

COMMITMENT IN STUDENTS TRAINING FOR CARING PROFESSIONS: A
FOCUS ON STUDENT NURSES' EXPERIENCE OF SUPPORT

by

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Abstract

This thesis reports a mixed-method investigation into the relationship between training experiences and commitment in students training for a caring profession such as nursing. There are recruitment and retention difficulties in healthcare care professions (Storey, Cheater, Ford and Leese, 2009) and on nursing courses (Waters, 2006). While extensive research has examined the retention of student nurses, little is known about the antecedents, experience and impact of work commitment in student nurses. The findings of such research have the potential to inform interventions and enhance support structures to improve retention in students training for the caring professions.

This programme of research initially aimed to explore the experiences of students training for caring professions, with particular focus placed on nursing students, together with how these experiences relate to commitment. Lecturers and students participated in semi-structured interviews in study 1 and 2 respectively. Issues were identified relating to support, such as peer support and staff-student relationships during placement, as being important to understanding the development and maintenance of commitment in students.

Quantitative work in study 3 demonstrated that affective commitment was positively related with wellbeing and help-seeking behaviours, and negatively with turnover intentions. Perceived support was positively related to satisfaction with experiences of training, affective commitment, and help-seeking behaviours. In a longitudinal study (study 4) affective commitment and work-related anxiety-contentment were found to decrease, and turnover intentions increase, between time 1 and time 2, before and after a work placement. Further, satisfaction with placement experiences appeared to causally influence affective commitment. However, study 4 provided only limited support to the findings of study 3, partly due to its limited sample.

The findings of this programme of research suggest that placement experiences have important implications for the development and maintenance of student commitment to nursing. An intervention following placement could assist in re-establishing student commitment to nursing if required. It is argued more broadly that it would be of benefit for nursing educators to manage student commitment in order to enhance retention, wellbeing and satisfaction amongst students. These findings also have the potential to enhance insight into the nature and impact of commitment in students training for other caring professions.

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Chapter One: Introduction and Literature Review

Introduction to the Chapter

This introduction first sets out the context of the research programme. Attention is drawn to problems in recruiting and retaining professionals in healthcare and social care. A systematic review is presented of research examining attrition in students on nursing and social work training programmes indicating that a range of factors are associated with student attrition. The nature of professions is then defined and discussed in order to facilitate discussion of professional identity. The commitment literature is reviewed with attention drawn to the difficulties in developing a consensus definition of commitment. Commitment is then defined broadly for the purpose of the present research programme as a psychological bond between an individual and the target of commitment. A systematic review of commitment research focusing on students training for nursing or social work is provided. This indicates that little research on these samples has been conducted. Finally the mixed-method approach used in the present thesis is discussed.

1.1 General Context

At present, there are recruitment and retention issues in healthcare and social care professions (Barbee et al, 2009; Kirby, 2009; Social Work Task Force, 2009b; Storey, Cheater, Ford and Leese, 2009). These difficulties are not solely confined to the UK but are a global concern (McCarthy, Tyrrell and Lehane, 2007; Welbourne, Harrison and Ford, 2007). Serious implications for client and patient care have been highlighted. A study conducted by the Royal College of Nursing in 2009 indicated that a shortage of qualified staff compromises patient care once

or twice a week at least (Royal College of Nursing, 2009). The population of the UK is aging and future health and social care needs will be considerably greater: in 2007 there were approximately 9.8 million people in the UK aged 65 or over, but this is projected to be as high as 16.1 million by 2032 (Dunnell, 2008). The aging working population is an additional problem for health and social care as it exacerbates the issues in achieving optimum staffing levels (e.g. Nursing and Midwifery Council, 2007).

1.2 The Healthcare Context

A Department of Health Green Paper has identified the aging population as one of the key challenges facing the provision of care in the UK (Department of Health, 2009). In particular, the paper states that by 2026 it is expected that an additional 1.7 million people will require care and support. This will naturally place an increasing demand upon the resources of an already stretched health service. A report commissioned by the Royal College of Nursing (RCN) showed that the average age of a nurse in the UK is 42 years (Royal College of Nursing, 2009). Recruitment and retention of staff is an important element of the 'NHS Plan' (Department of Health, 2000). A review by Storey et al (2009) suggests that key factors influencing the decisions of nurses to leave the profession are increased workload and hours spent working, shortages of staff, difficulties in career progression, and poor morale.

At present the NHS is facing the necessity to find savings of £20 billion by 2014/15 (Royal College of Nursing, 2011). An RCN report (ibid.) identifies a forecast cut of 9,650 posts across 21 trusts, and that 46% of the total workforce cuts come from nursing staff. A census of NHS employees (Health and Social Care Information Centre, 2012) shows that in 2011, qualified nursing staff constituted 27.4% of the total NHS workforce in England. The impact on healthcare delivery that has been previously associated with difficulties of retaining healthcare professionals may now be increased by the anticipated budget cuts. An exacerbating factor in this situation is the attrition of students

from nurse training programmes. Waters (2006) reports that an investigation into UK attrition rates from nurse training courses ending in 2004 found a national attrition rate of 24.8%. Waters (2008) further reported an attrition rate of 26.3% for nursing courses ending in 2006. It has been suggested that attrition from nursing programmes may waste approximately £99 million each year (Waters, 2008).

Project 2000 is an important element of the context to the present research. Project 2000 recommended a range of changes to nurse training, including the move of training programmes to higher education institutions. Project 2000 was proposed in order to reform aspects of nurse education that had been criticised in the past (Camiah, 1996). As well as the move of nurse education to universities, Project 2000 also recommended the supernumerary status of student nurses and the introduction of managerial values into healthcare (Camiah, 1996). This means that student nurses are not intended to be 'counted' as part of the ward team when calculating staff numbers for ward shifts.

In 2008 the Nursing and Midwifery Council (NMC), the independent nursing and midwifery regulator for England, Wales, Scotland, Northern Island and the Islands, decided that the minimum academic level for pre-registration nursing programmes would be a bachelor's degree (NMC, 2010). By September 2013 only degree level nursing programmes will be available in the UK (ibid). Although organisations such as the RCN have been positive about this move there are concerns surrounding issues such as the balance of theory and practice in training and the large number of student nurses who may be unable to perform to a degree level standard (Taylor, Irvine, Bradbury-Jones and McKenna, 2010). In the present research programme student nurses have trained under the 'old' system in which nursing diplomas remained available.

1.3 The Social Care Context

In a survey of 1153 social workers, 49% reported working more than their contracted hours (Social Work Task Force, 2010). This survey also showed that while social workers spent 73% of their time on client-related work, as little as 26% of their time was spent in direct contact with clients. However, it should be noted that time spent in direct contact with clients is a poor indicator of social work input (Curtis, 2007) as many duties of the social worker, such as arranging care packages, are likely to involve considerable time liaising with other agencies, writing reports and other activities. Nevertheless, the first report from the Social Work Task Force (2009a) reported that social workers felt they did not have sufficient time to help service users due to the constraints of bureaucracy and staff shortages. A recent report, based on preliminary data, suggests that of the cohort of social work students qualifying in the 2009-2010 academic year, eighty one percent have passed, sixteen percent have withdrawn and three percent failed (General Social Care Council, 2011).

Unlike nurses, social workers often perceive negative media portrayals of their profession (Zugazaga, Mendez, Surette and Otto, 2006). 'Defamatory' portrayals of social work are common, especially in the case of entertainment and news media (Tower, 2000). Negative media has contributed to the creation of a culture of fear and blame within child protection services in the UK (Ayre, 2001). Ayre (2001:888) notes that scandals involving child abuse were followed by an 'unholy trinity' of negative media coverage, increasingly detailed recommendations made to welfare agencies by public enquiries and increasingly intricate practice guidance being produced by central government. LeCroy and Stinson (2004) argue that these negative perspectives hinder the ability of the social work profession to attain its goals.

The Social Work Task Force was formed in order to make recommendations for reforming the social work profession. This occurred in part due to high profile scandals such as the deaths of 'Baby P' and Victoria Climbié, and was endorsed by Lord Laming's report (the Lord Laming, 2009). The final report (Social Work Task Force, 2009b) asserted that that social workers are most effective when they have confidence in their role, skills, identity, and in the support that they gain

from the system they work within – but that present circumstances often fall short of this. In addition to recommendations for reform of services the final report also argued that the profession needed a stronger voice in order to develop a more positive public image. The Social Work Task Force (2009b) report has argued that the present poor image of social work deters some from entering the social work profession and accelerates the departure of others, contributing to shortfalls of staffing levels. A recent study suggests that the expected working life of a social worker is eight years in contrast to fifteen years for a qualified nurse or twenty five years for a medical doctor (Curtis, Moriarty and Netten, 2010).

1.4 Work Commitment

There is an increasing interest in identifying and supporting health and social care students who may leave education before qualifying or early in their career (e.g. Moriarty et al, 2009). The degree to which such students are committed to aspects of their training and their chosen profession in general is therefore of considerable importance. This programme of study examines the nature and extent of commitment of health and social care students to their training and to their future professions, the varying goals, organisations and values to which students consider themselves committed, and the wider context of student training experiences which influence commitment and motivation

Work commitment has been extensively researched due to its associations with important work related attitudes and behaviours. Although the construct was originally of interest due to its implications for retention, the range of related phenomena has expanded substantially. Affective commitment has been the most studied of work commitment mindsets. Affective commitment has been positively associated with job satisfaction (e.g. Neiningger, Lehman-Willenbrock, Kauffeld, and Henschel, 2010; Wu and Norman, 2006), job performance (e.g. Riketta, 2008; Snape and Redman, 2003), and organisational citizenship behaviour (e.g. Bentein, Stinglhambver and Vandenberghe, 2002; Dalal, 2005; LePine, Erez and Johnson, 2002) and employee well-being (e.g. Panaccio and

Vandenberghe, 2009). Conversely, low affective commitment is likely to have negative implications for a great many outcomes that are valued by employers. Employees with low affective commitment show more withdrawal behaviours such as absenteeism and turnover (Meyer, Stanley, Herscovitch, and Topolnytsky, 2002) and are more likely to engage in counterproductive behaviours at work (e.g. Dalal, 2005). Affective commitment has been shown to predict performance rather than vice versa (Riketta, 2008). Affective commitment has been predicted by role conflict (Clausen and Borg, 2010), perceived organisational culture (e.g. Meyer, Hecht, Gill and Topolnytsky, 2010), perceived support (e.g. Guerrero and Herrbach, 2009), perceived external prestige (Guerrero and Herrbach, 2009), procedural fairness (Boyd et al, 2010), quality of leadership (e.g. Clausen and Borg, 2010), work engagement (Hakanen, Schaufeli and Ahola, 2008) and workplace autonomy (Boyd et al, 2010; Clausen and Borg, 2010).

1.5 A systematic review of attrition research in student nurses and student social workers

1.5.1 Introduction

Systematic reviews offer a means of making sense out of large bodies of research whilst reducing the effects of reviewer bias (Rojon, McDowall and Saunders, 2011). Further the formalised methodology enables the review to be replicated by other scholars (ibid). Attrition in students on professional courses was selected as the focus of this systematic review because turnover intentions are a key outcome associated with commitment (e.g. Meyer et al, 2002) and a key variable in the present research programme. As discussed previously in this chapter, student attrition is costly and represents loss of potential professionals in fields of work currently experiencing shortages. Finally, due to the relatively small number of commitment studies focusing on the sample of interest, a review of attrition studies in the relevant sample groups may highlight factors of importance to student commitment.

1.5.2 Criteria

In order to conduct a systematic review of literature relating to retention of nursing students and social work students 4 criteria were developed in order to select papers for inclusion. The criteria selected were:

- Retention or attrition had to be studied. In quantitative work this meant that attrition or retention must be directly measured. In qualitative work this meant that retention or attrition had to have been explicitly discussed.
- The paper had to present original research or a review of the relevant literature. Commentaries were excluded in this systematic review, as were descriptions of intervention programs that did not present data.
- Participants in the research must either be undergraduates on a nursing or social work program, or be contributing data relating to students on such a program.
- Finally, articles included must present information relating to the relationship between attrition or retention and other variables. For example, papers reporting attrition rates alone would not be included in this systematic review.

1.5.3 Nursing Students

A search was performed on EBSCOhost on 18th May 2011 using the British Nursing Index, MEDLINE and PsycINFO databases. The search terms used were "Student Nurse" and three terms used to indicate literature examining student nurse retention. These terms used were "retention," "attrition" and "turnover." A search using the terms "Student Nurse" and "Retention" returned a report of 91 entries. A search using the terms "Student Nurse" and "Attrition" returned 69 entries. A search using the terms "Student Nurse" and "Turnover" returned 89 entries. This resulted in a total of 249 entries. Once duplicate entries were removed from the resulting list 208 entries remained.

Sixty-six entries could not be retrieved. Of these, fifteen were dissertations. Of the 142 entries available to the researcher thirty-eight entries were excluded because they did not present empirical data, leaving 104 entries. Sixty-nine entries were excluded because they did not directly study the retention of students on nursing courses. This left thirty-five entries.

One entry was excluded because retention was not measured separately from other undesirable events on the nursing course. This left thirty-four entries. Three further entries were excluded because causes of attrition were not examined. This left thirty-one entries that fit the inclusion criteria.

Four of the entries (Gaynor, Gallasch, Yorkston, Stewart, and Turner, 2006; Glossop, 2001; Shepherd, 2008; Urwin et al, 2010) were literature reviews. Three presented systematic reviews (Gaynor et al, 2006; Glossop, 2001; Urwin et al, 2010) while Shepherd (2008) presented a descriptive review. While the other papers identified a number of articles, Gaynor et al (2006) examined the contributions of four research papers.

Glossop (2001), Shepherd (2008) and Urwin et al (2010) identified younger students being at greater risk of attrition compared to mature students. Both Shepherd (2008) and Urwin et al (2010) noted that Child branch nursing students are more likely to leave their course than the other branch students (e.g. Adult or Mental Health branches). Shepherd (2008) suggests that this may be due to the younger age of students engaged in the Child branch compared to other branches. Urwin et al (2010) found that research suggested that male nursing students were at greater risk of attrition than females. Urwin et al (2010) reported that overseas students were at greater risk of attrition compared to home students, while Irish, black and other ethnic minority students were at less risk of attrition compared to white students.

Financial and personal issues were identified by Glossop (2001) and Urwin et al (2010). Of these personal reasons one common example was the student reporting that they left due to having chosen the wrong course or career (Glossop, 2001; Urwin et al, 2010). Urwin et al (2010) noted that demands placed on students early in the course – such as night shift work – was sometimes reported as contributing to attrition.

Support as an important element influencing attrition was reported by Glossop (2001), Shepherd (2008) and Urwin et al (2010). Aspects included: negative attitudes from staff in placement (Glossop, 2001; Urwin et al, 2010), lack of support from tutors (Glossop, 2001). Both Shepherd (2008) and Urwin et al (2010) note the importance of peer support in enhancing retention.

Very few studies were reported as having examined psychological factors associated with student nurse attrition. Urwin et al (2010) noted that a few studies referred to the importance of personality traits such as agreeableness and conscientiousness. Urwin et al (2010) and Gaynor et al (2006) identified preconceptions of the profession or course as influencing attrition rates, such as negative views of the course or inaccurate expectations of course content. Gaynor et al (2006) reported academic self efficacy and commitment as important in reducing attrition. In the four literature reviews reported here only one study (Harvey and McMurray, 1994, cited in Gaynor et al, 2006) was reported as examining the role of commitment in student nurse attrition.

Eight studies (Ehrenfeld, Rotenberg, Sharon and Bergman, 1997; Glossop, 2002; Higgins, 2004; Jeffreys, 2007; Lockie and Burke, 1999; Pryjmachuk, Easton and Littlewood, 2009; Mulholland, Anionwu and Atkins, 2008; Stickney, 2008) made exclusive use of student records. Higgins (2004) and Lockie and Burke (1999) used student records in order to test interventions, and will therefore be discussed later in this review. Three studies made use of student records as part of a multi-method approach (Fowler and Norrie, 2009; Rouse and Rooda, 2010; White, Williams and Green, 1999). These three studies will be discussed later in

this review. Of the above studies, Fowler and Norrie (2009), Mulholland (2008) and Prymachuk et al (2009) were conducted in the UK.

The nature of these studies meant that generally only demographic and academic factors could be considered. The exceptions to this were Ehrenfeld et al (1997) and Glossop (2002), who were able to obtain information given by students for having left the course. The record-based studies identified here paint a sometimes inconsistent picture of the impact of demographic variables. Male students were found to be more at risk of attrition in some studies (Ehrenfeld, 1997; Mulholland et al, 2008), only at risk of attrition by removal (Prymachuk et al, 2009), or at no greater risk of attrition (Jeffreys, 2007; Stickney, 2008). Age was a significant predictor in Jeffreys (2007), Mulholland et al (2008) and Prymachuk et al (2009) but not in Stickney (2008). Where there was a significant effect observed, older students were more likely to complete their course compared to younger students. Studies reporting on ethnicity as an influence on attrition present very different results. Findings from Jeffreys (2007), Stickney (2008) and Prymachuk et al (2009) suggest that non-white students are less likely to complete their training compared to white students. However, Mulholland et al (2008) found that Irish and non-white students were more likely to complete than white students.

Lower academic ability prior to entry or lower levels of academic qualification were found to be a significant predictor of attrition in some studies (Ehrenfeld et al, 1997; Stickney, 2008; Prymachuk et al, 2009) but not others (Jeffreys, 2007; Mulholland et al, 2008). Further, Mulholland et al (2008) found that nursing students who had already obtained a degree qualification were less likely to complete than those who had not. Lower grades during the course were also associated with lower rates of completion (Ehrenfeld et al, 1997; Jeffreys, 2007; Stickney, 2008).

Glossop (2002), using information obtained from exit interviews with nursing students, indicated that the most common reasons given for leaving the course

related to family issues, academic, financial or health problems, or the student deciding that they had made the wrong career choice. Ehrenfeld et al (1997) similarly found academic ability to be the main predictor of academic ability, with family issues, health problems, dissatisfaction and a change of profession or a low image of the nursing profession sometimes being reported by students as a reason for leaving the course.

Seven studies (Deary, Watson and Hogston, 2003; Harvey and McMurray, 1997; Mashaba and Mhlongo, 1995; McLaughlin, Moutray and Muldoon, 2008; Shelton, 2003; Ujváriné et al, 2011) made use of quantitative surveys as their sole source of data. Four studies (Brodie et al, 2004; Brown, 2008; Fowler and Norrie, 2009; Last and Fullbrook, 2003; White et al, 1999) made use of quantitative surveys as part of a multi-method approach. Brodie et al (2004) is discussed later in this review because the quantitative portion of the study did not relate to retention of students on courses, although the qualitative portion did. Three papers (Brown, 2008; Last and Fullbrook, 2003; Mashaba and Mhlongo, 1995) presented descriptive statistics to describe patterns of responses from student participants, but did not present inferential statistics to indicate the influence of variables on attrition. Mashaba and Mhlongo (1995) reported three main reasons that were cited for students leaving the course: poor academic performance, personal or emotional issues, or having made a wrong choice in course or career. Responses from Last and Fullbrook's (2003) survey suggested that perceived theory-practice gaps, workload, staffing shortages were seen as important issues by students. However, participants often agreed with statements describing support as positive. Brown (2008) will be discussed later in this review because her paper focuses upon a retention intervention. The primary problem with these three studies is that they are unable to contribute information regarding the relative strength of factors in influencing retention due to the lack of inferential statistics.

McLaughlin et al (2008) reported that psychoticism was associated with greater risk of attrition. While not related to attrition, occupational self-efficacy and extraversion were found to be associated with academic performance. Deary et

al (2003) compared leavers and non-leavers on sex, age, cognitive ability, personality traits, coping strategies and psychological distress. The only significant findings were that lower scores on agreeableness and conscientiousness were associated with greater risk of attrition.

Shelton (2003) compared perceptions of support amongst those who continued on a nursing course with those who had withdrawn, but distinguished between those who withdrew voluntarily and those who were forced to withdraw due to academic performance. Shelton found significant differences in perceptions of faculty support in total, psychological support and functional support between continuers and leavers, but not between the two groups of leavers. However, it should be noted that a difference in perceived functional support between the two leaver groups was approaching significance ($p = .055$). This paper improves on most research on nursing student attrition in that voluntary versus involuntary attrition are rarely distinguished.

Fowler and Norrie (2009) reported several variables associated with thoughts of withdrawal from a nursing programme. Difficulties with workload, financial issues and increased home life responsibilities were associated with more thoughts of withdrawal. Conversely feeling prepared for the course by previous studies or realistic expectations and feeling committed to the course were correlated with fewer thoughts of withdrawal. It should be noted that commitment was measured by a single item rather than with the multi-item measures more frequently used in the commitment literature. The phrasing, 'I feel fully committed to pursuing a career in nursing or midwifery' suggest that this item would be associated with the affective commitment mindset of the three component model of commitment (e.g. Meyer & Allen, 1991) discussed in section 1.13.

Harvey and McMurray (1997) reported that leavers were significantly more likely than non-leavers to report that course content differed from what they expected to learn as nursing students. This finding, along with that of Fowler and Norrie (2009) suggests that it is students who enter the nursing programme with realistic

expectations of the course are more likely to complete it. Harvey and McMurray also found that leavers were significantly less likely than non-leavers to have sought advice on time management and study skills. Comparing this with findings from research suggesting that perceptions of low support are related to risk of attrition it seems possible that perceptions of support are to an extent related to help-seeking behaviours.

White et al (1999) found that significantly higher numbers of students withdrew from mental health and child branches of the nursing course compared to the adult branch. White et al (1999) also reported that male students were significantly more likely to withdraw than female students, and that child branch leavers were more likely to cite family or personal problems than leavers from the adult or mental health branches. However, White et al do not report inferential data relating to reasons given for leaving, instead reporting patterns of data. White et al report that non-leavers reported different reasons for students to leave the nursing programme than was reported by actual leavers in exit interviews. Leavers mostly reported leaving due to personal or family-related reasons, or because they had decided that nursing was not the right career for them. By contrast non-leavers tended to emphasise course or support related issues as possible reasons to leave a course.

Ujváriné et al (2011) examined the impact of factors on the likelihood of students to continue in their nurse training and on the likelihood that they would work in the nurse profession after graduation. Ujváriné et al performed a linear regression and found that perception of faculty support was the greatest predictor of both perceived likelihood of completing the course and of going on to work in the nursing profession after graduation. Further, Ujváriné et al reported that satisfaction with clinical experiences and clinical staff positively affected both outcomes, while having relatives working in healthcare or pressure from family or peers to withdraw both negatively related to perceived likelihood of graduation. Previous experience of working in healthcare was negatively related to the perceived likelihood of working in nursing after graduation, with greater experience leading to a lesser perceived likelihood.

Five studies made use of qualitative methodology alone (Andrew et al, 2008; Kotecha, 2002; O'Donnell, 2011; Spouse, 2000; Trotter and Cove, 2005), such as interviews and focus groups. Five more studies made use of qualitative methods in addition to other techniques in a multi-method approach (Brodie et al, 2004; Brown, 2008; Fowler and Norrie, 2009; Last and Fullbrook, 2003; Rouse and Rooda, 2010). Brown (2008) will be discussed later in this review as the paper relates to an intervention.

Expectations relating to the nursing course – those existing prior to the course beginning and those developing as the course progresses – and images of the nursing profession presented a major element in this part of the review. Three of the papers identified (Brodie et al, 2004; O'Donnell, 2011; Spouse, 2000) focused upon expectations and four more addressed expectations in part (Andrew et al, 2008; Fowler and Norrie, 2009; Kotecha, 2002; Last, and Fullbrook, 2003). What these papers had in common, when discussing expectations, was the clash between images students had of the course of profession with the reality. Spouse (2000) found that students remaining on their course had clearer concepts of what nursing involved or how they would like to practice at nurses. Similarly Brodie et al (2004) reported that some students had had images of what nursing would involve that did not reflect the reality they encountered. O'Donnell's (2011) interviews with former nursing students who had voluntarily withdrawn indicated that some leavers found the nursing programme to be more theory-based than expected, that some felt ill-prepared for the course when they began (such as one student who had completed an access course) or had not expected the heavy workload they encountered as nursing students. Some participants disclosed that they were leaving because they could no longer cope with the demands of the course. Further a number had reported expectations of tasks involved in the nursing role that did not prepare them for the realities of training. Other studies identified (Brodie et al, 2004; Kotecha, 2002; Last and Fullbrook, 2003) also indicated that students were dissatisfied with the balance between theory and practice, having expected a more 'hands on' approach to training. The importance of expectations may reflect findings from quantitative work showing that one of the most frequent reasons for voluntary withdrawal from

the nursing course is a perception that the nursing programme was the wrong choice for the former student.

