview conversely would be accordingly credited.

Finally, most institutions would use this information to produce a score for comparison between candidates. The majority of universities included in the research used a four or five point ordinal scale to rate the candidates. It was noted however, that ratings were commonly bunched up at the high end of the scale (very good, or outstanding), suggesting some inflation of grading. One possible way to counter this and provide a more conservative assessment would be to use the traditional academic marking bands, e.g. A, B, C, D E and F in the interview situation, the rationale here being that the academics who are involved in selection will have internalised this scheme through years of academic assessment against set criteria, and so it may be less prone to the halo effect, noted in the research.

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