Other factors were also identified in these qualitative studies as relating to attrition. These factors included workload (Andrew et al, 2008; Brodie et al, 2004; Fowler and Norrie, 2009; Last and Fullbrook, 2003; O'Donnell, 2011; Rouse and Rooda, 2010), feeling unprepared for the course (Andrew et al, 2008, O'Donnell, 2011) and support (Brodie et al, 2004; Fowler and Norrie, 2009). For example in Brodie et al (2004) some participants reported that they had encountered significant interpersonal difficulties with nursing and other healthcare staff that they had not anticipated. Similarly Last and Fullbrook (2003) found that student nurses agreed that there was a hierarchical divide between nurses and doctors and that doctors frequently ignored student nurses. The need to balance course demands with other commitments such as family life, caring duties, or the need to work part-time also contributed to risks of attrition (Andrew et al, 2008; Last and Fullbrook, 2003; Rouse and Rooda, 2010; Trotter and Cove, 2005). Finally Trotter and Cover (2005) noted that some participants complained of poor organisation of teaching time that prevented students – particularly mature students – from making the best use of their time.

Three studies (Brown, 2008; Lockie and Burke, 1999; Rubin and Cohen, 1974) made reference to an intervention aimed at reducing attrition. Of these one was studied using a multi-method approach involving quantitative and qualitative methods (Brown, 2008), one was assessed solely through the use of student records (Lockie and Burke, 1999) and the last tracked student records and used a repeated test to assess improvement in ability (Rubin and Cohen, 1974).

Rubin and Cohen (1974) identified 69 'at risk' students via student records and used diagnosis sessions to place them within four groups receiving 20 hours of psychotherapy, 20 hours of remediation sessions, 10 hours of both psychotherapy and remediation or to a control group receiving no intervention at all. Those students receiving remediation were given a repeat of an

achievement-centred test students had performed prior to selection as a participant. Rubin and Cohen reported that all three interventions were equally effective in reducing attrition, whereas a larger portion of the control group left the nursing programme. Rubin and Cohen reported that both 'pure' psychotherapy and remediation interventions led to a significant increase in academic performance, while the mixed intervention approach did not.

Lockie and Burke (1999) used student records to compare the attrition of 'at risk' nursing students who either made use of one to four one-hour courses aimed at improving nursing and study skills, or declined to make use of the courses. Lockie and Burke found that those making use of the courses showed significantly lower attrition rates.

Brown (2008) used student records, questionnaires and focus groups to discuss a programme aimed at improving retention of students with English as a second language (ESL) on a nursing course in the U.S. Due to the small numbers of participants, Brown was only able to provide descriptive statistics rather than to explore influences on attrition using quantitative methodology. As such, any patterns discussed here have not been confirmed as statistically significant. Participant contributions suggested that they felt that coming from another country impacted to an extent on their academic and clinical performance, on interaction with and acceptance from others, and on the support they received from their family. Further, focus group contributions indicated that participants found exams and assignments challenging and struggled with fear of failure. The ESL programme encouraged the use of a vocabulary journal for ESL students, aimed to facilitate integration through heterogeneous classes and interventions aimed at faculty, such as training to support students with different learning styles. However, due to the newness of the programme at the time of publication, Brown was unable to provide data to show to what extent, if any, the ESL program improved retention of students. Further, the data provided by Brown using records suggest that, while ESL students were less likely to pass their qualifying examination on the first occasion, their graduation rates do not seem to have been much less than those of non-ESL students.

1.5.4 Social Work Students

A search was performed on EBSCOhost on 25th May 2011 using PsycINFO and SocINDEX databases. The search terms used were “Student Social Work” and three terms used to indicate literature examining social work student retention. Like the nursing review described above, these terms used were “retention,” “attrition” and “turnover.” A search using the terms “Student Social Work” and “Retention” returned a report of eighteen entries. A search using the terms “Student Social Work” and “Attrition” returned two entries. A search using the terms “Student Social Work” and “Turnover” returned four entries. This resulted in a total of twenty four entries. Once duplicate entries were removed from the resulting list, twenty two entries remained. Of these twenty two entries, three could not be retrieved. Of these three, one entry was a dissertation.

Of the nineteen entries available to the researcher, six were not found to be research articles and therefore were excluded. Of the remaining thirteen entries, eight were found not to present research on social work student retention. Finally, of the five remaining entries one was excluded because it related to the retention of doctoral students in social work. Consequently, of the twenty two entries initially identified, four were retained for inclusion in this review.

Of the four studies identified for inclusion in this review, one used quantitative methodology, two used qualitative methodology and one combined quantitative and qualitative elements. Two of the four studies specifically examined the issue of retaining students from ethnic minorities and were conducted in the U.S.A. The other two studies were conducted in the U.K.

The two studies focusing upon retention of ethnic minority students differed in approach. Berger (1992) made use of student records to compare rates of

successful completion. Logistic regression was performed on the data obtained from student records. While ethnicity did not emerge as significantly related to attrition, Berger found that academic achievement as measured by grade point average (GPA) emerged as a significant predictor. Berger identified low GPA scores prior to the social work programme and being 35-44 years old as risk factors associated with non-graduation, and suggested that students identified by these factors should be provided with additional support. Berger noted that the youngest *and* oldest students on the programme were most likely to graduate. However, Berger noted that the study only obtained data from a single college and was therefore limited in the extent to which findings could be generalised. In particular, two additional risk factors that Berger identified – having transferred from a community college, and having a high school equivalent diploma – are particular to the U.S.A. Further, although recommending support to improve retention, this study was unable to test the role of support in improving retention due to relying on student records as a source of data.

By contrast, Clark, Garza and Hipple (2003) surveyed social work programme directors and social work students regarding the provision of services aimed at enhancing retention. Clark et al. note that those directors of programmes providing retention services rated these services as somewhat helpful or very helpful. The majority of student participants who reported making use of a given retention service reported the service as helpful. However, the overwhelming majority of students reported never having accessed services, ranging from 52% to 90% depending on the service, and whether the social work programme or university provided the service. University-provided services were more likely to be used than programme-provided services. A large number of students providing qualitative responses also stated that their university had not worked with them to assist in their retention. Clark et al. noted that both director and student participants tended to agree on the importance of mentoring and advice from faculty. Clark et al. concluded that, while the retention services appeared to be useful for students of colour, these services were also under-used by students. The primary importance of the study in relation to the present thesis is that support was identified as helpful to retention by participants, but was also found to be used infrequently.

In contrast to the more quantitative focus of the previous two studies, the final two studies identified took an exclusively qualitative approach. Both studies explicitly explored retention and related issues in interviews with participants. Both Hafford-Letchfield (2007) and Moriarty et al (2009) used interviews and focus groups with social work lecturers and social work students, while Moriarty et al (2009) extended this approach to include university staff with responsibilities for the recruitment and retention of social work students. Both studies were conducted in the U.K. Hafford-Letchfield (2007) noted that student participants expressed anxiety about the process of the social work course. Feelings of being a 'fraud' or of not being 'good enough' were frequently reported. Fears about academic performance and what it meant to be a student on a professional course were also reported as challenging to students.

Although participants were aware of the university having study skills support, the need to access this was stigmatised. Similarly, in Moriarty et al, tutors and other university staff noted the importance of identifying 'at risk' students in danger of failing to progress whilst acknowledging that students could be reluctant to use support services. Hafford-Letchfield (2007) similarly reported that some students saw the need to seek help with study skills as carrying a stigma. Moriarty et al. also reported that university staff with recruitment and retention-related responsibilities acknowledged that their efforts tended to be directed at attracting prospective students from deprived areas rather than supporting those wishing to return to education – leaving the latter group relatively unsupported and forced to cope alone. Moriarty et al also noted that student participants reported a range of experiences of support from social work tutors and university staff, with both positive and unhelpful experiences being described. In contrast, Moriarty et al reported that peer-support amongst students was noted as helpful by a range of participants. However, a number of the university employees were unsure of how to avoid student isolation – particularly when students were away from the university on placement (Moriarty et al, 2009). Hafford-Letchfield reported that peer support was described positively, with both student and tutor participants describing such relationships as important. Tutor participants in Hafford-Letchfield (2007) frequently made reference to the importance of time

management and similar organisational skills for students. Students were sometimes described in both Hafford-Letchfield (2007) and Moriarty et al (2009) as struggling with competing commitments – such as the need to work part-time, which conflicted with the demands of the course. Moriarty et al also found that tutors expressed competing commitments, not only teaching social work students but also having other demands made upon them such as attracting research funding.

Hafford-Letchfield emphasised that, while her study indicated the importance of support for students and particularly the importance of positive student-tutor relationships, students indicated resilience in coping with the demands placed upon them. Hafford-Letchfield concluded that tutor and peer support could play an important role by acknowledging the value of student experiences and contributions to the profession. Moriarty et al (2009) suggested that identifying support needs, such as greater support for students transitioning to higher education would be helpful for social work students. In particular Moriarty et al identified students returning to education as having received comparatively less support.

1.5.5 General Discussion

Many of the studies examining retention in nursing and social work students have focused upon demographic variables. These sometimes presented inconsistent results. In nursing studies, mature students tended to be more likely to successfully complete training, as were female students. However, research findings differ regarding whether ethnicity impacted attrition rates and, if so, how. In general, fewer papers have examined social work student attrition. The research presented in this review suggests that both younger and older students are more likely to complete social work training successfully, with a middle group of students aged 35-44 years old being less likely to complete.

Another major strand to the research identified focuses upon academic ability as a predictor of attrition. It is perhaps no great surprise that low academic performance prior to the commencement of training, and during the training itself, appears to be an indicator of risk of attrition.

The research already identified therefore leads to a discussion of the final major strand of research relating to attrition of students: the provision of support for students. Much of the research included in the systematic review focused upon the provision of support for 'at risk' students. This research suggests that support makes a significant difference to students who might otherwise fail to complete their studies. Relatively fewer studies have examined attrition in a way that clearly distinguishes between voluntary and involuntary attrition. Further work may be needed in this area. An issue suggested by the findings of some studies (e.g. Clark et al, 2003; Harvey and McMurray, 1997; Lockie and Burke, 1999; Moriarty et al, 2009; Rubin and Cohen, 1974) is that, while support improves retention rates of students, not all students make use of the support that is available. This may be because students are not aware support exists, but students sometimes refuse to make use of support (e.g. in Lockie and Burke, 1999). Some tutors and university staff have noted that seeking help in study skills can be seen as stigmatising (Hafford-Letchfield, 2007). Moreover, due to competing commitments, as commented on by a number of papers (e.g. Andrew et al, 2008; Hafford-Letchfield, 2007; Last and Fullbrook, 2003; Moriarty et al, 2009; Rouse and Rooda, 2010; Trotter and Cove, 2005) some students may not perceive themselves as having sufficient time to make use of additional support.

Amongst the papers identified for inclusion, it was also noticeable that only two referred to student commitment. One measured commitment using a single item (Fowler and Norrie, 2009), whilst the other was a literature review identifying a study in which commitment had been used to examine attrition (Harvey and McMurray, 1994, cited in Gaynor et al, 2006). As such, it appears that there is a need for work which examines the role of commitment in retaining students on professional courses.

1.6 Professions

This chapter has so far discussed the context of healthcare and social care professions, the relevance of commitment, and discussed the findings of research relating to student attrition from professional training programmes. For the purposes of this thesis, the term “commitment” will chiefly refer to commitment towards one’s profession, or towards a profession for which one is in training. In order to discuss commitment in those who are part of a profession or training to join a profession, it is important to first discuss the meaning of professions. Blau (1964) noted that professions are distinguished from other occupations by self-control. Professionals must attain expert knowledge. Further, only members of the profession are considered capable of judging the performance of a professional.

Krejsler (2005) discusses professional identity in the context of healthcare, social care and education professionals. He argues that they have in common a combination of occupation-related and general knowledge, which are combined in a holistic approach to client groups; a similar demand for high levels of personal commitment; and aspirations for acquiring status as professionals. Krejsler identifies functionalist and neo-Weberian approaches as dominating sociological discourses of “profession”. In the functionalist approach, professions are conceived of in terms of a service that they provide to society. Professions are based on systematised theory, and have ethical practices that guide interactions with clients and society. Members of professions have authority within their field, exercise control over the development of knowledge in their field, and understand themselves in terms of a professional culture. Conversely, in the neo-Weberian approach, Krejsler notes that emphasis is placed upon conflicts of interests as professions seek status and access to resources (e.g. government funding). By gaining authority over a domain of interest, a profession is able to better its members by limiting to them access to rewards.

Krejsler (2005) and Blau (1964) state that professionals control admittance to their own professions. The power of the profession to control recruitment, training and the continued wellbeing of members creates pressure to comply with professional standards. Blau claims that the profession rewards members who comply with professional standards, who in turn provide services to the community, which rewards the professional community with greater status and power. Given negative perceptions of social work, as discussed previously in this chapter, it seems likely that social work may suffer from lessened influence with associated implications for the ability of the profession to carry out its mission (LeCroy & Stinson, 2004).

Blau acknowledges that some professional groups such as nurses, social workers and teachers are not dependent on their clients for rewards. In the UK, these professions are chiefly associated with the public sector. Blau claims that this frees professions such as these from pressure from clients to act in a way that is contrary to professional standards. However, the present author would note that as public sector professions, nurses, social workers and teachers can face pressure from the government to alter working arrangements.

In line with Krejsler's recommendations, the present research makes use of both these perspectives. A functionalist approach to profession is useful because it enables a discussion of issues such as professional culture and values. A neo-Weberian approach is useful because it allows consideration of the profession in the context of the wider environment, including issues such as status and conflicts of interest (Krejsler, 2005).

1.7 The 'Nature' of Students on Professional Courses

McNally and Irving (2010) have identified a lack of research examining outcomes of commitment in educational contexts. As is noted in section 1.18, this lack of research extends to students on professional training programmes. McNally and Irving argue that part of what makes students unique as a sample is their ambiguous nature. Educational scholars have disagreed over whether students are customers (e.g. Harrison-Walker, 2010; Nettet and Helgesen, 2009) or

members (whole or partial) of organisations (e.g. Hoffman and Kretoivics, 2004). Universities are increasingly under pressure to treat students as customers (Redding, 2005). Many higher education professionals hold negative attitudes towards the conceptualization of students as customers (Lomas, 2007). Recent research by Finney and Finney (2010) suggests that students perceiving themselves as customers are more likely to complain regardless of satisfaction levels but are no more likely to be involved in their own education compared to other students.

The 'nature' of students on professional training programmes may be yet more problematic. In addition to the question of their relation to the university is the question of their relation to the profession for which they are training. Furthermore, it is important to consider how educators and students alike may explicitly or implicitly integrate these two relationships. This was an issue initially raised by some research contacts and was therefore incorporated into the qualitative phase of this research programme (see chapters 2 and 3). Study two in particular will discuss the self-concepts discussed by student participants.

1.8 Social Exchange Theory

Commitment (discussed later in this chapter) is derived from social exchange theory (Guerrero and Herrbach, 2009). Blau (1964) uses social exchange theory (SET) to explain how relationships emerge between social entities (i.e.: individuals or groups). It has been argued that social exchange theory, with its concepts of power and equity, enables scholars to discuss relationships beyond dyadic exchanges (Cook and Emerson, 1978). SET states that associations between social entities tend to develop into complex social structures over time. Some structures may formalise as organisations and are capable of outlasting the existence of any particular individual (Blau, 1964). Exchange relationships may form networks when exchanges in one relationship are related to exchanges in another relationship. These relationships are positive when exchanges in one relationship are contingent upon exchanges in another relationship and negative when exchanges in one relationship are contingent upon exchanges not occurring in another relationship (Cook and Emerson, 1978). This may be compared with the nested versus cross-cutting collectives (Ellemers and Rink,

2005) which is discussed further in section 1.16. At this time it suffices to state that multiple linkages may complement each other or conflict with each other.

Key to social exchange theory is that when one social entity provides a benefit of some kind to another there is an expectation of reciprocity (Blau, 1964). One form of reward for providing benefits can be social approval. Blau argues that social stratification emerges from the processes of social exchange. When one individual wishes a benefit from another, but is unable to offer an inducement that would tempt another to provide the benefit, the individual has four choices. The first is to force the other to provide the benefit. The second is to find an alternative supplier of the benefit. The third is to make do without the benefit. Finally, the individual has the option of accepting the other's influence over his or herself. Blau argues that, consequently, social exchanges lead to differentiations of status and power. The use of such power may attract approval or disapproval from other social entities, leading to legitimation of authority or opposition respectively. An organisation which has approval for its actions from employees is likely to enjoy good relationships with employees. An organisation which has attracted disapproval may find that employees are more likely to engage in behaviours that are detrimental to the organisation. Thus relationships between individuals and organisations are characterised by exchanges and use of power. Rice (2003) argues that when social uncertainty in networks increases, member behaviours are motivated by loss avoidance and favouring of the status quo. This too is likely to impact the character of relationships between entities and may have an impact of the commitment of individuals to targets.

In social exchange theory, commitment is seen as an inclination to continue a relationship and to engage in future exchanges with the target of commitment (Blau, 1964; Cook and Emerson, 1978). As will be shown in the commitment literature review, however, scholars have largely moved on from definitions of commitment that merely invoke continuation (e.g. employee turnover or retention).

1.9 Commitment

In this section commitment is discussed in depth. The competing definitions of the construct are critically assessed. Attention is drawn to disagreements within the literature, and attempts that have been made to clarify the concept and create consensus. It is argued that work towards clarity has been helpful, but that attempts to reach consensus are not.

1.10 The Origin of Commitment Theory

Commitment was initially introduced as a concept to explain why individuals maintain a course of action such as working towards a goal or retaining membership of a group (Becker, 1960). In other words, the value of commitment lies in understanding why individuals persist with one choice in the face of alternatives (Scholl, 1981). Porter, Steers, Mowday and Boulian (1974) argued that the value of work commitment lay in augmenting the predictive ability of job satisfaction in explaining organisational turnover.

Becker (1960) observed that early work referencing commitment often used the term as though it required no definition. These works often used commitment in different ways, which led to a lack of agreement regarding what is the nature of the construct. This has been an ongoing issue within the commitment literature, and has been noted repeatedly over the last few decades (e.g. Becker, 1960; Klein, Brinsfield and Molloy, 2006; Klein, Molloy and Brinsfield, 2012; Meyer, 2009; Meyer and Herscovitch, 2001; Mowday, Steers and Porter, 1979; O'Reilly and Chatman, 1986; Scholl, 1981). Scholars such as Klein et al (2009) and O'Reilly and Chatman (1986) have argued that the confounding of commitment with both antecedents and consequences has contributed to the lack of consensus.

Morrow (1983) noted the proliferation of constructs relating to commitment and a resulting redundancy of concept. The resulting analysis of commitment concepts in the literature suggested five principle areas of focus for concepts, value focus, career focus, job focus, organisation focus and union focus. The present author,

however, would note that many of these constructs are not considered to be forms of commitment, but rather are highly related conceptually and empirically, such as job involvement and organisational identification. There is a conceptual overlap between commitment and a number of other concepts in the nomological network (see Riketta and Van Dick, 2009). Other attempts at clarifying commitment have centred on distinguishing it from other concepts (e.g. motivation, see Meyer, Becker and Vandenberghe, 2004; Scholl, 1981), on integrating different strands of research (e.g. Allen and Meyer, 1990a; Meyer and Allen, 1991, 1997) or reconceptualising commitment (such as Cohen, 2007; Johnson, Chang and Yang, 2010; Klein et al, 2012; Meyer et al, 2004; Reichers, 1985). In recent years there has been a number of competing attempts to reconceptualise commitment or to develop new models to explain its antecedents and consequences. Despite competing models and a number of criticisms, the Three Component Model (TCM) dominates the commitment literature. In order to discuss the TCM some attention must, however, be paid to the early commitment literature.

1.11 Early approaches to commitment

This section discusses some early approaches to commitment theory. This is by no means an exhaustive review but an attempt to address a number of the more frequently cited early works. Early commitment theory adopted a variety of viewpoints. While some of these adopted uni-dimensional conceptualisations of commitment, the majority adopted multi-dimensional structures. As noted earlier, Becker (1960) was one of the first theorists to draw attention to the lack of consensus regarding the definition of commitment. Becker (1960) defined commitment as the consequence of 'investments' that make it difficult for the employee to leave the organisation. A commonly used example of an investment in the organisation is a pension scheme, but participation (current or potential) in a personal development scheme might also serve as an inducement to remain. It is important to note that Becker acknowledged the existence of multiple definitions of commitment. Becker (1960:32) argued that it was "fruitless to speculate on [commitment's] 'real' meaning." The present author would suggest

that this statement could, with some justification, be applied to the current debates within the commitment literature that seek consensus.

Following a factor analytic study, Gouldner (1960) identified two forms of commitment. The first form of commitment was cosmopolitan integration, defined as the extent to which an individual feels involved in and part of an organisation. The second form of commitment was organisational introjections, defined as the extent to which an individual's preferred self-image contained qualities approved of by an organisation to which the individual belongs. Gouldner further identified the organisation as a whole and specific organisational values as distinct targets of commitment. As with the work of Kanter (1968), Gouldner was interested in the role of commitment in group cohesion.

Kanter (1968) was oriented within a sociological approach to studying commitment. Kanter described organisational commitment as the interaction of organisational needs and the orientation of individuals to situations. Kanter emphasised that organisations are supported by people and must, therefore, seek to answer organisational needs in such a way that individuals respond positively. For Kanter, therefore, commitment theory related to the behaviour of individuals and the maintenance of social systems. Kanter identified three 'problems' of system maintenance relating to commitment: social control, group cohesiveness and continuation as a system. Consequently Kanter defined the 'axes' of commitment as continuance, cohesion and control. It should be noted that continuance commitment, as Kanter uses the term, differs from the definition used by Meyer and colleagues. In Kanter's usage, continuance commitment refers to the commitment of individuals to participation in and remaining within a system. Cohesion commitment is used by Kanter to refer to commitment to group solidarity and to social relationships that the individual exists within. Control commitment refers to an individual's commitment to obeying and upholding the system's norms and authority. Kanter suggests that the criterion for a system's success lies in whether or not it is able to implement social arrangements which involve and bind positive orientations from individuals. Put differently, a system with which many individuals are disillusioned, and which

they seek to leave, may be at threat of dissolution. Although Kanter is often referenced in the commitment literature, this system approach, along with the discussion of power, has largely fallen by the wayside.

Buchanan (1974) presented a model which, like many others in the commitment literature, focused upon identification. Buchanan defined commitment as an affective and partisan attachment to the organisation for its own sake and to the individual's own role in the organisation. Buchanan's model of commitment comprised of three components: identification with the organisation's goals and values, involvement or psychological immersion in one's organisational role and loyalty involving affection and attachment towards the organisation.

Mowday, Steers and Porter (1979) defined organisational commitment as the relative strength of an individual's identification with and involvement in the organisation to which they belong. Mowday and colleagues saw commitment as 'beyond' a passive loyalty to the organisation but instead involving an active relationship with the organisation leading to the expenditure of effort on the organisation's behalf. Mowday et al referred to two forms of commitment that they identified within the commitment literature. These consisted of a behavioural commitment, whereby an individual became bound by their actions. This form of commitment was based upon the work of theorists such as Becker (1960). Mowday et al (1979) were more interested in what they described as attitudinal commitment, which they saw as having its foundation in the individual identifying with the organisation and sharing its values. This focus can be seen by their definition of commitment referred to above. Mowday et al noted that attitudinal organisational commitment was likely to be associated with exchanges made between the individual and the organisation. The Organisational Commitment Questionnaire (OCQ; Mowday et al, 1979) has been criticised because some of the items appear to relate to turnover intentions (e.g. Bozeman and Perrewé, 2001). An example reverse-scored item is 'it would take very little change in my present circumstances to cause me to leave this organisation. This is a problem that is somewhat pervasive in the commitment literature as will be discussed later in this chapter.

O'Reilly and Chatman (1986) adopted an approach describing commitment in terms of compliance, identification and internalization. O'Reilly and Chatman argued that organisational commitment constituted a psychological attachment to an organisation. O'Reilly and Chatman's model was based upon Kelman's (1958) taxonomy of attitude change. In compliance commitment authority or group norms or values, i.e.: influence, are accepted in exchange for extrinsic rewards. For example norms might be adopted in order to secure a better chance of promotion. In identification commitment, influence is accepted because acceptance is seen to be associated with social relationships that individuals desire to obtain. For example, one might adopt a work team's cultural practices in order to be accepted as a 'team player.' Finally internalisation commitment represents acceptance of influence because the content of norms, values and so on are experienced as intrinsically valuable by the individual. Thus, O'Reilly and Chatman's commitment model represents a continuum of acceptance or engagement of the individual with the organisation. However, there have been empirical problems associated with O'Reilly and Chatman's model such as difficulty distinguishing between identification and internalization, as noted in Meyer and Herscovitch (2001), and the positive correlation of compliance with turnover (O'Reilly and Chatman, 1986). In more recent work (e.g. O'Reilly, Chatman and Caldwell, 1991), identification and internalisation have been combined into normative commitment, and compliance has been re-labelled as instrumental commitment. In contrast to the usage Meyer and colleagues later made of the term, O'Reilly et al (1991) use normative commitment to refer to acceptance of organisational values. Instrumental commitment reflects a common usage of the term, referring to commitment based upon specific exchanges between employee and organisation.

Wiener (1982) conceptualized commitment as a normative motivational process distinct from instrumental behaviours. Wiener identified this normative model of commitment as part of the body of commitment theory which took an 'identification' approach which focused upon affective concepts of commitment. Wiener developed his model of commitment using the framework of Fishbein's behavioural intentions model (e.g. Ajzen and Fishbein, 1969, cited in Ajzen and

Fishbein, 1972). Fishbein's framework makes reference to instrumental expectations of the outcomes of behaviour as well as to subjective norms referring to the individual's beliefs about what behaviour important referents think the individual should engage in. Consequently, Wiener associated organisational commitment with these subjective norms but expanded the range of commitment to include the individual's own internalised moral beliefs. In Wiener's approach, organisational commitment and instrumental motivations produce organisational behaviours in combination. Wiener suggested that organisational commitment was likely to be influenced by the individual's generalised tendency towards loyalty and by the degree of value congruency between individual and organisation. Wiener argues that where values are incongruent the individual is likely to experience alienation from the organisation. Although Meyer and colleagues drew upon Wiener's work to develop the normative commitment mindset, it is notable that in the three component model normative commitment refers to subjective norms only in so much as these norms relate to reciprocity.

1.12 The Three Component Model

Early commitment theories including those described above contributed to Meyer and Allen's (1991) conceptualization of the three component model of commitment. Although as has been noted there are different conceptualizations of commitment, the literature is currently dominated by the three component model, proposed by Meyer and colleagues (e.g. Allen and Meyer, 1990a; Meyer and Allen, 1991) and based on an integration of earlier theoretical perspectives. Meyer and Allen (1991) state that the common feature of these approaches is that they are all psychological states characterising the individual's relationship with the organisation, in the case of organisational commitment, with implications for the decision to maintain or discontinue membership of the organisation. This integrative conceptualization could be arguably described as a thematic analysis, a method described in more detail in chapter 2. While common strands were identified and integrated by Meyer and Allen, the present author would argue that a number of commitment concepts were also excluded by this work. For example, the work of Gouldner (1960) and Kanter (1968) is reflected to an extent

in the three component model, but without the presence of ideas such as social control and system continuation.

This conceptualisation treats commitment as a force, associated with three (although not unrelated) mindsets:

- Affective commitment (AC): commitment reflecting an emotional attraction to the target. The individual *wants* to maintain membership in the organisation, in the case of organisational commitment.
- Continuance commitment (CC): commitment reflecting a felt requirement to maintain a relationship with the target, due to a lack of alternatives or as a result of investments that would be lost by leaving. The individual feels that they *have* no choice but to maintain membership in the organisation, in the case of organisational commitment.
- Normative commitment (NC): commitment reflecting a sense that remaining is 'right,' and potentially reflecting reciprocation for investments by the target in the individual. The individual feels that they *ought* to maintain membership in the organisation, in the case of organisational commitment.

In contrast to some earlier work (e.g. Mowday et al, 1979) and some later work (e.g. Solinger et al, 2008), Meyer and Allen (1991) argue that commitment is not an attitude because of the involvement of obligation and necessity as well as desire. Meyer and Allen (1991), describing organisational commitment argue that, given the different nature of the mindsets, they should each have different antecedents. Work experiences influenced by the characteristics of the organisation and interpreted by the individual are suggested as the basis for affective commitment. The interpretations of the individual are influenced by personal characteristics and causal inferences. For example, an individual that strongly prefers autonomy in their working life will respond positively to characteristics in the environment which make autonomy possible. By contrast an individual who does not wish to have a high level of independence may react poorly to these same changes. Investments in the organisation and the availability of alternatives are seen as the basis for continuance commitment.

Normative commitment is seen as being influenced by early socialization – in regards to both the organisation and within the family, growing up – and investments in the individual by the organisation. The latter is seen as invoking reciprocity norms with the individual. Meyer, Allen and Smith (1993) later extended this model to include occupational commitment.

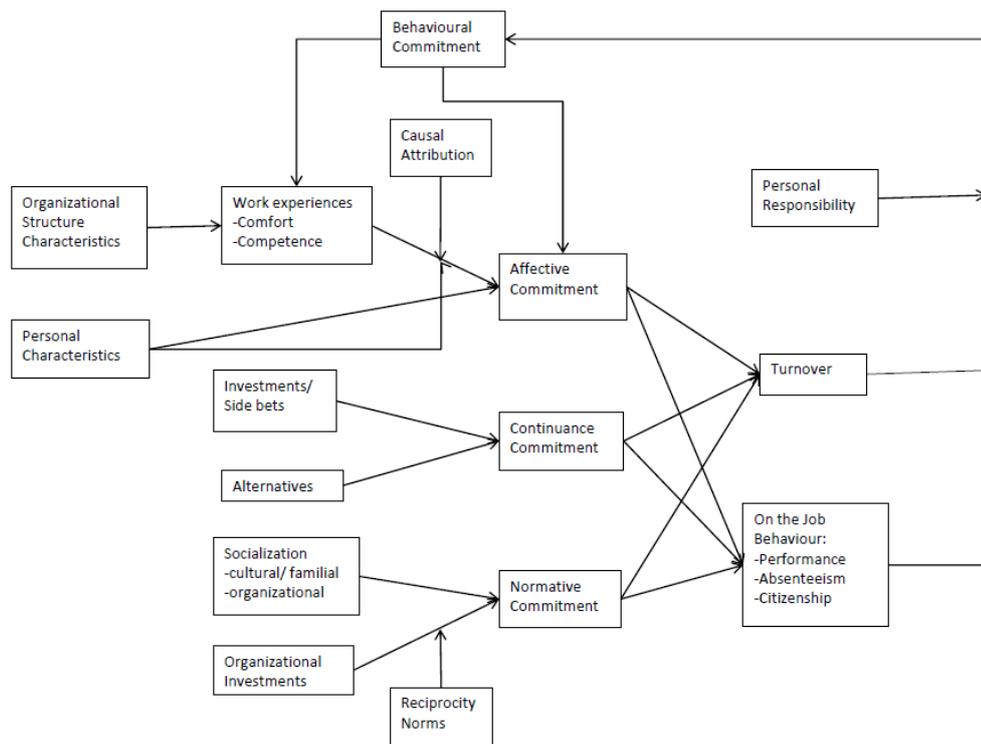


Figure 1: Meyer and Allen's (1991) three component model of commitment, adapted from Meyer and Allen (1991)

Meyer and Herscovitch (2001) discuss a more general three component model of commitment that can be applied to multiple targets. In contrast to the earlier presentation of commitment as a psychological state characterising a relationship with a target, Meyer and Herscovitch (2001) present the core definition of commitment as a binding force. The emphasis in this description of commitment is that of the restriction of choice by commitment. While this is accurate – commitment to a profession should result in an individual choosing to work in that profession rather than another – the present author would argue that this is a negative emphasis that does not capture the character of commitment. The view

of commitment in terms of lost opportunities may fit the tone of continuance commitment but does not seem appropriate in describing affective commitment.

In the general three-component model of commitment, a distinction is made between focal behaviour such as attendance and role performance, and discretionary behaviours such as organisational citizenship behaviours (e.g. Organ, 1988). The commitment mindset is held to be of relevance to determining whether or not discretionary behaviours are engaged in on behalf of the target. An individual high in affective commitment to an organisation is more likely to engage in organisational citizenship behaviours than one whose commitment is characterised by the continuance mindset. In the case of continuance commitment, which is based upon the perception of having little recourse but to maintain membership, the individual is only motivated to perform the necessary behaviours required to retain membership, such as doing just enough work to avoid being fired.

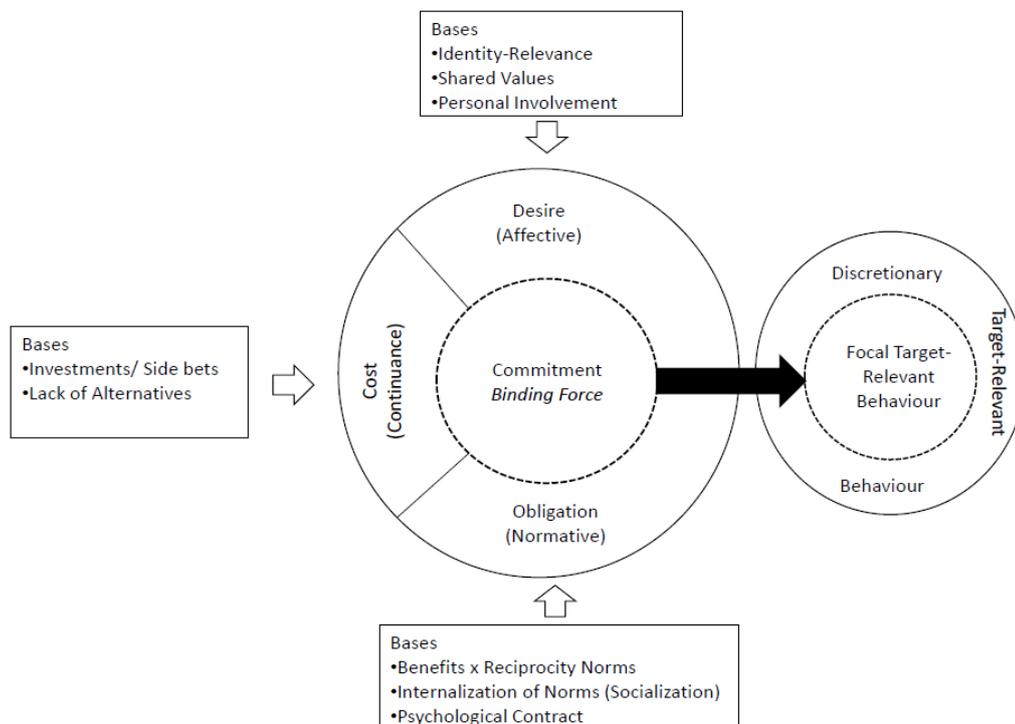


Figure 2: Meyer and Herscovitch's (2001) general model of the three components of commitment, adapted from Meyer and Herscovitch (2001)

A further development in the three component model has been Meyer, Becker and Vandenberghe's (2004) attempt at integrating Meyer and Herscovitch's (2001) general commitment model with Locke's (1997) motivation model, through the use of goal regulation, influenced by Deci and Ryan's (1985) self-determination theory and Higgins' (1997) regulatory focus theory. Central to this integrated model is the claim that commitment and motivation are distinct but related, and that commitment is a component of motivation. While this model does attempt to explicate the relationship of commitment and motivation, the model is clearly applicable only to goal commitments. Further, it remains oriented within the exchange approaches to commitment which have tended to dominate the commitment literature. It is relevant to contrast the approach of Meyer et al (2004) with that of Scholl (1981) who wished to distinguish commitment from motivation by seeking an approach to commitment that did not invoke exchange or equity theories.

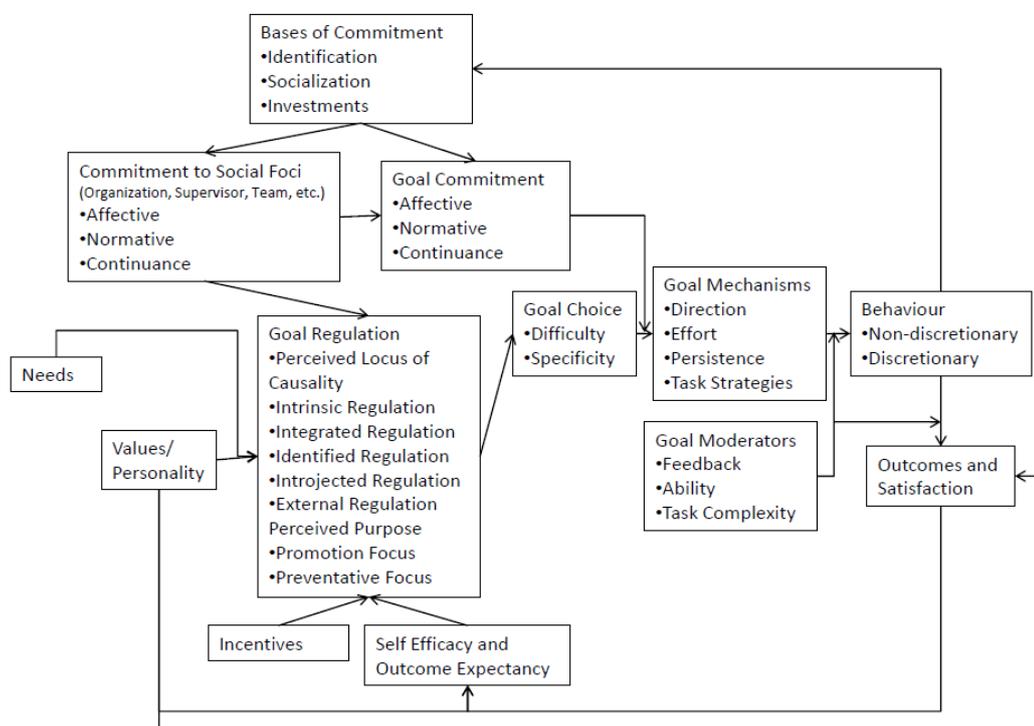


Figure 3: Meyer Becker and Vandenberghe's (2004) model integrating the three component model of commitment with motivation, adapted from Meyer et al (2004)

1.13 Criticisms of the Three Component Model

It is difficult to proceed further in discussing the three component model without making mention of the criticisms that have been made. The model has been criticised on both empirical and theoretical grounds. It is argued in this section that these arguments and evidence give cause to question the dominance of the three component model.

One of the key criticisms relates to the validity of the commitment mindsets. It has been noted that affective commitment and normative commitment are often highly correlated (e.g. Bergman, 2006; Ko, Price and Mueller, 1997). Bergman (2006) draws attention to a finding in Meyer, Stanley, Herscovitch and Topolnytsky (2002) meta-analysis; that in affective commitment and normative commitment nearly 40% of the variance in one commitment mindset is explained by the other. Ko et al (1997) argued that the high correlation of normative commitment with affective commitment indicates a lack of discriminant validity, and suggested that normative commitment may be a redundant concept. Ko et al (1997) also questioned the construct validity of continuance commitment, and suggested that until validity issues regarding normative and continuance commitment had been resolved commitment should be measured using only the affective commitment component. Indeed, the meta-analysis conducted by Meyer et al (2002) indicates that affective commitment has the highest correlations with variables of interest such as organisational support, job satisfaction, turnover intentions, performance and organisational citizenship behaviours. Indeed, many studies measuring commitment often only measure affective commitment (recent examples include Hülshager and Maier, 2010; Neining, Lehman-Willenbrock, Kauffeld and Henschel, 2010; Niessen, Binnewies, and Rank, 2010; Rousseau and Aubé, 2010). Bergman (2006) draws attention to the relative dearth of research addressing the concept of normative commitment, suggesting that it may be premature to cease use of the concept of normative commitment.

Recently, attempts have been made to reconceptualise normative commitment (e.g. González and Guillén, 2008; Jaros, 1997; Meyer and Parfyonova, 2010). Jaros argued that the high relatedness of affective and normative commitment could be explained by normative commitment items carrying affective tones. As a solution, Jaros proposed that items measuring normative commitment should be phrased in terms of thoughts and beliefs. González and Guillén suggest orienting normative commitment as a rational and moral concept using an Aristotelian framework. By contrast, Meyer and Parfyonova argue that the concept has a dual nature. This latter proposal is based upon research such as Gellatly, Meyer and Luchak (2006), McNally and Irving (2010), Somers (2009, 2010), showing that normative commitment may have a context effect. Specifically, the research of Gellatly et al (2006) and McNally and Irving followed recommendations by Meyer and Herscovitch (2001) to examine interactive effects between the commitment mindsets by developing 'commitment profiles.' Both studies indicated that the relationship of normative commitment to organisational citizenship behaviours depended upon the relative strength of the other commitment mindsets. When affective commitment was strong, normative commitment was positively related to citizenship behaviours regardless of the strength of continuance commitment. However, when affective commitment was low and continuance commitment was high, normative commitment was correlated negatively with organisational citizenship behaviours. Gellatly et al (2006) and McNally and Irving (2010) explain this pattern as indicating two forms of normative commitment. The first, associated with the positive relationship with citizenship behaviours is characterised by a 'moral imperative' – a sense of wanting to do the right thing. The second, associated with the negative relationship with citizenship behaviours reflects 'indebted obligation' – having to do something out of obligation or having no choice. This latter experience of normative commitment has a similar tone to that associated with portrayals of continuance commitment as a restriction of choice (e.g. due to a lack of better alternatives, or the sacrifices associated with ending a relationship with an employer).

Continuance commitment has also been re-assessed in the commitment literature. McGee and Ford (1987) identified two sub-dimensions within the continuance commitment scale developed by Meyer and Allen (1984). These sub-dimensions are termed 'high sacrifice' and 'low alternatives,' essentially reflecting the hypothesised bases for continuance commitment. Ko et al (1997) have argued that a lack of alternatives (e.g. alternative jobs) do not represent a commitment mindset but instead contribute to the development of commitment. Consequently Ko et al advise against the inclusion of low alternatives in measures of continuance commitment. However, this conflicts with their argument that the sub-dimensions of continuance commitment are not distinguishable from each other citing, amongst others, a correlation of .82 found by Meyer, Allen and Gellatly (1990). Somers (2010), in a study making use of commitment profiles, found that when combined with normative commitment, continuance commitment augmented the impact of affective commitment on person-organisation value congruence. Continuance commitment was found to have a negative impact on person-organisation value congruence and turnover intention when affective and normative commitments were both low. Somers suggests that, when continuance commitment is combined with high levels of affective commitment and normative commitment, continuance commitment is experienced as investment in the organisation rather than a feeling of being trapped.

Taken together, the evidence from commitment profile research such as Gellatly et al (2006) McNally and Irving (2010), Somers (2010) suggest that normative and continuance commitment both may manifest as willing or unwilling commitments, influencing outcomes such as citizenship behaviours accordingly. The high sacrifice component of continuance commitment has been found to correlate positively with affective commitment (e.g. Meyer et al, 2002; Panaccio and Vandenberghe, 2009). Indeed, Meyer et al (2002) note that the high sacrifice subscale may be a better operationalisation of Becker's (1960) side-bet concept compared to continuance commitment overall, and that the continuance commitment measure could be refined further by adding more 'high sacrifice' items. That affective, continuance and normative commitment measures interact

in profile studies indicate that there are indeed three components, but the interactions themselves suggest an overall pattern of two 'tones' of commitment.

1.14 Rethinking the structure of commitment

As noted earlier, there have been repeated attempts in the history of work commitment to resolve the ongoing lack of consensus, as well as specific theoretical issues. There has recently been a reoccurrence of this phenomenon. Whereas previous attempts to address the nature of commitment have focused upon clarifying the definition, these new articles propose reconceptualisations that question the structures that have been so far used. In this section the work of Cohen (2007), Johnson, Chang and Yang (2010), Klein and colleagues (e.g. Klein et al, 2006), and Solinger, van Olffen and Roe (2008) are briefly reviewed.

1.14.1 Cohen (2007)

Cohen's (2007) attempt to resolve issues relating to the construct of commitment are largely prompted by issues relating to the validity of the commitment components noted by scholars such as Bergman (2006) and Ko et al (1997). Cohen proposes a two dimensional structure of organisational commitment: timing of commitment and base of commitment (see table 1). The dimension of timing distinguishes between the period of time prior to entering an organisation and the period of time following entry. The dimension of commitment bases distinguishes between instrumental commitment and psychological commitment.

Commitment Dimensions		Bases of Commitment	
		Instrumental Attachment	Psychological Attachment
Timing	Before Entry to the Organization	Instrumental Commitment Propensity	Normative Commitment Propensity
	After Entry to the Organization	Instrumental Commitment	Affective Commitment

Table 1: Timing and bases of commitment, adapted from Cohen (2007)

In this approach, normative commitment is seen as a propensity to being committed, and is thus a precursor to affective commitment. Cohen claims that this provides an explanation for the high correlation frequently found between affective commitment and normative commitment. However, given that affective commitment and normative commitment in this treatment appear to be different concepts – the former refers to psychological attachment, where the other refers to an inclination or tendency for such attachments – the present author would argue that these should not be treated as a single construct as Cohen appears to recommend. If they are to be treated as part of a single commitment style, normative commitment should perhaps be renamed ‘affective commitment propensity,’ in line with the treatment of instrumental attachment.

Cohen also proposes replacing continuance commitment with instrumental commitment. This form of commitment focuses upon exchanges between the individual and the organisation. Cohen suggests that this would avoid the issue of continuance commitment overlapping with turnover intention.

On the whole, however, Cohen’s model does not appear to be greatly distinct from the approach of Meyer and colleagues, with the exception of proposing normative commitment as a precursor to affective commitment. Although changing continuance commitment to instrumental commitment might reduce overlap with turnover intention, continuance commitment to the organisation is already seen as relating to investments or side-bets in the organisation. Further, this may lead to some confusion given that all mind-sets in the three component commitment model make reference to exchanges. Affective commitment would be hard to discuss without reference to exchanges between the individual and the target of commitment. For example, perceived organisational support is well associated with affective organisational commitment.

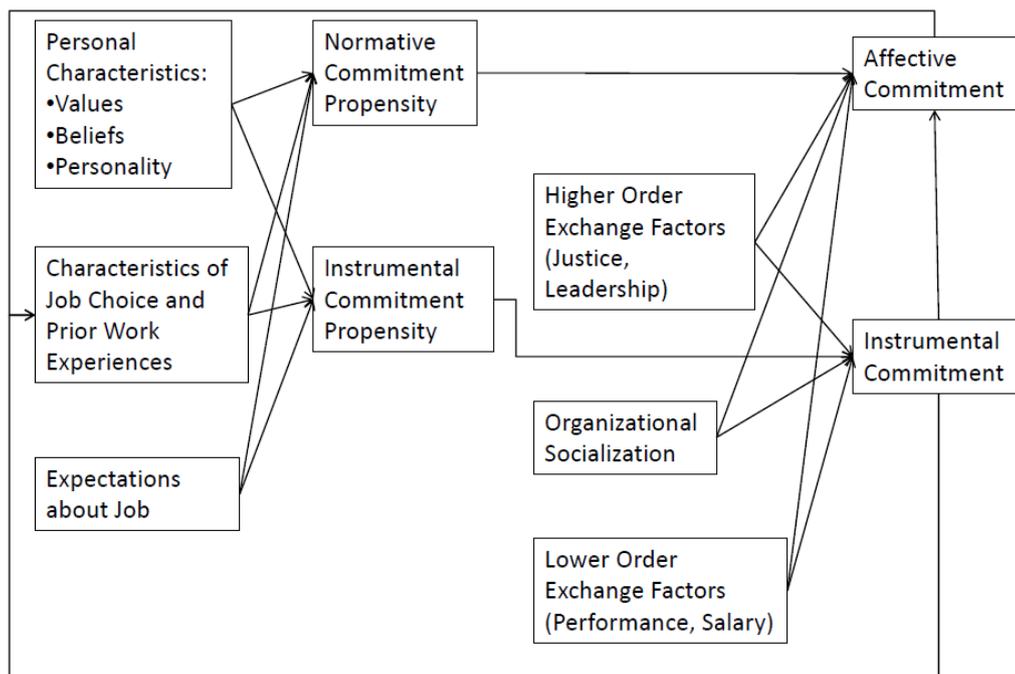


Figure 4: Cohen’s reconceptualisation of commitment, adapted from Cohen (2007)

1.14.2 Johnson et al (2010)

Similar to Meyer et al (2004), Johnson et al (2010) draw upon motivation theory, particularly self-determination theory (Deci and Ryan, 1985) to develop a reconceptualisation of commitment. Johnson et al (2010) present their competing model using levels of identification: individual, relational and collective. At the individual level of identification, self-concepts are based on uniqueness and the individual is motivated to pursue personal goals. At the relational level of identity, self-concepts are based on partnerships and goals are motivated by the partner's expectations. At the collective level of identity, self-concepts are based upon group memberships and goals are pursued in line with the collective's norms and values. Johnson et al argue that levels of self-identity influence the kind of commitment that individuals form. In essence, Johnson et al argue, in line with Meyer and colleagues, that affective commitment has its bases in identification and internalization. Thus affective commitment is characterised by freely chosen goals. By contrast they state that normative commitment is characterised by internal constraints (such as socialised norms) on behaviour, and that continuance commitment is characterised by external constraints. Meyer, Becker and van Dick (2006) discussed in section 1.16 also refer to levels of self-identity. Meyer et al refer to levels of self-concept that both relate to a collective in contrast to Johnson et al. Meyer et al (2006) focus on integrating social identity theory rather than motivational theory in contrast to Johnson et al (2010) and Meyer et al (2004).

In addition to the role of levels of self-identity, Johnson et al reference regulatory focus (Higgins, 1997). According to Higgins, there are two forms of regulatory focus. The first is promotion focus, which is motivated by nurturance needs, strong ideals, and situations involving gain or lack of gain. In contrast the prevention focus is motivated by security needs, obligations or 'ought' motivations, and situations that involve the possibility for loss or non-loss. For example Johnson et al suggest that an individual may act on behalf of a group in which they hold membership because they wish to do so (a promotion focus) or because they feel they must (prevention focus).

Johnson et al propose that affective and normative commitment to an entity is influenced by the individual's level of self-identity. That is, commitment to a group is influenced by collective self-identity, whereas commitment to an individual is influenced by relational self-identity. They assert that affective commitment is associated with a promotion regulatory focus, whilst normative commitment is influenced by a prevention regulatory focus. Johnson et al state that Continuance commitment is produced by individual levels of self-identity. In a sense continuance commitment is seen as a commitment to the self. Johnson et al also differentiate between the sub-dimensions of continuance commitment. They associate the high sacrifice sub-dimension with a prevention regulatory focus. Rather more confusingly, they associate low alternatives with a promotion focus. Their explanation is that seeking for alternatives to one's current commitments is a search for gain. However, items measuring low alternatives are typically phrased in terms of not having options that make leaving the commitment enticing. If one remains in a job because the alternative appears to be unemployment this must surely be an example of a preventative focus.

As noted, the model of Johnson et al shares some similarities with Meyer et al (2006). The latter model is superior, however, in that it proposes mechanisms by which an individual's level of identification with a target may change over time.

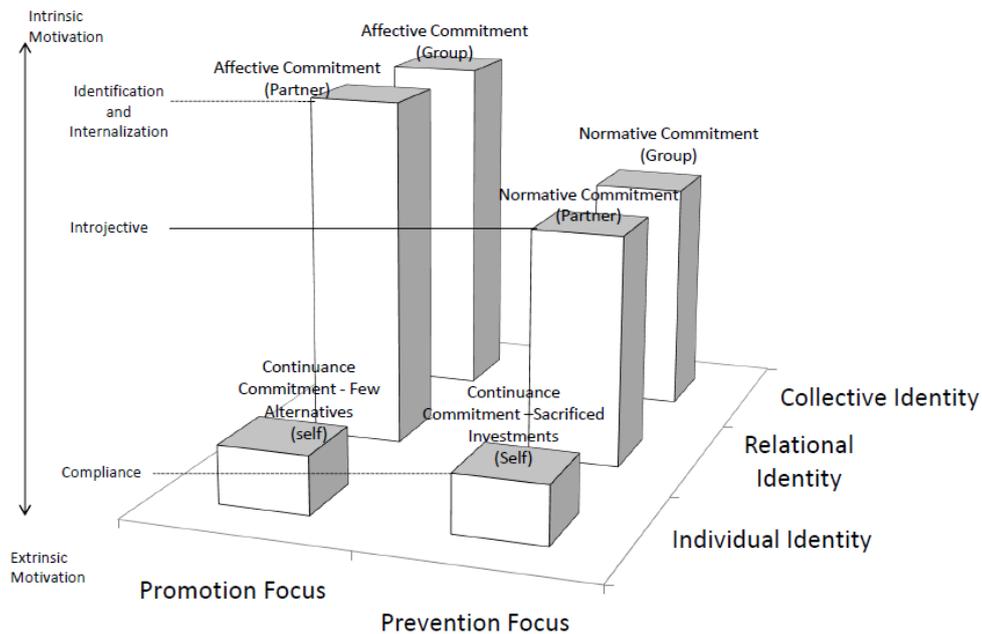


Figure 5: Johnson et al's (2010) model of commitment incorporating motivation and levels of identity, adapted from Johnson et al (2010)

1.14.3 Klein and colleagues

As have others, Klein et al (2006) have argued that the lack of consensus regarding the definition of commitment has held back the literature. Cooper-Hakim and Viswesvaran's (2005) meta-analysis indicates that there are a great many commitments that have been used in the literature. Klein et al (2006) suggest that the expanding range of commitments is not problematic, but are instead indicative of the importance of commitment to understanding work behaviour. However, they do argue that the core concept of commitment has lacked consistency.

Like Meyer and Herscovitch (2001), Klein and colleagues suggest that the phenomenon of commitment is essentially the same regardless of what is the target of commitment. Klein and colleagues propose a model distinguishing commitment from other related constructs and which is not specific to a single target of commitment. In contrast to Meyer and colleagues, who treat commitment as three interrelated mindsets, Klein et al (2006) dispense with specific mindsets. Instead, Klein and colleagues proposed distinguishing between the strength of a commitment and the rationale which the individual associates with a commitment. Under this model two individuals might have commitments of equal *strength* to the same employer and yet also explain this commitment differently. One individual might perceive his or her commitment as being based in shared values and an enjoyment of the workplace while the other may focus upon returning a perceived investment from the employer in his or her own professional development.

Klein et al (2006) explicitly describe commitment as socially constructed within the individual. In contrast to the approach used by Meyer and colleagues, Klein and colleagues (e.g. Klein et al 2006) treat commitment as the perception by an individual of their being bound to a goal or entity (such as an organisation or a social group). The model is presented as a general, heuristic approach, which does not account for every possible antecedent to commitment individually.

While empirical evidence has supported a three-component model of commitment, or four-component model when dividing continuance commitment into high sacrifice and low alternative subdimensions, Klein et al argue that this represents the multidimensional nature of commitment rationales rather than commitment itself. While this may seem a fine distinction, Klein and colleagues point out that this is the stated position of Meyer and colleagues (e.g. Meyer and Herscovitch, 2001). Klein and colleagues compare these rationales to attributions of past behaviour. They further note that, as attributions for past behaviour are not necessarily accurate, so might rationales of commitment not always represent the causes of an individual's commitment. Thus Klein et al (2006) differ significantly from Meyer and colleagues in suggesting that different

rationales of commitment, or mindsets in the approach of Meyer and colleagues, do not have distinct antecedents.

Klein et al (2006) state that it is unclear how many meaningful categories of commitment rationale there are. As has been shown earlier in this chapter there is not only some empirical evidence to support the existence of three commitment rationales, but also an underlying distinction found in commitment profile research between a desired commitment and a commitment born out of a sense of necessity. As noted earlier the three component model divides this 'necessary' commitment into normative and continuance commitment – but empirically normative commitment appears closer to affective commitment.

Klein et al (2006) propose that a range of antecedents influence commitment, a psychological bond to the target, and thereby produce commitment outcomes. Klein et al group antecedents by three general categories: individual characteristics such as the individual's values or level of investment in the organisation; characteristics of target such as the nature of the target (e.g. commitment to a work team versus commitment to a project) and psychological proximity (e.g. how often one encounters a colleague); and environmental characteristics, such as organisational and societal cultures, and the presence of alternatives to the target. These antecedents inform the individual's perceptions of the commitment target and the individual's rationale for commitment. Klein et al argue that there is a single dimension of commitment but that individuals will vary commitment rationales. These rationales are self-explanations for the formation and maintenance of a commitment. Klein et al see these rationales as fluid being based upon past and present perceptions of the commitment target. The individual's commitment rationale and the strength of the individual's commitment to the target interact to produce different cognitive, affective and motivational reactions, producing behaviour of relevance to the commitment target. These reactions include emotions felt towards the target, withdrawal intentions (i.e.: the decision to continue or discontinue association with the target) and motivational behaviours such as the willingness to expend extra effort intended to benefit the commitment target.

The present author agrees with Klein and colleagues that commitment is constructed based upon past and present perceptions of the target and the environment. However, given the large quantity of empirical support for multiple dimensions of commitment (e.g. Blau, 2003; Irving, Coleman and Cooper, 1997; Lee, Allen, Meyer and Rhee, 2001; Meyer et al, 1993; Meyer et al, 2002) it is not as clear that commitment is a uni-dimensional construct.

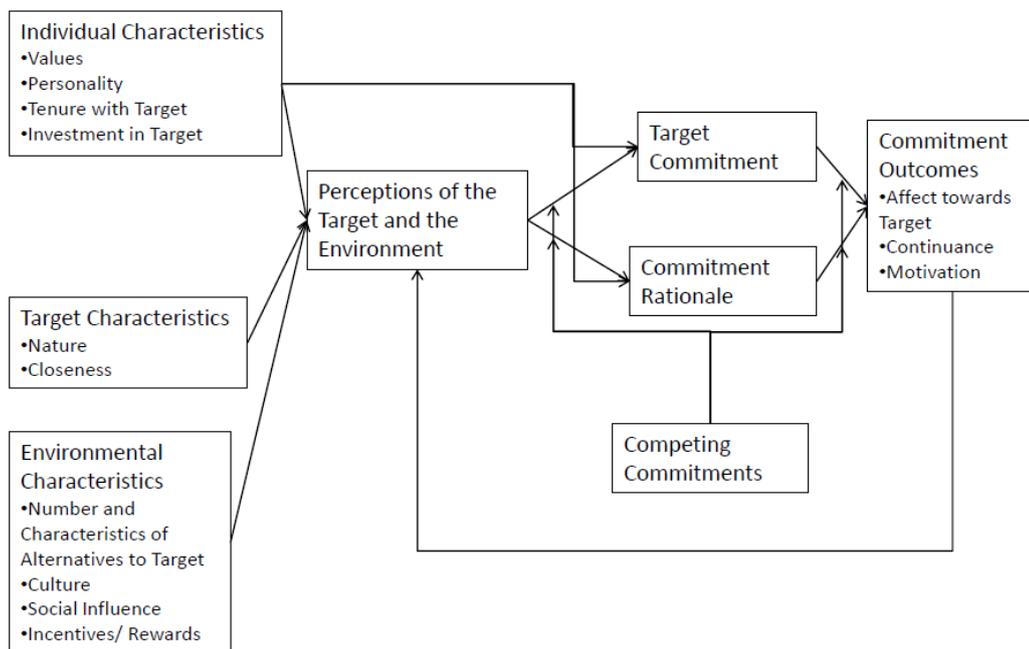


Figure 6: Klein et al's (2006) model of commitment, adapted from Klein et al (2006)

In contrast to a number of other scholars, Klein et al (2012) argue that a reductive definition of commitment should be used rather than a definition that attempts to incorporate all the different approaches that have been previously used. Rather than suggesting a single dimension of commitment to which a variety of rationales may be attached, Klein et al (2012) now suggest that commitment

should be reduced to a single dimension reflecting dedication to a target. This will be discussed further in section 1.17.

1.14.4 Solinger, van Olffen and Roe (2008)

Solinger, van Olffen and Roe (2008) argue that the gap between empirical evidence and the three component model are the consequence of problems underlying the central concepts rather than difficulties in operationalising these concepts. In particular, Solinger et al focus on the low correlations of continuance commitment measures with relevant job outcomes and the high correlation of normative commitment with affective commitment.

In critiquing the three component model, Solinger et al draw on attitude theory – in particular that of Eagly and Chaiken (1993). In this model attitudes towards targets lead to attitudes towards behaviour. In turn these attitudes lead to behavioural intentions, which are linked to behavioural outcomes. Attitudes towards behaviours are influenced not just by attitudes towards targets, but also by habit and three forms of anticipated outcomes of behaviour. These three forms – utilitarian, normative and self-identity related outcomes – are easy to link to the three component model.

Solinger et al claim that affective organisational commitment reflects an attitude towards the organisation. However, they argue that continuance commitment and normative commitment to the organisation in fact reflect attitudes towards turnover behaviour. Given that early forms of the three component model focused upon the implications for turnover behaviour (e.g. Meyer and Allen, 1991) this is a reasonable perspective. While Meyer and colleagues described affective commitment as an attachment, even this was described in terms of a desire to retain membership. Although Solinger et al are more concerned with the underlying concepts of commitment rather than the operationalisation of these concepts in measures, a review of items measuring commitment (e.g.

Meyer et al, 1993) show that while affective commitment items reference belonging and personal meaning, the majority of items measuring continuance and normative commitment reference decisions regarding turnover.

Solinger et al argue that, if affective commitment represents an attitude towards a target, while the other commitment components represent a specific behavioural intention, then the correlations of affective commitment to a wider variety of work related outcomes is thereby explained. Consequently, Solinger et al argue that the three component model is in fact a model of turnover behaviour.

Klein, Molloy and Cooper (2009), however, argue that views of commitment as an attitude are problematic for a number of reasons. Firstly, defining commitment as an attitude is somewhat vague, and does not distinguish the concept strongly from other work-related attitudes such as job satisfaction. Secondly, commitment is not similar to present conceptions of attitude as a summary evaluation (e.g. Ajzen and Fishbein, 2008; Eagly and Chaiken, 1998, 2007). The structure utilised by Solinger et al (2008) would appear to reflect a construal of attitude not currently reflected in the attitude literature.

Further, the approach of Solinger and colleagues does not account for the interactive effects of commitment found by researchers such as Gellatly et al (2006) and McNally and Irving (2010). If these interactive effects are ignored, there seems little reason to retain the normative commitment component as Solinger et al's model does. If the empirical evidence of the commitment profiles is used to develop theory-building, then it would appear that continuance and normative commitment together do influence outcomes such as organisational citizenship behaviour.

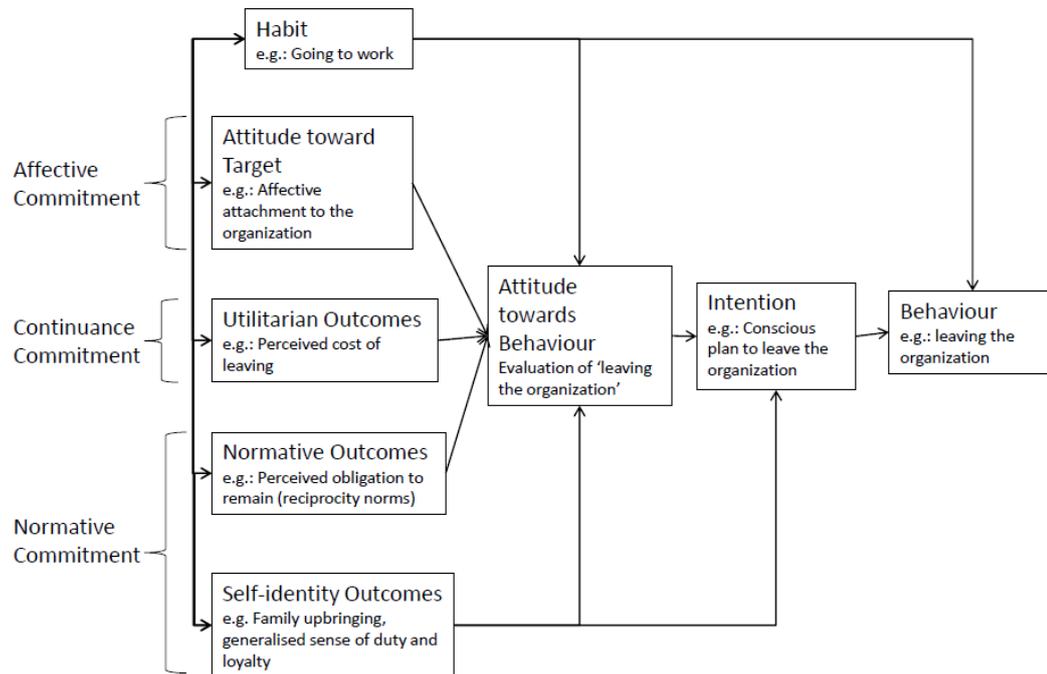


Figure 7: Solinger, van Olffen and Roe's (2008) attitudinal model of commitment, adapted from Solinger, van Olffen and Roe (2008)

1.15 Commitment and social identities

Identification has been noted as being conceptually the closest neighbour of commitment (Riketta and Van Dick, 2009). In the past, identification has been seen as part of the commitment concept (e.g. Buchanan, 1974; Gouldner, 1960; Mowday et al, 1979; O'Reilly and Chatman, 1986). However, identification is now seen as related to but distinct from commitment (Klein et al, 2009; Meyer, et al 2006; van Dick, Becker and Meyer, 2006). Papers seeking to integrate commitment and identity theory (e.g. Meyer et al, 2006; Guerrero and Herrbach, 2009; Marique and Stinglhamber, 2011) have focused on social identity theory (e.g. Tajfel, 1974; Tajfel and Turner, 1979). Although there are other theoretical approaches to identity, such as identity theory (e.g. Snow, 2001; Stryker, 1968; Stryker, 2007; Stryker and Burke, 2000) and identity status theory (Kunnen, 2009; Marcia, 1966) these do not focus upon membership of groups and

intergroup relations (e.g. Hogg, Terry and White, 1995). Consequently, social identity theory is of greater application to commitment scholarship.

Social identity theory (e.g. Tajfel and Turner, 1979) was developed to explain intergroup behaviour. Tajfel (1974) stated that early work in this area focused upon prejudice and the relation of prejudice to in-group and out-group behaviour. The premise of social identity theory is that social categories which one can feel as belonging to provide a sense of definition for the individual. The individual is thus able to use the category to define part of the individual's concept of self. As in Festinger's (1954) theory of social comparison, social identity theory assumes that the individual is motivated to achieve a positive self-concept. Where Festinger was concerned with comparisons between individuals, and individuals within a group, social identity theory focuses upon comparisons between groups.

Tajfel (1974) uses four concepts in order to form the social identity theory: social categorization, social identity, social comparison and psychological distinctiveness. Social categorization refers to the means by which the individual makes sense of the social environment and their own place within it. Social identity refers to the component of an individual's self concept that is derived from membership of a group and the emotional significance of group membership. Social comparison refers to the evaluation of one's abilities, opinions and qualities through comparison with a relevant other. While Festinger's (1954) social comparison theory refers to comparisons at an individual level social identity theory refers to comparisons made between groups. Psychological distinctiveness is described by Tajfel as the creation or enhancement of perceived or real differences between entities that are compared. Tajfel (1974) argues that differentiation is a primary outcome of the social comparison process.

Hogg et al (1995) note that social identity theory articulates the sociocognitive processes of categorization and self-enhancement through reference to subjective belief structures. These subjective belief structures refer to perceived relations between the group and relevant out-groups. These perceived relationships comprise of status relations (the relative status of the group compared to others), the stability and legitimacy of the status relations, the possibility of social mobility (the ability to transfer between groups) and the

possibility of social change (altering the evaluations of group membership). These belief structures are suggested to influence, for example, whether individuals attempt to leave the group for other memberships or compete with other groups for status.

Self-categorisation theory (e.g. Turner, 1985) further elaborates categorisation as a cognitive basis for group behaviour. Turner argues that self categorisations are based on emphasising similarities within the category and differences between categories. Turner further suggests that categorisations are arranged in a hierarchy of abstraction, with lower categories included in higher categories. For example, 'doctor,' and 'nurse' are both examples of the higher abstraction of 'healthcare professional.' Turner claims that there are at least three levels of categorisation for the individual: the super-ordinate level, one's identity as a whole; the intermediate level at which one identifies as a member of certain groups but not of other groups; and the subordinate level in which one differentiates between oneself and other in-group members.

Turner further suggests that these comparisons of categorisations depend on their similarity at higher levels of abstraction (e.g. comparisons of nursing with other healthcare professions). Salience of a self-categorization in a situation is suggested as leading to increases in the perceived similarity of group members and differences between in-group and out-group individuals. Self categorization theory also asserts that individuals make use of prototypes to represent social groups. Members of groups can be assessed in terms of how close they are to the prototype. Hogg et al (1995) emphasise that this depersonalization refers to a contextual change in the level of identity (from individual to group) rather than a loss of identity.

Meyer et al (2006) have proposed an integrative model of commitment and social identities. Meyer et al follow previous thought in stating that commitment and identification are distinct but conceptually and empirically related. There is general agreement that identification relates to the self-concept of individuals, while commitment does not (Ashforth and Mael, 1989; Gautam, van Dick and Wagner, 2004; Klein et al, 2006; Meyer et al, 2006). An individual may identify

with a role without being committed to it or may commit to a role without necessarily identifying with that role. However, identification and commitment are often highly correlated (e.g. Gautam et al, 2004; Guerrero and Herrbach, 2009; Marique and Stinglhamber, 2011; Riketta, 2005). Meyer et al (2006) note that identification with a collective will sometimes lead to the development of commitment towards that collective. Organisational identification (Ashforth and Mael, 1989), a construct based upon social identity theory, is referred to in much of the integrative work such as Guerrero and Herrbach (2009); Marique and Stinglhamber (2011) and Meyer et al (2006). Organisational identification has been defined as the incorporation of organisational membership into an individual's self-concept (Riketta, 2005). A distinction between commitment and organisational identification has been supported empirically by meta-analysis (Riketta, 2005). Affective organisational commitment has been found to more strongly relate to job satisfaction and turnover intentions than does organisational identification (Riketta, 2005; van Knippenberg and Sleebos, 2006). Meyer et al draw upon Rousseau's (1998) concept of levels of organisational identification. The first level of identification described by Rousseau is that of situated identification, in which situational cues perceived by the individual create a sense of commonalities between the organisation and individual, such as shared interests, persisting for as long as the cues remain. The second level is labelled by Rousseau as deep structure identification. Deep structure identification is said to occur when cognitive schemas formed at work across situations and over time lead to greater congruence between the self at work and one's general self-concept. Consequently the difference between the levels of identification identified by Rousseau lies in the enduring impact upon an individual's perception of the self. Meyer et al therefore propose that social identities will be situated or deep.

Following Rousseau, Meyer et al note that situated identities are necessary for the development of deep structured identities although the existence of the former will not always lead to the creation of the latter. Meyer et al propose that situations promoting category salience, social comparisons and self-categorisations will contribute to the development of situated identities. Meyer et al argue that the transition from situated identity to deep structured identity will be

facilitated by factors such as stability, status and a common fate contributing to perceptions that membership in the collective will satisfy needs of self-esteem, security and belonging. Meyer et al suggest that situated identities will be more likely to lead to the development of exchange-based commitments such as continuance commitment and that deep structure identities are more likely to lead to value-based commitments towards the organisation such as affective commitment. The present author would note that Meyer et al's proposition regarding the transition from situated to deep structural identification also invokes exchanges. Given that any benefit of an association can be described in exchange terms, it may be difficult to completely escape terms invoking social exchanges when discussing the work context.

Meyer et al integrate their model with motivation by suggesting that the impact of social identities upon motivation and relevant behaviour (i.e.: job performance and citizenship behaviours) is mediated at least partially by the effect of identification upon organisational commitment. Marique and Stinglhamber's (2011) research showed that affective organisational commitment mediates the effect of organisational identification upon job satisfaction and turnover intentions. Marique and Stinglhamber (2011) also found that workgroup and occupational identification predicted organisational identification, demonstrating the importance of commitments to targets other than the organisation itself. Meyer et al acknowledge that reciprocal effects occur. Meyer et al, therefore, argue that engaging in focal behaviours only (i.e.: job performance) creates or enhances a situated identity in relation to the target, while engaging in discretionary (or citizenship) behaviours in addition to focal behaviours will create or enhance a deep structure identity in relation to the target. For example, 'working to rule' is likely to emphasise an identity in which the employing organisation is less integral to the individual's self-concept.

Meyer et al draw upon the work of Ellemers and Rink (2005; cited in Meyer et al, 2006) in discussing the impact of multiple work foci upon identity and commitment. Ellemers and Rink identify two configurations of multiple identities. The first is nested collectives (Lawler, 1992) in which membership of one

collective is necessary in order to claim membership in another collective (e.g. membership in an organisation is necessary to be a member of a work team at that organisation). The same factors influence commitment to these multiple identities, but individuals are likely to be more committed to the proximal foci (Riketta and van Dick, 2005). For example the work team is likely to be more salient to the individual than the organisation, as the work team is encountered on each working day and represents much of the individual's experience of the organisation. The second configuration described by Ellemers and Rink is cross-cutting foci. Here the foci do not form part of the same group, and therefore the individual may sometimes be forced to make choices due to a conflict between foci. For example, one's employing organisation and one's profession represent different foci that may conflict, such as when one feels organisational policy conflicts with professional values. When these identities are congruent the identities are enhancing. When there is conflict the identities are diluting. Similarly, Martin and Siehl (1983) argue that there are three forms of subculture within organisations: enhancing cultures that promote the dominant values more than is typical or promote complimentary values, orthogonal cultures that promote other values in addition, and unrelated, to those promoted by the dominant culture, and finally countercultures, which challenge the dominant organisational culture. Identification with these cultures may promote enhancing identities when one identifies with an enhancing subculture or diluting identities when one identifies with a counter-cultural collective.

Consequently, Meyer et al argue that where multiple foci are nested individuals will identify more strongly with the most proximal foci, developing stronger value-based commitment to that collective than to more distal foci. Where multiple foci are cross-cutting, Meyer et al argue that identification will be dependent on whether these foci are enhancing or diluting. Where foci are enhancing individuals will develop value-based commitments to both collectives. Where the foci are diluting individuals will develop stronger value-based commitment to the collective with which they come to identify most strongly. Finally, some configurations of multiple identities may involve dependencies. For example to belong to a profession may necessitate working for a particular organisation. What an individual sees as important (e.g. belonging to an organisation versus

belonging to a work group or to a profession) will determine what memberships as seen as 'necessary.' Thus these memberships may lead to situated identities rather than deep structure identities. Meyer et al argues that the nature of dependencies may produce particular commitments. For example, a situated identity may be associated with continuance commitment – when an individual joins an organisation in order to work within a particular profession, and does not form an identity in which membership of the organisation is crucial, the individual may form affective commitment to the profession and continuance commitment to the organisation. In short, the individual only remains at the organisation in order to work within the profession to which the individual feels attached.

Guerrero and Herrbach (2009) have stated that commitment research usually focuses upon characteristics of work in organisations – such as job content, organisational support and satisfaction – rather than upon characteristics of the organisation such as size and reputation, which are usually only included as control variables. Instead characteristics of the organisation have been typically treated as antecedents of identification. Guerrero and Herrbach (2009) proposed that together social exchange theory and social identity theory provide a framework explaining the relationship employees had with their organisation. Guerrero and Herrbach (2009) found that perceived organisational support and perceived external prestige of the organisation both causally predicted affective organisational commitment. Perceived organisational support predicted the high sacrifice sub-component of continuance commitment but perceived external prestige did not. Perceived organisational support and perceived external prestige both negatively predicted the low alternatives sub-component of continuance commitment.

The present author therefore agrees with scholars such as Meyer et al (2006) that an integration of social identity theory into commitment frameworks is likely to aid further development in the field. In the present research the social identities of importance are those of the students in training for professions such as midwifery, nursing or social work.

1.16 Commitment in the present work

As was discussed previously in this chapter, the lack of consensus in the commitment literature has frequently been described as a hindrance to its study. O'Reilly and Chatman (1986) and Klein et al (2009) have suggested that the confounding of commitment with theoretical antecedents such as identification and exchanges, and with consequences such as turnover intention, contribute to the lack of consensus. A consensus does appear to be emerging, however, regarding the relationship of identification and commitment (see 1.16). A number of scholars (Klein et al, 2006; Klein et al, 2012; Meyer and Herscovitch, 2001) have argued that the proliferation of commitment concepts is not problematic, but that the lack of consensus regarding the "core essence" of commitment is. While theorists such as Becker, Klein and Meyer agree that the core of commitment is either a psychological bond or a force binding one to a course of action (e.g. Klein et al, 2009; Becker et al, 2009). However, they do not agree on which of these commitment actually is.

The present author is of the opinion that it is appropriate to conceive of commitment as a psychological bond rather than a force that constricts behaviour. Although the bond and the shaping of behaviour are both helpful in examining commitment, the 'force' should arguably be seen as proceeding from the psychological bond. Further the view of commitment as a bond is more compatible with the three-component model, in which commitment is treated as consisting of the relative strength of three mindsets, than the force approach.

Although the three-component model dominates the commitment literature at present, Klein et al (2012) have argued for the reduction of commitment to a definition that would essentially reflect only the affective commitment mindset. The present author is of the opinion that it is premature *at this stage* to exclude large portions of what has been learned about commitment, especially considering that work is still being undertaken to explicate continuance commitment and normative commitment further (e.g. Culpepper, 2011; Meyer

and Parfyonova, 2010; Xu and Bassham, 2010). However, as will be discussed in chapter 2 and chapter 3, the present programme of research will examine how commitment is experienced and perceived by students training for professions such as nursing. Findings from the present programme of research and the implications for how commitment should be defined in the literature will be discussed in chapter 6.

The next section presents a systematic review of literature examining commitment in students training for nursing and social work professions.

1.17 Systematic Review of Commitment in Students Training for Nursing and Social Work

1.17.1 Criteria

In order to conduct a systematic review of literature relating to commitment of nursing students and social work students 4 criteria were developed in order to select papers for inclusion. The criteria selected were:

- Commitment had to be studied. In quantitative work this meant that commitment must be directly measured. In qualitative work this meant that commitment had to have been explicitly discussed.
- The paper had to present original research or a review of the relevant literature. No review papers were located. Commentaries were excluded in this systematic review.
- Participants in the research must either be undergraduate students on a nursing or social work program, or be contributing data relating to students on such a program.
- Finally, articles included must present information relating to the relationship between commitment and other variables.

1.17.2 Nursing Students

A search on EBSCOhost using the British Nursing Index, MEDLINE and PsycINFO databases using the terms 'commitment' and 'student nurse' returned 56 entries. 18 entries were unavailable, of which 6 were dissertations, leaving 38 entries.

Of the 38 entries available, 30 were found not to examine work commitment or course commitment. Of the eight entries remaining, two were found not to include student nurses in their samples. Two further papers were removed because the students involved were graduate students on a Master's course to qualify as nurse anaesthetists and were thus not relevant to the current review. Consequently four papers (Kiger, 1993; Meyer, Allen and Smith, 1993; Schaufeli, van Dierendonck and van Gorp, 1996; Wu and Norman, 2006) were identified for inclusion in this review. While Kiger (1993) used qualitative methodology, the other three papers identified made use of quantitative surveys.

Kiger (1993) performed interviews with student nurses in order to examine the images that students had of nursing, what happened when these images came into 'contact' with the realities of nursing, and how this process developed conceptions into 'experience-mediated' images of nursing (p. 310). While Kiger found that images of what nursing looked like, and 'good' or 'bad' aspects of nursing, were to an extent subject to change, occupational labels of nursing, such as 'calling,' 'profession,' 'career' or 'vocation' tended to remain consistent between the initial and subsequent interviews with students. Kiger reported that students only described nursing as 'just a job' when working environments (i.e. clinical areas) were perceived as having negative work climates. Indeed, Kiger found that nursing as more than 'just a job' was one of the persistent features of images of nursing, and that participants saw motivation and commitment as prerequisite. Thus, it appears that commitment may form part of the nurse identity as seen by student nurses. Kiger also reported that when students encountered

aspects of nursing that did not conform to their existing conceptions they either changed their ideas about nursing or did not. Kiger stated that when students did not change their image of nursing they often performed a 'rejection.' For some this meant a rejection of the nursing profession. Kiger reported that most students simply rejected a facet of nursing. The images that students develop of their prospective profession is clearly of importance to the process of making sense of their experiences and can have serious implications for their retention on training programs and for the ways in which they practice their profession after qualification.

Taking a social exchange perspective, Schaufeli et al (1996) suggested that burnout is a consequence of perceptions of unequal exchanges. For example, nurses feeling that they have put more into their work than the rewards they receive for performing their work may react by becoming more depersonalised in their occupation, more cynical and less empathic. Schaufeli et al extended this by arguing that commitment is threatened when individuals perceive their employing organisation as not reciprocating their contributions fully. Schaufeli et al studied lack of reciprocation, burnout and organisational commitment in a cross-sectional survey of two samples of student nurses. Schaufeli et al found that perceived lack of reciprocity at both the interpersonal and organisational level were strongly correlated with burnout and that a perceived lack of reciprocity at organisational level was strongly linked to poor organisational commitment. Thus, the work of Schaufeli et al suggests that burnout is linked to social exchange processes. Although Schaufeli et al did not measure commitment to the nursing profession or to the training course students were on, it seems likely that burnout could also influence commitment to completion of nurse training.

Wu and Norman (2006) performed a cross-sectional survey of Chinese nursing students. This examined relationships between role conflict, role ambiguity, job satisfaction and organisational commitment. Eighty-seven percent of the sample reported an intention to work in nursing after graduation. However, just over half of the sample reported an intention to leave nursing as soon as the opportunity to work in another area arose. Wu and Norman reported a negative correlation

between job satisfaction and role conflict and ambiguity, and a positive correlation between job satisfaction and organisational commitment. The relationships found show similar patterns of correlation found elsewhere in the commitment literature (e.g. Meyer et al, 2002).

Meyer et al (1993) reports what is perhaps one of the most crucial studies underpinning the current thesis. Participants in this study included a sample of nursing students who completed a survey at the beginning and end of a year. Three hundred and sixty-six participants completed the survey at time 1 and 296 completed the survey at time 2. Meyer et al examined the relationship between commitment to the nursing profession, satisfaction with the course, experience of a nursing summer job, intent to look for a nursing summer job and plans to continue in nursing. Age was found to correlate negatively with affective commitment while current year of nursing program correlated positively with continuance commitment and negatively with both affective and normative commitment. This latter finding perhaps suggests that student nurses are 'worn down' over time, and become more aware of the investments they have made in their training. Affective commitment correlated positively and significantly with course satisfaction at the beginning of the year (time 1); however, this correlation was no longer significant by the end of the year (time 2). Continuance commitment was positively related to having had a nursing job in the previous summer, while affective commitment was positively related to seeking or having obtained a nursing job for the oncoming summer. Meyer et al suggest that the investment in training becomes more salient to those who have experience of the nursing profession while emotional attachment to the profession leads individuals to seek such experience. This may suggest a process by which affective commitment contributes to the development of continuance commitment, as individuals become aware of what they 'have to lose.' Affective and normative commitment correlated positively with intent to continue in nursing. Continuance commitment was negatively correlated with intent to continue, although this correlation was not significant at time 2. This latter finding is somewhat puzzling, as all forms of occupational commitment should theoretically be positively related to intent to remain within an occupation. Indeed this was the case for the qualified nurse sample. Meyer et al note that they did not anticipate this finding

amongst the student sample and did not provide an explanation for why the relationship may have occurred. A principal limitation of Meyer et al (1993), acknowledged by the authors, is the lack of causal analyses. This would have provided a more complete explanation of commitment in student nurses. Meyer et al suggested that further research would need to be conducted regarding the changing profiles of commitment in nursing students and the nursing profiles due to the implications of the increases in continuance commitment and decreases in affective and normative commitment.

1.17.3 Social Work students

A search on EBSCOhost using the PsycINFO and SocINDEX databases using the terms 'commitment' and 'social work student' returned 83 hits. Twenty-three entries were unavailable, of which two were dissertations, leaving 60 entries. Fifty-six entries were removed because they did not relate to work commitment or commitment to the social work course. This left four entries. Of these entries two did not include social work students on undergraduate courses as participants and were therefore excluded. Consequently two papers (Ching-man, Hung and Terry, 2004; Criss, 2010) were identified for inclusion in this review. While Ching-man et al used both quantitative and qualitative methods in their research only the quantitative portion of their paper pertained to commitment. By contrast Criss (2010) used an entirely quantitative method.

Ching-man et al (2004) performed a survey of 114 social work students in Hong Kong to assess the impact of the 2003 SARS (Severe Acute Respiratory Syndrome) epidemic in the region. The survey included a brief three-item measure intended to measure increased commitment and devotion to the social work profession. Ching-man et al reported that reported increases in commitment and devotion correlated positively with a perception of SARS as having had a positive impact (e.g. as a learning experience), with a perceived increase in understanding of the risk involved in social work and social work's role in a crisis, and with perception of the SARS epidemic as having encouraged

personal reflection (e.g. on the values of social work). However, it should be noted that *increased* commitment was measured, meaning that possible decreases in commitment would not be observable using the survey. Furthermore, as the study was cross-sectional it was not possible for Ching-man et al to demonstrate actual changes in levels of commitment.

Criss (2010) studied the impact of client violence on student social workers. A cross-sectional survey was conducted with 595 social work students, of whom 248 were undergraduate social work students. The survey measured exposure to client violence, fear of future violence occurring within the next year and occupational commitment. The survey distinguished between forms of violence: verbal abuse, threat of physical harm, threat of lawsuit, damage to personal or professional property, and physical assault. Verbal abuse was by far the most reported form of violence experienced. The survey further distinguished between violence directly or indirectly experienced. Forty-two percent (rounded up) of the total sample had directly experienced at least one of the forms of violence, while 60% had indirectly experienced one of the forms of violence. In general, actual experience of direct or indirect violence did not influence commitment, although a linear regression indicated that normative commitment was significantly associated with exposure to physical assault.

Criss suggested that this may be because social work students exposed to physical assault may feel a greater sense of responsibility towards their profession. Criss further reported that experience of specific violent acts was significantly related to the relevant specific fear. For example, experience of physical assault was significantly linked to a fear of future physical assault. The relationship between indirect exposure to specific acts and fear of general future violence was stronger than the relationship between direct exposure and fears of general future violence from clients. Criss found that fears of future physical assault and future threats of physical harm trended towards negative significant relationships with affective commitment, but that all specific or general fears of future violence significantly and positively correlated with both normative and continuance commitment. It is interesting that affective and normative

commitment did not share similar correlations as they often do in commitment studies (e.g. Meyer et al, 2002), but Criss notes that workers can experience an obligation to perform an act without experiencing a desire to do so. It is possible that fears of future violence make obligation and necessity (normative and continuance commitment respectively) more salient to student social workers. As Criss notes, this is a worrying finding given that commitment profiles dominated by continuance and normative commitment mindsets have less positive outcomes, such as a lessened propensity to perform citizenship behaviours (e.g. Gellatly et al, 2006).

1.17.4 General Discussion

In contrast with the systematic review of attrition research discussed in chapter 1, a relatively small number of papers was found examining commitment in students training for nursing and social work. While research examining commitment in social work students examined specific issues such as client violence, research examining nursing student commitment was more likely to examine individual differences (e.g. Meyer et al, 1993) or characteristics of the job (e.g. Schaufeli et al, 1996; Wu and Norman, 2004). It is thus rather difficult to compare the findings related to the two samples. Kiger's (1993) research suggests that nursing students see commitment as important to their professional image. This is supported by Meyer et al (1993) in that affective and normative commitment was related to intentions towards a long career in nursing for student participants. Wu and Norman (2004) identified job satisfaction, and role ambiguity and role conflict as having relevance to the commitment of nursing students, while Schaufeli et al (1996) identified inequalities of social exchange at the organisational level as associated with poor organisational commitment in student nurses. Consequently, support, clarity of the role and manageable demands are identified as variables promoting commitment in nursing students. The influence of role clarity indicates the relevance of Kiger's (1993) work in examining the formation and development of images of the nursing profession held by nursing students.

In contrast, work focusing on the commitment of social work students appears to focus upon the circumstances that they may find themselves in. It is difficult to generalise from Ching-man et al (2004) given the very specific context of the SARS epidemic, but the research suggests the value of otherwise adverse events to personal development as a professional. Criss (2010) shows that both normative and continuance commitment are enhanced by fears of violence. While this may appear counter-intuitive it is important to note that this likely reflects the greater salience of necessity and obligation to remain in social work rather than a desire to remain in the profession. These two studies present different perspectives on what are both arguably adverse experiences.

The research reviewed suggests that the context in which students develop is crucial to their commitment to the profession for which they train. It is therefore important to consider the support which students receive in the course of their training which will enable them to make sense of their professional identity, to enable them to cope with adverse experiences in their professional life and to be able to enjoy a positive commitment to the profession and accordingly a professional tenure of greater duration.

1.18 A Mixed Method Approach

Having reviewed the relevant literature and setting out the use of commitment in this thesis, it is now important to discuss the overall methodology that will be utilised in the programme of research. A mixed methods design, combining qualitative and quantitative phases was been selected. However, an explanation of the epistemology behind a mixed-method approach is required. Tashakkori and Teddlie (2008) state that positivist epistemology underlies quantitative methodology, while qualitative approaches are founded in the constructivist approach. This is arguable. For example, Braun and Clarke (2006) note that thematic analysis – a method of qualitative analysis discussed in greater detail in chapter 2 – is compatible with essentialist or realist epistemology as well as constructivist epistemology. Furthermore Boyatzis (1998) provides guidance on

the performance of thematic analysis that Braun and Clarke (2006) argue is often implicitly positivist. Nevertheless, while quantitative work is, for the most part, driven by positivist and post-positivist paradigms, published qualitative work is often guided by alternative approaches. Howe (1988, 1992) argues that many scholars present what he describes as an 'incompatibility thesis' (Howe, 1988:10), whereas quantitative and qualitative approaches to research are not necessarily mutually exclusive. He further suggests (1988) that paradigms should not determine the acceptability of research methods, but that a mutual relationship should exist between philosophy and method allowing each to inform the other. In this approach, epistemology not only informs research method, but epistemological approaches are judged by their compatibility with and contribution towards successful research methods. Howe identifies this approach as 'pragmatism.' He recognises that pragmatism is often criticised on the grounds that 'what works' does not directly address notions of truth. This is because pragmatism takes the position that reality cannot be known absent 'filtering systems' such as belief.

Howe (1988) identifies two frequently used theories of truth in the social sciences: correspondence theories identifying language as related to reality, i.e.: that research can make reality directly known; and coherence theories in which the emphasis is upon consistency of claims in language. Positivist approaches are associated with the former while interpretivist approaches are associated with the latter. Howe (1992) criticises positivism as untenable and interpretivism as providing incomplete means for assessing theory. Rather than adopting the criteria of correspondence or coherence, Howe (1988) identifies criteria such as accuracy, consistency, scope and comprehensiveness as relevant to the pragmatist approach. Direct knowledge of reality being problematic, and consistency of claims being insufficient to judge scientific endeavour, 'what works' becomes an appropriate way to judge scientific work. By rejecting epistemologies that are exclusive, pragmatism enables a mixed methods approach to research (Tashakkori and Teddlie, 2008).

Greene, Caracelli and Graham (2008) identify a range of five 'purposes' for a mixed methods approach. In each of these approaches there is a rationale for the inclusion of both quantitative and qualitative methodology. These five purposes are triangulation, complementarity, development, initiation and expansion. When the rationale for a mixed methods approach is *triangulation*, researchers seek convergence or corroboration of results from different methods. In other words by using different methods it is intended that the validity of findings are improved by using multiple methods which have different strengths and weaknesses. This allows greater confidence in the findings. Researchers using mixed methods to attain *complementarity* are also seeking to improve validity, but are also seeking to improve the meaningfulness of data. Whereas the triangulation approach focuses on attaining data on the same phenomena using different methods, the complementarity approach seeks data relating to the same phenomena and also relating to overlapping phenomena. The use of different methods allows the researcher to make use of different strengths associated with each method. For example, in the complementarity approach one might use different methods to study job satisfaction but focus on a different context relating to job satisfaction with each method, using a method well suited to the particular context. The *development* approach is used when results from one method will inform the next method used by the researcher. For example, qualitative research might assist in developing a quantitative measure or qualitative interviews might be used to further examine a significant result found through quantitative methodology. Researchers using an '*initiation*' rationale seek to discover new paradoxes, new perspectives or to reframe a questions or results through the comparison of methods. Greene et al (2008) note that purposeful initiation approaches can be rare and that this form of mixed methodology may more often prove to be emergent. For example, capturing qualitative information about the process of using a quantitative method might reveal insights into the quantitative method that might not ordinarily be captured. Finally the *expansion* approach to mixed methods occurs when the researcher intends to extend the range of inquiry through the use of different methods for different elements of the research question. This enables the researcher to make use of a method most suited for obtaining a particular kind of data. For example, a researcher studying the use of a facility at a workplace might use quantitative methodology to assess

frequency of use, and a combination of quantitative and qualitative methods to capture opinions regarding the usefulness of the facility.

The approach adopted in the present thesis most closely follows the development approach to a mixed methods design. Thus each study has been used to inform the next stage of the research programme. Study one provided faculty perspectives on issues relating to student commitment. In addition to informing the construction of questions for use with student participants, interviews with senior lecturers also provided perspectives on issues currently affecting the professions of interest. Study two provided student perspectives on issues relating to their sense of commitment, and which informed the development of the model which was tested quantitatively in study three. Study four was then designed to allow for analysis of the causality of relationships identified in study three.

1.19 Aims of this Research Programme

Due to the relative lack of work examining commitment in the sample of interest, fairly broad research questions were adopted for this research programme. In line with Suddaby's (2006) advice, hypotheses are not presented for 'testing.' Instead the aim of the present research focuses upon:

- 1) Elucidating the personal experiences of students in training for professions and those who teach these students, in relation to commitment to a chosen profession.
- 2) Identifying factors judged to be important by the samples of interest in influencing commitment.
- 3) Identifying ways in which commitment may be enhanced in students with the consequent impact upon important work-related outcomes.

- 4) Exploring the social identities of students on professional courses.

The next chapter presents the first study of this research programme. Several lecturers involved in the training of students on professional programmes were interviewed in order to gain insight into their perception of the factors relevant to student experience of commitment and training.

Chapter Two: Study One

Introduction to the chapter

This chapter presents qualitative data from a study that examined perceptions of student commitment by faculty involved in the training of students on professional courses. The aims of this study were to gain insight into the perspectives of teaching staff on student commitment, and to gather information about the training of students that would enable greater understanding of student responses from subsequent studies. Literature that has utilised qualitative methodology to explore occupational commitment undertaken in a range of countries is reviewed in this chapter. The reviewed research focuses on work-related commitment in other employment contexts as well as that conducted within the fields of nursing and social work. Some background to the present study is presented and the method, procedure and analytic strategy described. Several themes were identified from the data and findings are illustrated by selected supporting quotes. The theme of support was seen as particularly crucial to understanding the experiences of students undertaking professional training programmes.

2.1 Introduction

As was discussed in chapter one, there is a distinct lack of consensus regarding the definition of work commitment. This lack of consensus is related to the frequent confounding of commitment definitions with antecedents and consequences of commitment (Klein et al, 2009). There is a need to develop clarity and consensus within the commitment literature (e.g.: Becker, Klein and

Meyer, 2009; Klein et al, 2006; Klein et al, 2012; Meyer and Herscovitch, 2001). Klein and colleagues (Klein et al, 2006; Klein et al, 2012) have called for more research on how commitment is experienced by individuals and how individuals make sense of their commitment. In addition to helping clarify the construct and providing rich data on the phenomenon, this data would assist in developing new measures of commitment. Becker et al (2009) have suggested that qualitative research methodologies may be particularly effective means through which to investigate how commitment is experienced by individuals. Qualitative research allows for deeper explorations of particular contexts, allowing researchers to provide richer explanations of 'how things work' in those situations and environments (Mason, 2002). If work commitment is treated as a social construction, as in the approach of Klein and colleagues, then qualitative approaches further present the opportunity to examine the process of constructing commitment.

Although the need for qualitative research has been identified, existing research on work commitment has primarily made use of survey-based studies. There is at present a lack of research that presents individuals' lived experiences relating to commitment. Indeed only one qualitative approach to studying commitment in students training for professions was identified by the systematic review presented in chapter one. Kiger (1993) argued that conceptualisations of nursing held by student nurses indicated that commitment was important to their professional identity, and that commitment was held to be a factor elevating nursing above "simply being a job."

While commitment research such as that of Kiger (1993) often focuses explicitly or implicitly upon affective commitment, valuable insights have also been found relating to the experience of continuance commitment. McKenna (2005) describes interviews with 20 senior managers in four small Singaporean companies within the service sector. Many of those interviewed did not want to spend the entirety of their working lives with their present employer but were aware of the costs associated with leaving their employment. Participants also tended not to see loyalty to the organisation as important, although a small

number saw loyalty to peers and staff as important. McKenna noted that participants tended to see their relationship with their employing company in exchange terms. McKenna argued that continuance commitment was the primary feature of the commitment shown by participants. McKenna also suggested that continuance commitment-based relationships could still be positive, provided that the exchanges between employer and employee were seen as beneficial. However, as discussed in chapter one, commitment theory is frequently grounded in exchange approaches. Each of the three components of commitment in Meyer and colleagues' approach have some basis in exchanges between employees and their employing organisation, in the case of organisational commitment. It is likely that some of McKenna's findings may stem from a difference of cultural context for commitment, as it was reported that 'job hopping' is not seen in negative terms in Singaporean culture.

As the importance of context has been identified as meaningful to the experience of commitment, this review will now focus upon qualitative research relating to commitment in the caring professions. These papers identify facets of the professions that are considered to be associated with commitment. Gould and Fontenla (2006) conducted interviews amongst 27 qualified nurses from two NHS Trusts in order to identify work-related factors influencing their work commitment. Participants identified a range of positive and negative aspects of nursing. Positive aspects included related to feedback from patients, support from other healthcare professionals, work variety, being able to provide high levels of care and family friendly policies. Some of the negative aspects discussed included poor resources, heavy workload and work-life balance issues, negative public perceptions of the profession, verbal and physical abuse and poor pay. Support from colleagues, flexible working practices and the intrinsic value of the profession were found to be reasons to remain in the profession. Although the findings reported are likely to have meaning for the commitment of nurses, it should be noted that Gould and Fontenla did not explicitly discuss the concept of commitment directly with participants. This was also the case with other papers excluded from the systematic review of commitment in students reported in chapter one. This is likely to be related to the ambiguity of the concept of

commitment, which was initially discussed in chapter one and will be examined later in this section.

The occasional conflation of commitment with retention has also been discussed in chapter one. In a mixed methods study, Barbee et al (2009) treated commitment as being synonymous with retention. Although they were interested in the impact of specialised preparation for child welfare work, Barbee et al chose to study the effect upon those who had already graduated from specialised versus non-specialised programmes. While Barbee et al did not explicitly address commitment many of the variables that were explicitly examined are of relevance to commitment processes. The quantitative portion of Barbee et al's (2009) research suggested a link between specialised child welfare training and later performance of best practice procedures. The qualitative component of the research made use of telephone interviews with individuals that had left a workplace involved in child protection. Issues identified through these interviews included poor supervision and lack of support from colleagues, unrealistic expectations of the individual by supervisors in social services.

Support was also a theme of a study by Levett-Jones, Lathlean, Higgins and McMillan (2009), who used semi-structured interviews with eighteen student nurses to examine how experiences during clinical placements affected the feeling of student nurses' feelings of 'belongingness' on the ward. Levett-Jones et al (2009) reported that the treatment of students by staff had a strong impact on participants' discussion of belongingness. Themes identified included whether or not students were made to feel accepted, treated as a nuisance, included or excluded from patient care and inclusion or exclusion from informal socialisation. Levett-Jones et al concluded that positive relations between staff and students were vital to students feeling accepted during work placements. It seems likely that these experiences could also have an impact on student commitment. Commitment is often implicitly or explicitly associated with exchanges between the individual and the target of commitment, or those representing the target of commitment. If students are denied support and acceptance it is possible that some students will respond by downgrading their own contributions.

Given the relative lack of qualitative research in commitment the current research programme will extend the literature by initially exploring the meaning of commitment in members of “caring” professions, utilising this information to select relevant measures, and subsequently conducting a longitudinal study that examines student commitment, training experiences, and turnover intentions. For this reason an inductive approach was chosen as the most appropriate way to obtain in depth data from lecturers and students. The importance of this approach was further emphasised, when the author was making initial research contacts in the relevant University departments, as some lecturers expressed concerns that job commitment might not be relevant to student participants. In order to ensure that a measure of commitment with sufficient ecological validity was utilised in later studies in this programme of research, it was decided that investigating faculty perceptions of one of the most commonly used measures could be explored during the present study.

To summarise, this study aimed to examine Faculty perceptions of student commitment through a series of personal interviews. It further explored the ecological validity of an existing measure of commitment for a student sample.

2.2 Method

Participants

Participants were academic staff members at the University of Bedfordshire, drawn from three departments of interest (Nursing and Midwifery; Social Work and Education).

Participants were recruited via contacts in each faculty, who made initial enquiries as to who would be interested in taking part in the research

programme. Participants were subsequently contacted to invite them to take part in an individual interview.

Eight participants took part in total. All participants were senior lecturers. As well as extensive teaching experience, all participants had extensive experience of working in the professions of interest; they were therefore in a good position to provide insight into the profession as well as the training of students. Three participants were recruited from the nursing faculty, three participants from the social work faculty, and two participants from the faculty for training teachers. Of the eight participants, six were female, and two male. Seven participants were British.

Materials

A prepared list of questions was used. In addition, participants were given an information sheet to keep (please see appendix 1.1). The interview schedule included questions about participants' experience in their profession; perceived changes in the profession and in training; the students training for the relevant profession; possible influences on motivation and commitment; qualities and skills required for students to be successful in their training; and possible changes that could be made to the training. Questions included "What do you see the key changes in training, compared to when you trained?" and "What experiences of the workplace, i.e. through placement, do you think have the greatest meaning and impact for students in terms of their commitment to [profession] and retention?" Participants were also asked to assess the validity for a student sample of a measure of organisational commitment obtained from Lee et al (2001) based upon the commonly used measure developed by Allen and Meyer (1990a). The full interview schedule can be found in appendix 1.2.

Questions were developed with reference to the literature, to absences within the literature, and in relation to perspectives offered by research contacts. For

example, question 7, relating to experiences of the workplace influencing commitment, was included due to the relative lack of research regarding how commitment is experienced by individuals. Question 3, relating to motivations for joining the career, was designed because this was seen as providing insight into the nature of commitments to the profession. Perceptions of the professional role (question 4) were selected for inclusion as a question topic due to the previous indication that images of professions have implications for commitment (e.g. Kiger, 1993). Other questions, referring to changes in the role and training were designed to elicit useful contextual information that would highlight issues affecting the professions of interest.

Participants were also shown a measure of organisational commitment based upon the three component model (please see appendix 1.3). Once interviews for study 1 was completed participants were provided with a summary of the main findings (please see appendix 1.5).

Procedure

Participants were asked to take part in a semi-structured interview. Before interviews were conducted, participants were told that they could withdraw from the research at any time, and that in such an event their data would not be used. Participants were also told that the data would be kept confidential, and that they would not be personally identified or linked with their responses. Participants were asked to sign a consent form, and were given an information sheet to take away (please see appendix 1.1).

Interview participants were given a copy of the interview schedule prior to the start of the interview in order for them to have time to consider the issues covered. Interviews lasted approximately one hour. The lengths of interviews varied, but were between 40 minutes and 1.5 hours. Interviews were tape recorded with permission from participants and subsequently transcribed.

Analysis

Thematic analysis was used in this study. Thematic analysis is a method used to analyse and report patterns within qualitative data. However, thematic analysis can go beyond this and interpret aspects of the research topic (Boyatzis, 1998). Braun and Clarke (2006) note that thematic analysis is flexible, and can be used across a range of philosophical paradigms. While Braun and Clarke (2006) offer an excellent guide to approaching thematic analysis, Boyatzis (1998) offers a quantitative technique for validating codes. Boyatzis was therefore selected as the principle guide to the present analysis. The procedure used followed as far as possible recommendations set out by Boyatzis (1998) which will be discussed in this section. Where the present research has departed from the procedures recommended by Boyatzis such departures will be acknowledged and discussed. In the description of this process themes are often referred to as being developed by the researcher. In reporting thematic analysis scholars sometimes make reference to themes 'emerging.' Braun and Clarke (2006) argue that this phrasing implies that themes are discovered and that the researcher is playing a passive role rather than being actively involved in the selection of patterns that are of interest.

Boyatzis identifies three stages in thematic analysis. In the first stage decisions are made regarding sampling and study design. In the second stage, themes are developed and a codebook produced. In the third stage the codebook is validated and then applied to the data.

Stage	Activities
I: Sampling and Design Issues	1: Deciding on sampling and design issues 2: Selecting subsamples
II: Developing Themes and a Code	1: Reducing the raw information 2: Identifying themes within subsamples 3: Comparing themes across subsamples 4: Creating a code 5: Determining the reliability
III: Validating a Code	1: Applying the code to the remaining raw information 2: Determining validity 3: Interpreting results

Table 2: Stages of conducting thematic analysis, adapted from Boyatzis (1998)

Boyatzis states that criterion-referenced material is vital to developing a code inductively. Criterion-referenced material is data that is closely linked to the research question. Sampling and design decisions are critical to obtaining such material. Given that the present research is primarily focused upon work-related commitment it would be ideal to recruit participants who are high or low in commitment. Due to the nature of commitment and its relation with 'citizenship behaviours' it is less likely that those who are lower in commitment would volunteer to participate in research. Instead participants were recruited based upon the profession for which they trained others, in the case of faculty participants, or for which they were themselves training, in the case of student participants. Consequently comparisons between samples focus upon differences and similarities of experience, and how these might affect commitment.

Boyatzis identifies three approaches to developing themes. The first is theory driven, the second is driven by prior research or data, and the third is driven by the data obtained in one's present work. As such the first two methods represent deductive approaches in which a framework is developed prior to analysis and then applied to the data. The third approach is inductive, developing themes from the raw data obtained through research rather than using prior conceptions to guide analysis. Boyatzis argues that the inductive approach improves understanding of the data and removes biasing effects of prior conceptions. However, as Braun and Clarke (2006:84) note, researchers do not analyse data in an 'epistemological vacuum.' It is therefore probable that prior research on work commitment has influenced the interpretation of data in Study One and Study Two. The interpretation of results is justified not only by the presentation of reliability statistics, but also by the use of arguments and selected quotes. The approach taken to the interpretation of data and to demonstrating reliability will be discussed later in this section.

Boyatzis divides the development of themes and code into five steps: reducing the raw information, identifying themes within subsamples, comparison of these themes between subsamples, creating a code, and determining reliability. Braun and Clarke (2006) argue that the stages of developing themes is recursive, rather than linear. Consequently the identification of themes within subsamples and the comparison of themes between subsamples influenced revisions of the themes. Braun and Clarke (2006) state that themes should be selected because they capture something of importance to the research question. Consequently it can be argued that the development of a code is a statement about what the researcher considers important to the subject being studied. It should be noted that the analysis reported here departs from Boyatzis in the approach to developing a code. Boyatzis argues that themes should be selected and framed such that themes should be present in one subsample but not in another. This seems a reasonable approach when the subsamples represent different levels of an important variable as Boyatzis refers to. However, as noted earlier in this section, subsamples were distinguished by the profession with which they were associated. Therefore the researcher did not consider it appropriate to generate themes that were exclusive to one subsample or another. The comparison of

subsamples therefore often focuses on 'how' themes are present rather than on whether or not they are. This departure also has implications for stage three of the thematic analysis procedure discussed by Boyatzis.

The final step of developing a code for thematic analysis is to assess the 'reliability' or consistency of judgement between coders. The method selected for determining reliability was percentage agreement on presence. Boyatzis recommends percentage agreement when there are comparatively few themes to be coded. Percentage agreement normally involves comparing the number of occasions when both coders agreed on the presence of a code with the number of times that coding was possible. The percentage agreement on presence variation is used where a theme is only of theoretical interest only when present (Boyatzis, 1998). Consequently this variation was chosen because the presence of commitment and other themes were only of interest when present.

The equation for this method is:

$$\text{Percentage agreement on presence} = \frac{2 \times (\text{number of time both Coder A and Coder B saw theme present})}{(\text{number of times Coder A saw theme present} + \text{number of times Coder B saw theme present})}$$

Boyatzis (1998) states that 70% agreement is usually considered acceptable for a theme to be considered valid.

In order to conduct the reliability analysis a codebook of the final themes selected was produced. Boyatzis recommends that each theme should have a label (i.e.: the name of the theme), a description or definition, a guidance to indicators of the themes, examples of the theme, and rules for exclusion or other special guidance. The researcher developed themes from two interview transcripts from study one. One of these transcripts was for an interview with a participant from the nursing faculty while the other transcript was of an interview with a participant

from the social work faculty. Examples from these two transcripts were included in the codebook in order to provide guidance to Coder B. The codebook developed can be found in appendix 1.4.

The researcher acted as Coder A. A fellow research student was recruited to be Coder B. Coder B was given a copy of the codebook and given an opportunity to voice concerns with the clarity of the codebook. Once the present researcher and Coder B were satisfied with the codebook each independently coded the same four interview transcripts. These consisted of interview transcripts for one student participant and one faculty participant from the healthcare samples and the social work samples. Using the equation shown earlier a percentage of agreement was calculated for each theme. The results of the coder reliability analysis are shown in the results section. The findings of the interviews with Faculty will be presented in the current chapter and the interviews with students in the following chapter.

2.3 Findings

Thematic analysis of the interview data with lecturers revealed seven themes. These themes were: commitment, defining the profession, enjoyment, joining the profession, stories, student identity and belonging, and support. In describing the results particular attention is given to the way in which the environment students train in impact on faculty and student experiences and consequently influence commitment. First the reliability ratings for the themes will be presented. Then each theme will be discussed individually, with representative quotes from faculty provided to further elucidate the issues.

2.3.1 Reliability Analysis

As can be seen in table 3, most of the themes reached acceptable reliability. However, the themes of defining the profession, student identity and belonging, and support were found to have poorer reliability ratings. Boyatzis states that when themes do not reach the level of acceptability then either the themes should be removed from the code or the code should be redeveloped and validated again. However, it could be argued that difficulties in reaching acceptable rates of agreement may be a consequence of situational constraints. Given that Coder A is the present researcher, while Coder B was a fellow research student not involved in the research reported here, one possible explanation for disparities of coding is that Coder A benefited from being 'closer' to the raw data. It is probable that Coder A would therefore be more likely to perceive themes as implicitly present. The present researcher therefore made the decision to retain the present code but to present the themes failing to reach acceptable reliability with greater caution.

Theme	Reliability
Commitment	72.7%
Defining the Profession	57.14%
Enjoyment	70.6%
Joining the Profession	78.57%
Stories	87.5%
Student Identity and Belonging	63.16%
Support	56%

Table 3: Reliability percentages for themes present

2.3.2 Defining the Profession

The theme of defining the profession is presented first in order to provide context for subsequent themes, which frequently relate to facets of the profession or training leading to qualification. Two broad themes emerged from discussions with lecturers in relation to defining the profession. Participants' definitions either tended to relate to the tasks associated with 'performing' it, or by the values associated with the profession. Some participants taking the 'activities' approach to definition were those who frequently highlighted the specific ways in which their profession had changed. In this section it is noted that there was considerable variation between nursing, social work and education lecturers in how they defined their profession.

Nursing lecturers tended to describe nursing in terms of the tasks performed. Two participants focused upon nursing as the delivery of healthcare to patient, but the changing nature of the role was also discussed. For example:

“The role of the nurse is changing... More and more nurses are getting involved in specialism... But I think, the role is changing, because of changing health-care delivery, and that’s the way it is. But the primary role of the nurse is to care for people that...are ill, and cannot do things for themselves.”

Nursing lecturer 3

In relation to the changing nature of the nursing role, one participant focused upon the poorer quality of relationships. This was reflected in portrayals of poorer working relationships with other healthcare professionals and in perceptions of rapid patient turnover resulting in nurses having less knowledge of their patients:

“In some ways I think it’s harder... I think we have lost... some of the relationship we had with the medical staff when I was [a] ward sister and when I was staff nurse. Some of the partnership’s gone... [T]he consultants... on some wards work very well with the staff, and some wards... they’re almost arrogant... I think it’s harder from the point of view... that change of patients is very quick. No patients are recovering... whereas we always had patients in before surgery, at surgery, and a few days recovery. Whereas now, you have your patients in the day of the surgery, and more or less either that day or the next day they’re gone. So I think from our point of view we knew the person much more, um, from the point of view of what was going to happen to them in their care and everything else. I think the staff now have a very quick turnover and I don’t think that they know their patients in the depth that we did. And I think that is a sad loss.”

Nursing lecturer 2

Social work lecturers generally described their profession in terms of values, emphasising the unique nature of the role. Two participants expressed amusement at being asked to discuss the role of social workers, for example:

“I’m only smiling because that’s one of the questions we ask the candidates at the interviews... I think the role of a social worker is... it’s unlike any other role that there is. Um...the government is trying to... say... you’ve got to follow the same set of [lines] as teachers. But actually the role of the social worker is far bigger and involves far, far more skills or sets of skills or knowledge and understanding... than... teaching does. So for me the role of the social worker is that of... enabling people to reach their full potential... but recognising that there are many things that get in the way of that.”

Social work lecturer 3

Participants from the social work faculty often spoke of the professional role in terms of specific values such as non-discrimination, social justice and improving life chances for those experiencing inequalities. Participants also tended to reflect upon the inherent complexity of social work, and in particular the dynamics of power that were involved in performing the job in a way that is congruent with professional values. A further complication discussed by all social work lecturers was the need to be able to operate within ‘the system’ and the limitations that imposed. For example:

“I mean I think social work is about, um, helping people to achieve change, but... definitely within the limitations of... the law, and, um... and also the responsibilities that you have as a system, so it’s quite complex, so... what we have is trying to advocate and empower people to make changes for themselves in their lives, but also we have a responsibility... to protect others. So it may be that, um, working with families, you, you, you have to be clear about who your client is and who your service user is... your responsibility is to the most

vulnerable person within that family, and, and I'm talking about children and families work cause that's most of the work that I've done. So sometimes you're actually making decisions against peoples' will and that's something that you have to think about very carefully and think about ethically.”

Social work lecturer 2

In contrast to the activity-centred definitions expressed by nursing participants and the value-centred definition used by social work participants, both education lecturers described the role of the teacher as changing. One participant focused upon changes in technology as driving change in the role, but placed particular emphasis on how this has affected his own specialisation (i.e. sports education). As with some nursing participants who focused upon key tasks or facets of the occupation, such as one participant who above describes working relationships as having deteriorated, it is arguable that this participant was not defining the role of the profession but instead describing the environment of the profession. However, the present author would suggest that this reveals vagueness in the difference between what a professional is and what a professional does.

“I think teaching, in many respects teaching has changed, because of that, that notion of... multi-media in the way that children access knowledge, and, and I think physical education needs to move beyond its notion of school sport as the... sole aim of teaching and look at how we utilise the digital environment to further learning within physical education...”

Education faculty lecturer 2

By contrast, the other education lecturer discussed teachers as occupying many roles. This participant focused on the greater formalisation of these roles and the increasing demands made upon teachers.

“I think the role of a teacher today is probably more demanding... than it was when I...first started teaching. ...when I first started teaching there was no National Curriculum. And literally I went into school and I did what I chose to do... I was a conscientious soul, so I wrote my own schemes of work... and so on of... you know, made sure that the children learned, as I felt they should... but I need not have done that. Nobody sort of checked up on me... less accountability. Um...and, and, quite idiosyncratic. So...I recognise that the development of the National Curriculum...makes sense... That makes a lot of sense. Um...however, I am aware... although I think we did these things anyway, I’m thinking a sort of being partially sort of loco parentis, part social worker, part... carer. You know the other sorts of role - part police woman, the other sorts of roles that come along with teaching. And I think you did them instinctively, but now... that is a much more explicit... requirement of the job, particularly with ‘Every Child Matters.’”

Education faculty lecturer 1

The theme of defining the profession highlighted strong differences between disciplines in how they conceptualised it. This may well reflect the obvious differences between the professions in relation to task, role and function. The provision of healthcare requires specific skills such as expertise in clinical techniques, development of care plans and administration of medication. This may therefore concentrate attention on the activities of the profession, and explain the relative task focus of nursing lecturers. By contrast, the clients of social workers are frequently disadvantaged by society and the activities of the profession are often centred on the consequences of this inequity. Thus, social workers are likely to be motivated by a strong need for social justice. Indeed social justice has been described as the organising value of social work (Swenson, 1998). The focus by some participants on change is likely to be the real consequence of frequent changes to public sector occupations. For example, as noted in chapter one of this thesis, Hunter (2005) reported that the NHS had gone through five major structural changes over the course of twenty five years.

Commitment

The commitment theme was developed by the researcher because it was of explicit relation to the primary aims of this thesis. Participant contributions were examined in order to compare conceptions of commitment with the three component model outlined in chapter one. Three broad themes were noted when analysing the interviews with lecturers. The first related to the necessity of commitment for students in the “helping” professions. The second related to the targets of student and professionals’ commitment. The final topic identified was the need to balance completing commitments. This section concludes by examining participants’ assessments of the organisational commitment measure shown to them, as discussed in the method section.

Commitment mindsets

Commitment was rarely spoken of in terms of dedication in explicit terms. However, the way in which commitment was referred to by participants tends to be most compatible with the ‘affective commitment’ mindset identified by Meyer and colleagues (e.g.: Meyer and Allen, 1991). One social work lecturer indirectly referred to commitment by describing an act of sacrifice by students.

“So for example... a while ago a student from Zimbabwe... was really struggling... financially, to get the money out of the country... the money got stolen before it was able to be sent out, um, you know... things like that. So every time they were doing something to enable themselves to, to find the finances, um... and continued, and continued and, you know... such a sacrifice to sell your house, to do this and, have your family at home also making sacrifices to enable to do this... a huge commitment to get it, for which I have tremendous respect and awe.”

Social work lecturer 3

Ironically the mindset of continuance commitment is associated with an awareness of investments that have been 'sunk' into an ongoing line of behaviour, such as membership of an organisation or the pursuing of a goal (Meyer and Allen, 1991). Acts of sacrifice may well be indicative of affective commitment while also potentially leading to the development of a commitment mindset more associated with continuance commitment.

Discussion of commitment in terms that would relate to normative or continuance commitment occurred rarely. Participants sometimes made reference to the investments of time and effort made by students, although the emphasis was usually on how much students had invested in their training rather than on students persisting because of an awareness of how much they could lose if they dropped out. Although superficially these may appear to invoke the development of continuance commitment, the language suggested that the intent of participants was to indicate admiration of student dedication or an understanding of the sacrifices made by students. For example:

"I am proud to say, that many of our students are very committed, sacrifice [a lot]..."

Nursing lecturer 3

"But, [courses are] still a commitment of, you know, three thousand pounds a year and... there's a combination of live away from home and, you know, this commitment to be prepared to go into... debt in order to get the career that you want, and then be paying off that debt."

Education faculty lecturer 2

One participant discussed student awareness of the costs of studying. In particular he/she referred to a lack of opportunity to gain some types of support, and that this influences the wider experience of students. For example, in contrast to the wider student body, those on professional courses frequently do not have the time for “traditional” student bonding activities such as going to the pub with their peers. It should be noted, however, that the participant quoted below was referring to mature students and the way in which their experience of university differed from those who joined straight from school.

“It’s maybe that we’ve really got to work hard at maintaining their commitment while we’ve got their attention during the hours that they’re here. We can’t assume that they’ve got this, um, this activity, that club...this pub, group, this group of friends to go with that keep them focused at university, that keep them going when times get rough, and all the rest of it. And...and, in order to, um, compensate for the lack of that in our students’ lives, I think we have to probably provide a different experience for them. We have to make every minute worthwhile. Our students are very well aware of how much it costs to study here... that they are customers and that they should be treated in that way. And I think much more so than... the regular undergraduates. And if they don’t get the good service, than I think their motivation... may suffer because of that.”

Social work lecturer 1

If students are more aware of the investments they put into their training, it is possible that this will make the continuance commitment mindset more salient. Given that continuance commitment is less often associated with positive work outcomes than affective commitment (e.g. Meyer et al, 2002) this may be of some concern. For example in Meyer et al (1993) continuance commitment correlated positively with the turnover intentions of student nurses at the beginning of an academic year, although this was no longer significant by the end of the year. Consequently, continuance commitment may promote turnover if the mindset becomes salient to an individual early in their studies.

While it was possible to identify elements of continuance commitment when lecturers gave their opinions of student commitment, it was rather more difficult to find reference to normative commitment. One participant made reference to the investments that other people might make in the student that would appear related to the notion of parental or societal obligation and reciprocity in the conceptualisation of normative commitment.

“I suppose there’s a commitment to your family... or other people who might have put you into that position [to study] or you know... someone who wrote you a reference or someone who... you know talked to various people or helped you with your application or... I expect there’s all sorts of social expectations... when you... sign up to do something and people put their trust in you, and, and... maybe invest... money that they can’t necessarily afford, or they’ve had to save... for a long period of time.”

Education faculty lecturer 2

The necessity of commitment

The majority of participants described commitment as being essential to the successful completion of professional training programmes by students. Lecturers reported that they generally saw students as being highly committed to their training, but others acknowledged that a minority appeared to be less committed. For example:

“I think commitment is there, in most of them... but, um, things have changed in the sense that, I mean, if you look at current status of play we have got a lot of applicants. I don’t know what [effect] credit-crunch and things like that and job prospects in the market [have]... this is very recent. We [have] got lots of applicants and... I’m, I’m quite frank with the students...at any one time we have

about 800 students... I say to them, 'out of the 800 there will be one or two that...you will wonder why they are here.'"

Nursing lecturer 3

Although the interviewee quoted above suggested that the student profile had changed, it nonetheless appears that students who seem to lack commitment are in the minority. Another nursing lecturer suggested that the increase of less committed students was related to changes in nurse training, such as standards:

"We do have a key number of problematic students now which in my day we wouldn't have allowed to continue."

Nursing lecturer 1

Although this may imply a lost 'golden age' of training standards, nursing lecturers described several specific changes to nurse training which they believed had impacted on the quality of learning for students. These were frequently seen as impacting on the target of students' commitment (see below). These changes have been addressed in chapter one but will also be discussed later in this section and in the section that discusses the theme of student identity and belonging.

Sometimes participants described students' lack of commitment by referring to specific behaviours, some of which are against the rules. These included turning up late to class, talking during classes and the use of mobile phones during classes. This is illustrated by the following quote from a nursing lecturer:

“The other thing that is really worrying me and worrying other people as well, you know, um, they use mobile phones in class even though we [have a] contract [with students]... that mobile phones should be switched off.”

Nursing lecturer 3

Although participants emphasised that problematic students were in the minority, the behaviours of such students appeared to be a considerable cause for concern for a number of participants. Although the focus was often on behaviour it appeared that there was also an implicit attention on the attitudes of problematic individuals that signified lack of commitment.

Targets of commitment

One of the important elements of the commitment theme was in relation to the target of commitment. Many lecturers' comments related to the idea of what students were committed to. Two of the nursing lecturers were concerned that students might not see themselves as 'belonging' to the hospital in which they are training. They were concerned that students would primarily see themselves as university students rather than as professionals in training. This is illustrated by the following quote, but the issue will be discussed in more depth in the section for the theme of student identity and belonging.

“They don't have that sense of hospital loyalty that we had when we trained... because we worked for the hospital... We lived in the hospital. So that sense of, um, loyalty... and we used to be really proud to wear our hospital badges. They don't do them now. Um...so...I don't, I don't know. I've never asked students where they feel their loyalty...do they see themselves as healthcare workers linked to the hospital that is their key training hospital? ...I think they see themselves as university students.”

Nursing lecturer 1

It is important to note that in this area the theme of commitment overlaps strongly with the theme of student identity and belonging. Consequently other changes in the training programme which participants suggest have influenced the 'allegiance' of students are described under the section for the theme of student identity and belonging.

In contrast to participants from the nursing faculty, those from the social work faculty did not focus upon student commitment to individual organisations. They emphasised the importance of commitment to the profession in general, and to professional values. This is illustrated by the following quote that also emphasises the importance of commitment:

"They need to be committed, they need commitment. Both to, um, their, their course of study they're about to engage on [and] to the profession. And that involves being committed to the professional values."

Social work lecturer 1

One teacher training lecturer was interested in the aspects of teaching to which students felt committed to. In the extract below it is suggested that the motivators for wanting to teach are likely to influence the strength of commitment in students and teachers. This concept is further discussed in the section for the theme of joining the profession.

"I think a notion of why students are committed to be teachers... You know the question is, 'what do I teach?' Do I teach physical education or do I teach children? ...if you're teaching children, then what are you teaching them to do? And if you're teaching physical education, what do you want it to do? And I think that whole notion of, um... you know, what do you teach? Is... you know, why are you committed to teach, what is it about teaching that you're committed to? ...so,

you know, why do teachers want to be teachers? What is it about teaching that, that sort of inspires them? And generates commitment from them, I suppose.”

Education faculty lecturer 2

Balancing commitments

A final element of the commitment theme is linked to the concept of commitment targets. Many of the participants in this study discussed the need for students to be able to manage multiple commitments, in the sense of having multiple obligations that demand resources from the student in the form of time, effort and sometimes money. Some lecturers related the balancing of competing commitments to the changing demographics of the student population. With an increasing number of mature students on professional courses, there are more students who have to balance their commitment to training with maintaining family and financial obligations. For example:

“I mean if you look at the cohort that I trained with, we were all between 18 and 21. None of us were married, none of us had children. Whereas now we get students straight from sixth form or straight from college at 18, up to 50 years of age, we have single mothers, we have people travelling huge amounts of miles to come to [us] we have students living in London, in Kent... they have other commitments so they’re juggling [training] and family life.”

Nursing lecturer 1

It should be noted, however, that this trend was usually remarked upon by nursing lecturers rather than those from other disciplines. One social work participant noted that recent changes in social work education had actually increased the number of younger students.

“[In the old days, prospective social work students] had to have experience of social work, and they had to be 21. So... the course... tended to be attractive to people who'd been working in some kind of social work related field for some time, um, but who wanted to... climb up the ladder, increase their earning capacity, be able to do more interesting types of work because they had... become qualified... So our, our groups were always mature students.... Then the degree came along ...and it was opened up to 18+ school leavers.”

Social work lecturer 1

When discussing the balancing of commitments by students, lecturers often noted that this could have an impact on how well students coped with the course. Some noted that family obligations could make an already demanding course more so. This participant also emphasised the need for university staff to gain insight into the difficulties experienced by students in other life domains.

“Most of them married, most of them got families, and other commitments. And they've got to try and time-manage those as well, and I think... sometimes we don't actually realise how much of a problem this is.”

Nursing lecturer 2

One lecturer noted that balancing other commitments with training could impact on student performance, but he/she was also sensitive to the impact of the course on other life commitments. In particular this lecturer drew attention to the potential detrimental impacts of professional training on family life.

“I think... juggling family life and work is quite a big, big demand for them. And I think some of them do not realise the implications of that. And quite frankly again with them, I say to them, to the [ones] who are married, women, I say, or men, that 'it will change your life,' and many students... mature students have had marital difficulties and separation [or] divorce, because some men, you know, [do

not like] that their wife is becoming independent now. And also, compared to other students, they're working full time at their placements, and they've got a lot of assignments to do. And the money is not great, so many of them have part-time jobs. We say to them, quite seriously that we do not discourage part time jobs, but they've got to realise what is first."

Nursing lecturer 3

Participant contributions relating to balancing commitments often referred to negative experiences impacting bi-directionally on training or family life. However, some noted that the s balance various life demands effectively could also lead to the development of important skills. Examples are provided below:

"...people say to me, 'you learn management in the final placement.' And I say to them, 'you learn management before you start the course,' because you need to learn to manage your time, finances, family life."

Nursing lecturer 3

"Certainly a lot of them have life skills, through, through, through age, through, through having children, juggling children and work, and they come with a lot of skills that young students [don't have]..."

Nursing lecturer 1

The balancing of commitments returns us to the notion of commitment targets. The need to balance commitments is discussed by participants as requiring management and prioritising. The act of prioritising would therefore seem to raise the question of what students are committed to. When students leave their course due to family issues, as discussed in the review of attrition literature in chapter one, or when relationships break down due to the pressures of the course, this may be an indicator of a burdened student being forced to make a

choice between commitments. As noted earlier in this section sometimes commitment was associated with sacrifices made by students. Some students may be indeed making significant sacrifices in the short-term to pursue their chosen profession.

Participant Views on a Measure of Organisational Commitment

In the present study, participants were shown a measure of organisational commitment drawn from Lee, Allen, Meyer and Rhee (2001). One education faculty participant was not shown the measure due to time constraints. Participants were asked to discuss whether they felt the items in this scale would be appropriate for a student sample.

There was no unanimous perspective on the ecological validity of the measure shown. Two nursing participants suggested that the items were problematic due to students no longer having a relationship with hospitals.

“Right... the biggest thing here is, what do we mean by, ‘this organisation...’ What organisation are they allied to? Because they’re not. They’re allied to the university. They’re not really allied to any health organisation.”

Nursing lecturer 1

Although some participants questioned its validity, one nursing lecturer and one education lecturer stated that they saw the commitment measure as appropriate for use with student participants. More specific feedback was provided by a social work lecturer who commented that it appeared to be more appropriate for those who had qualified and were in employment rather than students in training.

Two social work participants suggested that commitment to the profession might be a more appropriate 'target' of measures used with a student sample. One of these participants agreed when the researcher suggested professional commitment as an alternative, rather than the participant proposing professional commitment. It is possible therefore that the researcher may have inadvertently influenced the participant's expression of this opinion.

"I think that would be more appropriate, um...Yes, I think that the commitment to the profession may be much more appropriate, and I think that's particularly since people, um, it's very much part of your identity, I think..."

Social work lecturer 2

Although participants' views of the suitability of the measure of commitment were not unanimous, organisational commitment was generally seen as problematic in terms of its relevance to students studying for professions. Further the endorsement of professional commitment as more appropriate than organisational commitment to this group, was seen as a possible way to explore the experiences of commitment in students training for a profession with greater validity.

2.3.3 Enjoyment

This theme was developed in response to nursing lecturers noting that, in comparison with past times, the nursing profession was no longer 'fun'. This was thought to have happened due to changes in the nature of the work and the pressures on nurses. One participant noted:

"Well...we used to have shed loads of fun really. Frivolities and stupidity. But you're not allowed to do now, because... they don't have the time [laughs], um,

we were in a hospital, so being there I did all of my training in one hospital with the exception of one placement on community over three months, throughout my training. So you get to know the hospital well, and you get to know the staff well... we just used to giggle. Um, we used to have people dance... we used to have a side room completely full of food and alcohol, over Christmas. We just used to have fun. We don't seem to have that fun now, we always used to have proper breaks... all the girls now are working [without breaks in a normal shift] or half an hour break in the morning, half an hour break in the afternoon in a twelve hour shift. It's hard work. I think that sort of fun aspect [has] gone out of it."

Nursing lecturer 1

As this extract illustrates, greater demands were associated with the decreased opportunities to have fun on the job. As has been noted in chapter one staffing shortages are significant problems for the provision of healthcare. One nursing participant also linked this change to the greater speed of patient turnover in recent times. However, it should be noted that while one participant linked patient turnover to decreased opportunities for fun, all three nursing participants noted the impact patient turnover had on the demands made upon nurses.

Neither social work nor education lecturers discussed having fun on the job in the past or the present. However, participants from all disciplines referred to the satisfaction they had personally experienced in their professional lives. As one social work lecturer noted:

"I think I have made a real difference to some peoples' lives over the years, I have... protected children from severe abuse and given them... better... life chances... and that's because... I've worked with families over a considerable amount of years, um, on and off during my, my career. So I think I have... made a difference and I think, um, that is... extremely important, I think, for any career

to make you feel that... you're doing something worthwhile and... it has been an extremely worthwhile career..."

Social work lecturer 2

Enjoyment appeared to sometimes relate to the way in which a profession was perceived, although this appeared to be more central to some concepts about the nursing profession. The theme of enjoyment showed a great deal of variation between two members of the nursing subsample and the rest of the participants in this study. It is possible that while nursing may have had a tradition of 'fun' in the past, members of other public sector professions do not share this expectation.

2.3.4 Joining the Profession

The theme of joining the profession was developed in order to examine the reasons that participants saw students as having when they sought to join their profession. Participants identified a range of reasons that students might have. Although many specific reasons for joining were suggested these might be broadly distributed between two categories: an interest in the profession in its own right, and pragmatic reasons for joining.

A number of participants from the three professions included in this study expressed the belief that students joined their profession because they genuinely wished to help people, or they had a long standing ambition to be a nurse, social worker or teacher. Although this is clearly vital in the helping professions, one social work lecturer emphasised the importance of students being aware of the realities of working in their chosen profession.

"...motivations obviously are around the wish to help people... and that vocational type of thing. ...when we're... offering people places we look for something rather more developed than just a wish to help people. We insist people do know something about the profession they're applying to be a member

of. ...As you would a doctor or a nurse. People need to understand what they're applying for."

Social work lecturer 1

In the systematic review of attrition literature reported in chapter one a number of identified studies noted that many students leave their course of training when they realise the profession or course is not 'right' for them. Therefore it seems that emphasis on informed motivations for joining the profession may have important implications for the selection of students more likely to persist in their training and profession.

Across all three occupational groups a number of participants suggested that some students seek to join the profession because of their personal life experiences. These included positive experiences learning a particular subject at school for teachers in training, positive encounters with healthcare for student nurses or difficult life experiences for social work students. This was illustrated by an education lecturer:

"I think the motivation is that [students] all had positive experiences of physical education themselves... we tend to teach what we're good at, you know, we tend to go on and do what we're good at, and for them it was obviously something that they enjoyed... There are one or two cases of people who had not so good experiences of physical education and wanted to change...other people's [experiences]."

Education faculty lecturer 2

A rather less idealistic rationale for entering the caring professions was highlighted by several participants, who referred to student perceptions of their prospective profession as being 'safe' or 'stable' in the present economic climate. A common phrase used was 'people will always need' the profession under discussion. Reference was also made by one participant to the flexibility inherent in the nursing profession.

"I think in today's economic climate, and there's been change in the last ten or so years, I think it's seen as quite a stable option... with the way industry is going...

We will always need nurses. And I think they see it as a good occupation to go into, in terms of [security]... No job is for life nowadays... plus there's that option to swap. If I move up to Yorkshire, I can work in Yorkshire."

Nursing lecturer 1

It seems likely that those students who choose to go into these professions for altruistic reasons, or because they have relevant personal experiences, are more likely to develop affective commitment due to a likely wish to remain in the profession by desire rather than more instrumental reasons. By contrast, those selecting their profession on the basis of its inherent security may show a profile in which continuance commitment more salient, due to the risks involved in leaving their chosen profession and fear of unemployment.

2.3.5 Stories

Similarly to the theme of "enjoyment" relating primarily to nursing, this theme was generally restricted to the social work profession. All three social work lecturers referred to the stories told about their profession by the media and the general public and the impact of these stories on students. Comments generally related to negative media portrayals and public perceptions of the social work profession. This is illustrated by the following quote:

"...social workers in the press are....there's very, very few... good news stories. So if people read the press, they just see social workers as...'goody...goody goods' and, um, they're not interested in hearing the reality of the, of the job. So people don't feel always obliged to tell people what they do. Um, and I think that's part of the problem with the profession, if we're not proud of, of, of what we do, and the, and the good we do, then it creates all sorts of difficulties."

Social work lecturer 2

One participant noted that negative perceptions of the profession often led to social workers being reluctant to disclose their profession to others:

“...it’s ...a common occurrence, when, um, any, any social group you tell them you’re a social worker, and you can be completely lambasted... So I remember once on a skiing holiday some years ago, um, I told the group of people that I was with that I was a social worker, and one guy in particular...took serious, um, dislike to me because of that... Because he’d had a bad experience... and... those sort of things do, do have an impact on you, so you’re reluctant to tell people...”

Social work lecturer 2

It is sometimes suggested that negative media portrayals and public perceptions impacts recruitment and retention in the social work profession (e.g. Zugazaga, Mendez, Surette and Otto, 2006). There are concerns that media portrayals stigmatise the profession and the profession’s clients (Tower, 2000). One social work participant suggested that some potential students might be put off by these portrayals but argued that some students may seek to join the profession seeking to ‘do better’ than those involved in publicised scandals. For example:

“I think people are naturally curious about how other people live their lives. And ... [they] often have a good sense of their own... self-efficacy. Their own ability to make a change... Which brings me to...what I see as... perhaps a... more modern motivation... if you think about... high profile scandals in the last um ten years or so, particularly in the child protection line... The latest being ‘Baby P.’ [and] before that Victoria Climbié, and back into history... Social workers... social work, people who apply to be social workers are not put off by... the bad press that social workers get. You’d think nobody would want to be a social worker again, because social workers always get blamed... Whatever they do... they get blamed. And you’d think that would put people off. And it probably does put some people off. But I think the people who still come, and still have an interest, particularly in child protection, probably do so because they think they can do it better.”

Social work lecturer 1

Although this presented a positive reaction to negative perceptions, other participants noted that these negative portrayals could be demoralising.

Although study one cannot contribute to knowledge of how negative media affects students training to be social workers, it seems possible that this is relevant to considering student experiences that shape commitment.

“...But you find that, that there are magazines like “Community Care,” and things like that. And they’ll put things of best practice in there, so you can see and read. Which can be quite affirming and help you learn. But my experience is probably by the large that media coverage is quite negative. And that does, I think, impact the psyche if you’re constantly told, “you’re no good, you’re no good.””

Social work lecturer 3

Another common element in the discussion of media portrayals of the social work profession related to the use of social workers as scapegoats. One participant noted that, although other professions were involved in high profile cases, they tended to escape the intense criticism aimed at social workers. For example:

“If I get it wrong, then, there are likely to be lots of problems within there, but it may not just be me that needs to be demonised. But it does seem to be that the role of the social worker is what is demonised, rather than... the other professionals that were there as well. They might get the odd mention.”

Social work lecturer 3

Another participant noted that blame cultures could arise in social work as a consequence of media vilification of the profession. This blame culture was also thought to lead to mistakes being hidden and consequently producing future tragedies.

“So if you think about the [Jean Charles de Menezes] case when they shot him on the underground, um, yes somebody did lose their job, but... those individual policemen that made that decision... their names weren’t actually published and hounded, whereas the social worker who, um, worked with Baby Peter, that individual social worker was named and... drummed out of the profession. And I think that, that that has a huge impact on people, it creates fear and blame, and that is the world’s worst thing, because if you make a mistake, um, and I’m rambling on really, off the subject, but if you make a mistake, and... you are in an

organisation which is fearful or has a blame culture, you're not gonna tell people, and that's when a real mistake happens.”

Social work lecturer 2

It is also of note that the lecturer quoted above draws a comparison between a scandal involving social workers and a scandal involving the police. In social identity theory (e.g. Tajfel and Turner, 1979) one function of comparison is to identify the relative status attached to membership of one group over another. In the above example the lecturer notes that social workers would appear to receive more negative consequences compared to the police force. Indeed, while Sharon Shoemith, who was the director of children's services in Haringey at the time of Baby P's death, was dismissed from her position (Cooper, 2011), the death of Menezes was treated as collateral damage (McCulloch and Sentas, 2006) and the officer in charge of the operation has been since promoted to Assistant Commissioner of the Metropolitan Police (Metropolitan Police, 2011). The concern by social work participants regarding the treatment of their profession seems justified to the present author in this context. Given the relationship between support and commitment noted in chapter one, it is possible that some social workers will 'downgrade' their commitment in response to the apparent lack of commitment towards them as social workers. This may also have implications for those considering whether to remain on social work training programmes.

In examining transcripts produced from interviews with social work participants the reviewer felt that social work participants were often more concerned with the status of their profession when compared to participants from other subsamples. One participant in particular was hopeful that recommendations made by the Social Work Task Force would help improve the status of the social work profession.

2.3.6 Student Identity and Belonging

This theme was developed in relation to some nursing participants expressing concern that students did not consider themselves as 'allied' to or identifying

themselves with hospitals during their clinical placements. As discussed above, this perspective was highlighted by some nursing participants who were asked to review an existing organisational commitment measure.

As discussed in the previous chapter, identification is strongly associated with commitment and indeed used to form part of the commonly used definition for commitment (Klein et al, 2006). Consequently the researcher was of the opinion that student identity was an important theme to address in the present work.

As noted above, two of the nursing participants were concerned that the move to university-based training itself had impacted upon the identity of student nurses. One of these participants expressed a concern that the present mode of training for student nurses is less vocational than it had been previously.

“I think it's gone from being an apprenticeship...to being an academic.”

Nursing lecturer 2

Another nursing lecturer saw the matter differently, arguing that students would identify more as professionals working at hospital rather than as university students, due to the greater emotional hands-on elements of placement experiences:

“They feel they belong more to the hospital than to the university... because that's where more emotion is going on, isn't it really? Uh....there is a work life. They are... there for... longer periods in the sense that they are working full time... There's an emotional aspect of that work... people dying, in pain, people needing support, elderly patients who are confused, that is quite challenging to look after. So they feel that they belong to the hospital rather than to the university.”

Nursing lecturer 3

As mentioned earlier in the section for the theme of commitment, nursing lecturers highlighted specific changes which they suggested played a role in influencing the commitment or allegiance of students. One of the key changes identified was the closure of 'nurse homes' where student nurses previously lived in while training. This occurred as part of the move of nurse training to higher education institutions that formed part of Project 2000. Other changes associated with Project 2000 are discussed in chapter one. The closure of nurse homes was described by nursing participants as impacting on student nurses by reducing the opportunities for peer interaction:

"When I trained or when we were involved, up 'til sort of mid-80s, late 80's, the students... they would have been mainly of the 18+ age group. And they would live in what... used to be called 'nurses' home.' Not 'nursing home', some call it... 'nursing home', that's quite different to 'nurses' home.' So there would be a collegiality amongst them, there would be friends."

Nursing lecturer 3

In contrast to some nursing lecturers, participants from the social work and teaching subsamples did not express ambivalence over the identity or allegiance of students training for their professions. Where participants commented on the allegiance of students in relation to organisational commitment they generally stated that professional commitment was far more salient to their students (which was discussed above). Participants explained the perceived lack of organisational commitment on the part of students might also stem from the relatively short time they spend on placement in any particular organisation, discouraging the development of bonds with particular work environments or teams. For example:

"My answer depends on what you substitute for organisation... because if you left organisation, it would be meaningless. If you want them to think about the social

work profession, than I suppose you'd put 'profession...' If you asked them when they were out on placement... um... then you might be able to talk about the organisation, particularly if they've been there a while. But if you ask [during] week 1, you know, you won't get a very good response."

Social work lecturer 1

Empirical evidence shows that occupational commitment and organisational commitment are linked, and that this relationship is stronger for professionals when they work in a professional organisation, and weaker when they work in a non-professional organisation (Lee, Carswell and Allen, 2000). Vandenberghe (2009) has suggested that occupational-organisational value fit should be investigated as a contributor to the occupational-organisational commitment relationship. Reflecting the importance of congruence between values between employee and organisation highlighted in the extract above, two social work participants discussed instances where they had left organisations which conflicted with their professional values, suggesting that professional commitment was more important in such circumstances.

2.3.7 Support

The importance of support in influencing students' experiences of training has been discussed briefly above. Many participants from all three professions described support from a variety of sources as being crucial to students' experiences of training, their continued commitment to the course and their motivation for training. In particular, frequent reference was made to support from mentors encountered in placement as well as other staff working in placement areas. Participants often highlighted the importance of positive treatment from mentors and team members for student experiences of training. Commenting on students being on the receiving end of negative treatment, one nursing lecturer said:

“Their mentor... the person they’re working with, or the group of people they’re working with. It may not be a single person; it may be a group of people. The atmosphere on the ward that is created by the staff team... has the greatest impact on their learning, their comfort, their ability to try things, without fear of being told off. This is, this is, I think, the major area that we need to get right on some of the wards, ‘cause some of the wards, there’s not quite the relationship you’d like it to be.”

Nursing lecturer 2

The role of a mentor was generally held to be important in assisting the development of students. The mentor might be responsible for helping students to understand tasks, consolidate knowledge or even assisting them to understand the practical value of tasks performed in placement. One social work lecturer commented:

“I think a good practice assessor, who can teach as well as assess... and who makes the most of the experiences that are available on a placement... make a difference. Occasionally... or perhaps not so occasionally... we don’t get, um, a whole lot of pure social work placements. A lot of them...might...to the student appear not to be particularly related to social work. They may have difficulty, especially in years one and two. They may have difficulty in relating what they’re doing... for example, one of my students, um, was placed in a voluntary agency that provides accommodation and work for homeless people. And... she found it difficult to relate this to... the kind of social work she had in her head... and so the success of that placement... was on whether... the practice assessor that she had, and any of the other staff there, were able to help her make connections between the actual tasks she was doing there and social work.”

Social work lecturer 1

Emotional as well as practical and task-focused support was considered to be important in enhancing students’ placement experiences. A number of

participants acknowledged the demands that training made upon students. Reflecting the importance of academic support, one participant noted the importance of encouraging students who had been performing poorly:

“...And some of them fail assignments when they haven’t expected to. And...you’ve got to be able to pick them up... otherwise they go into depths of gloom... Whereas if we failed an assignment, apart from the fact we get sort of... told off by our sister-tutors, they would be there, very much a support mechanism. I think our tutorial system does work, the personal tutor system, does work from that point of view.”

Nursing lecturer 2

Participants usually focused upon support provided by faculties and by mentors. This may well have been because lecturers are more likely to be directly involved in the delivery of these forms of support. However, some participants commented on the valuable role that friends and family could play. Peers were also highlighted as being a valuable source of support for students who were struggling. A nursing lecturer reflected on the lack of opportunities for support to help students manage the emotional labour inherent in the job, also commented on above:

“I wonder how [students] cope with the stressful situations that they have, okay, and I'll just give you some examples. Like, somebody dying and it's their first experience of somebody dying and laying the body out. Who do they talk to when they've finished that shift? Okay. And patients who've got terminal illness, patients who are dying, patients with cancer, okay. And those are... what the literature says is emotional labour. And I just feel that, whether they have the support of... husbands... wives, family members... you know, you don't want somebody to go home after having a difficult day at work, and not being able to unload that on someone. Whereas before, they'd have gone to the nurses home, there would have been somebody, one of their friends even if they joked about it at least they would have verbalised it so that's... a big difference you know.”

Nursing lecturer 3

As was noted in the sections for the theme of commitment and the theme of student identity and belonging, participants from the nursing faculty all referred to the now defunct nurse homes in which training students used to live. All three nursing participants noted that these provided important support to students. Nonetheless, reflecting issues raised previously in relation to changing demographics, it was explicitly noted by one participant that an increasing number of mature students and students with partners and children, have made nurse homes impractical for many students.

Although a number of participants felt that their faculties provided good support to students, some were concerned that they did not always seek help when they needed it. Participants often suggested that this was associated with fears of not being seen as a capable student. For example:

“And unfortunately, there are students that...need the help. They do not seek help early enough. I think that's one of the things that you feel if you are struggling... you don't want to, um, feel inadequate by looking for help.”

Nursing lecturer 3

Although participants were usually more concerned about of the need for struggling students to seek help, one nursing lecturer suggested that some student nurses were inappropriately seeking support rather than addressing a problem themselves. Although this may initially seem unsympathetic, the participant locates this within the context of empowering students and preparing them for the realities of their occupation.

“I had two [2008 starting] students going through their third year... came to me a couple of weeks back with ‘I hate this place... ‘I’m being used as a healthcare assistant.’ One came... initially and discussed it... At this stage she should be negotiating. [I said] ‘This is the kind of thing you’re going to have to learn to deal with [when you qualify] so these are some things that I would suggest that you try and achieve...’ Then a second student came, at the same stage, came back and said, ‘this is dreadful,’ and then they both came back and said ‘this is dreadful, we want to be moved. We don’t want the staff to know, we don’t want them to know we’ve complained, we don’t want to get the matron involved, we want to be moved.’ So I said, I just replied, ‘That’s not an option. Because... you are professional people when you’re qualified, you can’t say ‘I can’t do this [and] I want to go somewhere else.’ Deal with it...’ Which they have done and they sent an email back saying it was the right decision... So sometimes it’s easier nowadays for them to say ‘I don’t want to do this.’ We didn’t have the opportunity to do that when we were students. Just got on with whatever we were told to do.”

Nursing lecturer 1

This perspective on help-seeking behaviours was not voiced by other nursing participants or by participants from the other professional subsamples. It is beyond the scope of this thesis to discuss how widespread this perception is. The common element of the view that students seek help too readily and the view that they do not seek help when they should appears to the researcher to be a mismatch in perceptions of the nature of support between students and those

involved in the training of students. It is possible that some students may be discouraged from seeking support as a consequence of experiences that are experienced by students as negative. A meta-analytic review has indicated that perceptions of organisational support are significantly and positively correlated with both affective commitment and normative commitment (Meyer et al, 2002). Consequently this theme was identified as an issue of primary importance to the present thesis.

2.4 Discussion

This study provides insight into lecturers' perceptions of commitment in students studying for "helping" professions. All participants were able to provide a perspective grounded in considerable personal experience working in their respective professions, as well as teaching it. As noted earlier in this chapter, information solicited from participants also assisted the researcher in developing an understanding of the context in which these public sector professions operate. This study is novel in several respects. As noted in the systematic review of student nurse and social work student commitment in chapter one, very little work has been published with regard to commitment in students training for these professions. Moreover, although researchers have called for more qualitative research to be conducted in the field, few studies can be located (e.g. Gould and Fontenla, 2006; Kiger, 1993; McKenna, 2005) that have followed these recommendations. Although the people who train students for helping professions are in a unique position to comment on the nature of their commitment and associated issues, the present author is not aware of any published paper in which faculty perspectives on student commitment are sought, although there are papers in which faculty comment upon factors relating to student retention (e.g. Hafford-Letchfield, 2007; Moriarty et al, 2009). Consequently this study provides a valuable consideration of the role of context in shaping features of commitment in students on professional training programmes. It also provides valuable information for shaping subsequent studies in this programme of research.

This study aimed to examine whether existing conceptualisations of commitment would be relevant to students studying for the helping professions. Conceptualisations of commitment held by lecturers, for the most part, reflected a sense of dedication to the profession. It could therefore be argued that affective commitment is most relevant to the current programme of research. However, a small number of lecturers referred to the costs and investments incurred by students training for the helping professions, which also highlights the importance of continuance commitment to understanding the experiences of these students. Interestingly, participants tended to see sacrifice as synonymous with dedication, whereas commitment theory tends to associate 'high sacrifice' with continuance commitment. It is possible that affective commitment may influence continuance commitment over time as acts of sacrifice or personal investment begin to be experienced as "sunk costs". Very few examples of normative commitment emerged in this study. Given that lecturers emphasised the importance of the targets to which students are committed and the behaviours and values exhibited by students that demonstrated commitment (or lack of it), the work of Kanter (1968) seems relevant. Kanter framed commitment in terms of the maintenance of systems. Although Kanter was discussing organisations, one might extend this concept to the maintenance of professions. For example, while commitment may serve to maintain organisations through citizenship behaviours and acceptance of organisational values, commitment to a profession may serve to encourage the acceptance of the values or 'mission' of a profession. Consequently those committed to their profession may be motivated to act in ways that will further the profession's interests, and to seek the survival of the profession. Although Blau (1964) argues that professions are in a position to induce compliance with professional values it would seem that some teaching staff, who are in a sense gatekeepers to the profession, are not always confident that students are embracing the same values that they had when they were training.

Support appeared to form an important element in the description of student experiences relating to commitment. It should be acknowledged, however, that the importance of support may have been emphasised by lecturers as this was a key element of their own role. With one exception, participants generally emphasised the value of support to students, but some were concerned that

certain students did not seek enough support to meet their needs. The perception that students were sometimes reluctant to seek support due to fears of appearing inadequate or unprofessional reflect the findings reported by Hafford-Letchfield (2007) and Moriarty et al (2009) as discussed in chapter one.

The centrality of support to the present programme of research is justified by its conceptual links to many of the other themes emerging in this study. Support was explicitly linked by a number of lecturers to the development and maintenance of commitment in students. In particular, students' relationships with professionals in placement areas were often considered to foster feelings of 'belonging' in their profession or in the workplace. These findings are in keeping with the literature more generally showing that support predicts commitment (e.g.: Guerrero and Herrbach, 2009).

Although themes such as support were common across all three professions, some themes emerged that were explicitly related to professional context. With very few exceptions, media portrayals of the social work profession were described as extremely negative, and associated with threats to motivation and commitment. These perceptions reflect a common concern in the social work profession regarding the impact of negative media portrayals (e.g. Ayre, 2001; LeCroy and Stinson, 2004; Tower, 2000). Having fun at work was a theme highlighted by the nursing lecturers. The claims of the 'fun' of nursing being diminished, and the description of some participants of the value of a satisfying profession, suggests that enjoyment may be crucial to commitment and retention. Given that commitment has been linked to wellbeing (e.g. Panaccio and Vandenberghe, 2009) and job satisfaction (e.g.: Neininger et al, 2010) the theme of enjoyment was seen as relevant to exploring the experiences of student participants in study two.

For nursing lecturers, the closure of nurse homes was clearly considered to have an impact on the availability of peer support for student nurses and upon their relationship with hospitals at which they trained. Social work lecturers identified

negative media portrayals of the social work profession as potentially influencing motivation, recruitment and retention. One social work lecturer even noted that social workers are often reluctant to disclose their professions to others. Although identification is not identical to commitment, the way in which professionals and students construe their identity is likely to give strong indications about the nature of their commitment (Meyer et al, 2006).

The above paragraph reveals one of the difficulties of taking an inductive approach to studying commitment. This study was intended to be part of a qualitative approach to comparing lay perceptions of commitment with the commitment theory generated by work psychologists and organisational behaviourists. As Braun and Clarke (2006) noted, however, theorists do not act within an epistemological vacuum. In studying commitment one is unable to group units of data within the theme of commitment without implicitly having a notion of what commitment is, risking a circular argument. As is discussed in chapter one, the current thesis conceptualises commitment loosely as a psychological bond. While the present author sought to analyse the raw data inductively, the influence of pre-existing awareness of the commitment literature gained by considerable immersion in it must be acknowledged. Therefore, while it is argued that the perception of commitment as a psychological bond fits well with the data it is certainly not claimed that the researcher passively 'discovered' this concept of commitment within interview transcripts. This is acceptable within a pragmatist epistemology in which the focus is upon 'what works' and a cross-evaluation of theory and evidence.

This returns us to the use of commitment in this thesis. While commitment is conceptualised as a psychological bond in the present work, other commitment concepts are discussed and compared with the raw data. Commitment in the analysis was treated as a relationship with a target. Commitment as discussed by scholars such as Meyer et al (2006) often related to social identities. However, some of the results suggest a conceptualisation of commitment in terms of prior decisions and responsibilities such as a commitment to completing training or commitment to one's family. These could justifiably be said to reflect

the conceptualisation of commitment as a force used by theorists such as Meyer and Becker (e.g. Becker et al, 2009). As discussed in chapter one the present author sees the 'binding force' Meyer and colleagues discuss as proceeding from the psychological bond and therefore the author sees the bond as commitment. Commitment as obligations are therefore interpreted as reflecting the existing relationship the individual has with the appropriate target. For example, a student training to be a nurse or social worker may make reference to having other commitments such as spending time with family. This would be seen as reflecting the need to maintain the relationship, or commitment, with the target – i.e. the student's family. The commitment here is therefore a relationship with the family although it has the consequence of constricting choice in the expenditure of time and effort.

2.5 Limitations

Despite important contributions to the literature such as exploring the experience of commitment and the faculty perspectives obtained in this study, there are some important limitations to discuss with regards to this study. As noted in section 2.3.1, not all themes identified achieved an acceptable level of consistency when applied by two coders. Due to the epistemological position of the present researcher, this thesis treats the quantitative validation of the code as only one component of the validity of the themes. Therefore, as was discussed earlier, themes with poor inter-rater reliability were retained, albeit with caution, rather than discarded altogether. The other primary component more frequently used in thematic analysis and advocated by Braun and Clarke (2006) is the use of reason and extracts to support an argument made.

It is also important to emphasise that participant contributions are not being treated as an 'objective truth' and are not valued in so far as they approach such a truth. In keeping with the pragmatism approach to epistemology it is recognised that participant contributions are constructions. Further it is important to acknowledge the role played by the researcher in influencing the direction of

discussions during the semi-structured interviews. The value of participant contributions in this research lies in the extent to which it 'works.' In particular this study enables a fruitful comparison of faculty perspectives with student contributions following study two. However, effort was nevertheless made to ensure that lecturers were representative of their faculties by recruiting lecturers with a range of experience.

2.6 Chapter Summary

This chapter presented the background to the qualitative phase of the present research programme. In addition it set out in detail the thematic analytic methodology that was applied to both study one and study two. Study one was described and the findings reported in this chapter. Faculty members teaching students in training for midwifery and nursing, social work, and teaching were interviewed in this study. Participants stated that the majority of students were committed with a small minority of students that forming an exception. Discussions of commitment generally focused upon dedication or 'affective' commitment. Participants were concerned about a number of issues relating to their associated professions such as values students would bring into their professional lives, demands that were placed upon both students and qualified practitioners and the implications of the profession's image. A number of participants were concerned that staff in some placement environments treated students in negative ways, which was seen as a potential threat to motivation. Support was identified by the researcher as an important theme in study one and was chosen along with a number of other themes to be followed up in study two. In addition, the data gathered in this study informed the generation of questions for the second study, allowing the further investigation of the themes identified in this chapter.

The next chapter reports the second study of this research programme in which student participants were interviewed.

Chapter Three: Study two

3.1 Introduction

This chapter introduces the second study in this programme of research and presents and discusses the findings. This study continued the qualitative phase of the research programme by making use of semi-structured interviews with 16 students training for midwifery, nursing or social work. The study builds on the findings of interviews with Faculty members reported in chapter 2. The themes identified in study 1, commitment; defining the profession; enjoyment; joining the profession; support; stories; and student identity were found to be present in student statements. The theme of support was identified by the present author as crucial to understanding the experiences of students in training for a profession. In particular, students often related experiences of support to their feelings of commitment. This study indicates that commitment is largely seen in terms of dedication by students. Student contributions relating to commitment are discussed in the context of previous commitment theory. This study also suggests that participants frequently identified as members or future members of the professions for which they were in training. This demonstrates the appropriateness of investigating the commitment of students to their future professions. The findings are compared to those of previous research. The strengths and weaknesses of the study are also considered. The chapter concludes by discussing how the findings of studies 1 and 2 will inform the next studies included in this programme of research.

As has been discussed earlier in this thesis there is very little research that explores commitment in students training for professions such as midwifery,

nursing and social work. Indeed McNally and Irving (2010) have noted that there is a dearth of research that examines commitment in students of any kind. As discussed in chapter one there is debate over the nature of students on 'standard' (i.e. non-professional) courses: whether they are customers, organisation (i.e. university) members, or a 'product' of universities. Given the link between identity and commitment discussed in chapter one, the identity or 'nature' of students is important to studies of student commitment. Considering that students training for professions may have other potential targets of work commitment – their future profession, organisations they may have been sponsored by or are presently working at on placement – the present author argues that the question of student identity is even more complex in the case of students training for professions. In study 1, while a small number of lecturers who were interviewed about commitment in students studying in professional courses expressed similar uncertainty about student identity, most participants indicated that they felt students would identify with their future professions. The study presented in this chapter interviewed a sample of nursing/midwifery, social work and education students aimed to explore the commitment and identification of professional students from their own perspective.

The objective of this study was to further explore themes emerging from analysis of data in study 1, in order to gain insight into students' perspectives and experiences as related to commitment. The themes related to commitment, perceptions of the profession, motivations for joining the profession, experiences of the profession and training relating to how students identified themselves, enjoyment of work, support from sources such as placement staff and university faculty, and perceptions of stories about the profession. Broadly these themes represented what students were committed to, the ideas they formed about their future profession, and how their experiences shaped their commitment to the profession.

As was discussed in the previous chapter, Levett-Jones et al (2009) conducted semi-structured interviews with student nurses in order to examine the contribution of clinical experiences to student nurses' feelings of 'belonging' to a

placement work environment. As was noted in chapter 2, staff behaviours towards students were found to be an important factor. This finding was supported by a number of lecturers in study 1 of this research programme. One lecturer in particular noted that it was important to 'get right' the relationships between ward staff and students and expressed a concern that this was problematic in many placement areas. Consequently student experiences within the classroom and within work placements were selected as an area of interest for study 2.

This study elicited information of student experiences of training. The primary interest in this data was the examination of the relation of experiences to commitment. However, the explorative approach taken in formulating questions and responding to participant contributions as they occurred resulted in a broad perspective upon student experiences of training. While this study was explorative, it was nevertheless informed by the findings of study one, reported in chapter 2, in that themes developed from data analysis in study 1 were investigated further in study 2.

3.2 Method

Participants

Participants were recruited from the larger pool of students in training to qualify as midwives, nurses or social workers. Sixteen students were interviewed in total. Of these, seven were social work students, four were midwifery students and five were nursing students. Participants were in either their second or third academic year. Whilst most participants across all samples were female, two were male. Midwifery and nursing (healthcare) students were recruited via contact through programme leads. Of the nine healthcare students, five (55.6%) participants were in their third academic year. Social work students were recruited via 'wellbeing days', which are a component of the curriculum organised by the social work faculty, with help from individuals from outside the social work department (including one of the researcher's supervisors). Of the seven social work student participants, five (71.4%) were in their third academic year. These

social work students are known as 'TIER' students. TIER students are sponsored by their employers and continue to work alongside their academic studies. Further, they complete their studies in two years rather than three.

Materials

Participants were given an information sheet to keep (please see appendix 2.1). A prepared list of questions was used for the semi-structured interviews. These questions were developed using interview data from study 1, and therefore directly targets identified topics such as support and perceptions of professions. Questions related to experiences of the course, motivations for joining the course, experiences relating to commitment/ motivation, behaviours associated with committed students, perceptions of support, stories about the profession, and expectations of enjoying one's profession. Example questions included: "Some students appear to others to be very committed, whilst others appear to be less so – what are the qualities and behaviours of a committed student and a less committed one?" and "To what extent are you happy with the support that you get in your development as a future member of your profession?" Please see appendix 2.2 for a full list of the questions used. Although the questions were not explicitly piloted, early interviews were used to identify where the interview schedule needed to be adapted. After the fourth interview session, a further question (see question 3) was added to the schedule ("...Some [students] may identify more with the university as a student, while others may identify more with organisations where they have been on placement... to what extent do you see yourself as 'belonging to' any particular group?") was added. Those who had already taken part in an interview were invited to submit a response to this question via email. Five students were contacted in this way, four of whom responded.

Analyses

Qualitative data was thematically analysed, using the process described in chapter two.

Procedure

Before interviews were conducted, participants were told that they could withdraw from the research at any time, and that in such an event their data would not be used. Participants were also told that the data would be kept confidential, and that they would not be identified with their responses. Participants were asked to sign a consent form, and were given an information sheet to keep. It was initially planned to conduct group interviews. However, some students preferred to be interviewed individually, or in the case of the interview involving two participants, with particular peers. Those who had preferences on being interviewed alone (or preferences on those who might be interviewed with them) suggested that this would help them feel relaxed in talking about their experiences of training. Interview participants were given a copy of the interview schedule prior to the commencement of the interview. This was done to encourage participants to recall their experiences of training. Interviews lasted approximately one hour, but varied in duration ranging from 40 minutes, to one and a half hours. Most interviews involved only one participant. There was one exception, in which two participants were interviewed together. Interviews were recorded (using tape and, later, digital equipment) and subsequently transcribed at the earliest opportunity to promote accuracy in reporting participant contributions. Once analysis was completed participants were sent a summary of the main findings (please see appendix 2.3).

3.3 Findings

As with the findings of study one, the results of the present study will be organised by theme. Representative quotes are provided to illustrate each theme. Where different views were expressed within themes, the range of

opinions is highlighted. Similar to the previous study, the themes discussed overlap to some extent. Where an extract relates to multiple themes, or where discussion of one theme becomes relevant to another theme, this has been identified.

3.3.1 Commitment

Analysis of the data led to the identification of four subthemes relating to the theme of commitment. The first subtheme examines the way participants talk about commitment and the extent to which this can be related to existing commitment theory. The second subtheme relates to participant discussions of attitudes and behaviours associated with commitment (or a lack thereof). This subtheme discusses the explicit and implicit notions about commitment that student participants hold. The third subtheme examines the targets of student commitment. This subtheme of commitment often relates to the other aspects of commitment and other themes developed from this analysis. The fourth and final subtheme considers how students describe managing the often competing demands relating to their multiple commitments.

The meaning of commitment

Similar to the perceptions of the faculty participants reported in study 1, student participants frequently discussed commitment in terms relating to dedication. Commitment to the profession was seen as important by participants. Indeed some referred to it as essential in order to do the job. For example:

“I think you’ve got to have the passion to begin with. You’ve just got to, this, it’s something, and I can’t even – there’s not a word for it. It’s just something that makes you want to do it. Not motivated by money, it’s purely vocational, and... it’s just this real... need in you... to do this, to do – I can’t say job, because I don’t see it as a job, but do this role.”

Nursing student 3

As discussed in chapter 1 in relation to different conceptualisations of commitment, the above extract reflects the notion of commitment as a binding force. While the researcher views the ‘binding force’ as proceeding from the psychological bond of commitment, it seems apparent that at least one student saw an internal force as driving the psychological bond. It may be difficult to distinguish the ‘force’ from the ‘bond,’ however, in attempts to produce a definition of commitment acceptable to consensus.

The passion for their profession demonstrated by some students was striking. Some students were overcome by emotions during the interviews; indeed, one student cried when discussing the elements of their professional role. A number of students, even those who referred to fellow students who appeared to lack commitment, expressed an inability to understand why someone not dedicated to the profession would wish to go through the training process. This apparent lack of understanding appeared to centre on the demands of the course and the vocational element of the profession. For these students, commitment appears to be so essential that some participants could not understand how one might ‘get by’ on the training programme without it. Two examples illustrate this perspective,

“It’s people that really genuinely want to be a social worker or want to work in social care and... want to do it because they’ve already got an understanding of the profession and... Also I just, I find it really hard to grasp why you would do

the training and put yourself through it if you're not that bothered, 'cause it seems like... quite demanding."

Social work student 1

"And there are people on, not on my course, but on other years who are going through this and have no intention of... nursing, well... why are you doing the course? I don't understand that."

Nursing student 6

When discussing commitment, several student participants made reference to sacrifices made in order to train for their profession. This suggests that like lecturers interviewed in study one, students see sacrifice as an indicator of commitment. This is exemplified by the following comment:

"You know, we've all given up a hell of a lot to be there..."

Nursing student 5

Participant descriptions of commitment focused upon dedication and similar terms. To an even greater extent than was the case with faculty participants, affective commitment appears to be the most relevant aspect of commitment for students. Indeed, it was difficult to alternative commitment mindsets. One potential example of continuance commitment was however highlighted in one participant's remark:

“I think the things that... keep you going really, are the fact you've, um, you know... signed up to it, and you... you don't want to be seen to be failing.”

Nursing student 5

It is perhaps ironic that where faculty participants perceived fear of being seen to fail as an obstacle to seeking support, what might be considered a continuance commitment mindset may be a result of feelings of exhaustion implied in the extract below from the same student. The ongoing strain of the demands made upon students by training may make continuance commitment more salient and this might strengthen through the duration of the course. This could also be the consequence of demands reducing emotional attachment (i.e. affective commitment) and inducing students to look for other ways of motivating themselves to continue with the course. The quote provided below suggests that exhaustion sets in over the course of training:

“You literally have to eat, sleep and breathe this job for three years, and this year has really felt like that more than ever.”

Nursing student 5

Attitudes and behaviours associated with commitment

When discussing the indicators of committed versus non-committed students, participant views could be categorised into two types of observation. The first of these were ‘focal target-relevant behaviours’ (Meyer and Herscovitch, 2001) which included attending lectures and completing work. For example:

“Commitment, obviously, is attending all the time, um... I mean obviously it is different, different for nursing students because of the NMC guidelines. You have to fulfil their criteria, so, you have to do a minimum of theory hours. So it's not

like other, like a lot of other courses at university where if you don't turn up, it doesn't matter."

Nursing student 1

The second category generally reflected matters of etiquette. Most frequently when participants discussed behaviours of those lacking commitment they referred to behaviours in terms of rudeness or failure to show respect to others. Although core behaviours and etiquette related behaviours are described here as two categories there were a number of participant statements that blurred the distinction between categories. Attendance and punctuality were sometimes described in terms that explicitly or implicitly contained a judgement of others. For example:

"...I think the less committed don't come into [university] as much, or are late, and have their phones on and, perhaps, don't put as much effort into assignments and things like that. And some of them will ring you when you're doing assignment and say '[participant's name], A, B, C,' and I'll be like, I'll just point them in the direction of a book, 'cause I think, 'no, you're not... you're not having my hard work.' [Laughs] Yeah..."

Social work student 6

"Yeah... we find this quite a bit actually, in our lectures, um, we're always there... dead on time, and whether we travel to Aylesbury or to here, Bedfordshire, um, the Bedfordshire group always seem to be here on time, even if we've travelled, and Bucks, the Aylesbury people are always late, and you're sort of sitting there going, 'you know, I sat in traffic, I got up, like, so much earlier to miss the rush and everything,' and then when they're not here it's a bit, you know, are they interested as much?"

Nursing student 8

Commitment has been associated with a range of behaviours suggestive of greater engagement in work such as citizenship behaviours (e.g.: Meyer et al, 2002). Reflecting this view, one participant appeared to link commitment with a degree of agency and personal responsibility. The participant below links commitment to engagement with support structures as well as with reflective learning and time management.

“I consider myself to be highly committed. ...I think behaviour of myself is... if I don't understand something, that... could make me uncommitted, [I] try and think outside the box and I've sort of... doing a lot of research about something or, um... I've found recently writing journals about what I'm feeling and then picking out bits and thinking, 'oh that links to discrimination, I'll go and do a bit of reading on that'... Um, yeah, so I think it's to do with self-evaluation, reading... and um, time management, and utilising support of tutors and other students.”

Social work student 6

A few students stated that there had initially been more students on the course that lacked commitment, but these had been 'weeded out' by the demands of the course or by other problems that led to discontinuation. For example:

“...nobody's sort of mucking about, but... you know, not, not with the group I have now, but in the first year there were definitely some who... weren't taking it seriously. Who weren't really knuckling down to the studying, weren't really turning up for their shifts on time, um... That kind of thing. But a lot of those people have now gone... I think the first year is sort of almost designed to weed out the people who aren't very serious and very committed, so that they are left with the group that really are.”

Nursing student 5

“...now we’ve thinned out, our group’s about half the size it was.”

Nursing student 9

This “weeding out” process may serve to illustrate the extent and causes of attrition discussed in chapter one. One student suggested that this was not an indicator of a lack of commitment in those students who left the course of training. Instead this participant suggested that this was a consequence of such students realising that the course or the profession was not right for them (e.g. Glossop, 2002). This may seem unclear at first, given that deciding a profession is ‘not right’ suggests that one is not committed to that profession. The present author would suggest that in some students saw commitment not in terms of a target (such as professional commitment), but as something more global, such as conscientiousness. Conscientiousness is associated with dependability and persistence (Brown, Lent, Telander and Tramayne, 2011), which the present author would argue suggests a conceptual overlap with commitment. In other words, the student quoted below may feel that those students who discontinue training may be capable of forming a commitment, albeit not to nursing.

“And I suppose, really, actually, after the first placement, quite a few people dropped out. Um, and I wouldn’t have said that was down to commitment, I think they just realised that perhaps it just wasn’t the job that they thought it was going to be, and decided that now would be a good time to finish rather than waiting until the end of the third years....”

Nursing student 1

Of relevance to this may be the relative accuracy or inaccuracy of student beliefs about the profession for which they wish to train. Spouse (2000) noted that students remaining on a nurse training course had clearer ideas about what nursing actually involved or how they would like to practice nursing. Moreover, Kiger (1993) noted that when images of nursing did not ‘match’ the real life experiences encountered by student nurses they either accommodated the new

information or rejected it. In extreme cases, rejection of elements of training could lead to a rejection of the entire nursing profession, although more often it entailed rejecting facets of the nursing role.

As faculty participants had in study one, student participants also expressed some concern about those students who appeared to lack commitment. Unlike faculty participants, however, students often stated their concerns quite strongly. Furthermore, some student participants also suggested that the behaviour of those lacking commitment could have negative consequences for other students. For example:

“...it winds me up. Intensely. [laughs] Because I think it is disrespectful to the lecturer, to the people on the course, and... at the end of the day, we’re TIER students, so we’re employed to be here. So the time is being paid for by your organisation. Therefore this isn’t a, a jolly up. We’re here to, to, you know learn what we gotta learn, and that’s frustrating when you know other people on the course are taking the... mick.”

Social work student 3

When discussing the students they considered to be less committed, participants often expressed concern at a range of behaviours. Participants appeared to be interested in the quality of students and professionals. Students did not discuss the skills of students they expressed concern. Instead, students were more concerned with the display of proper attitudes and behaviours, such as respect:

“It’s, it’s not down to academic ability. I think it’s... if you do your best and show respect, and understand that, you know, a good student actually understands that other people are there to learn...”

Social work student 7

Sometimes participants referred to fears of the impact 'poor quality' students could have upon the value of the qualification and the negative implications for future job performance. A frequent cause for concern related to concerns about these students being future colleagues:

"I think it has an impact on the rest of the group when you see people who don't seem as committed as the rest of you are, because it makes you think, 'these are the people I'm going to be working with in the future,' and you want to believe that you're kind of working from the same page."

Social work student 1

Some of the concerns with the behaviour of those lacking commitment also appeared to relate to perceptions of fairness. Some participants expressed frustration over those lacking commitment not contributing to group work. A small number of participants also reported a perception that some students 'got away with' these poor behaviours. For example:

"If you get put in a group... um, and you're the only person that's done the work, there's a few in every group, they always turn up late, usually, it's people who turn up late, don't turn up to placement, and it really does get everyone's back up, when it's the same people walking in late, or not pitching up and they do, sometimes they do seem to get away with it, but we're reassured they don't get away with it."

Nursing student 9

In common with the statements above regarding the display of 'proper' behaviours, commitment was sometimes described as having a 'face' component by participants. This could involve demonstrating behaviours or emotions that

perhaps did not reflect the individual's feelings or attitudes in order to appear professional. As has been extensively discussed in chapter 1, commitment is associated with a range of behaviours, such as emotional labour (Grandey, 2000), desirable to organisations. In the example below, however, more emphasis has been placed upon physical appearance and the implications this has for impression management.

"Um, and there's also... [an] element of... showmanship, if you turn up looking like a dog's breakfast... that doesn't really set the right tone. You know, if you're late when you turn up to placements, you don't phone in, you know, just common courtesies, and I think there are an awful lot of people, especially the younger ones... but I do think that makes a big difference... it's only polite as well. And I think things like that do get forgotten about. Um... and I think that's, that's a big problem. I think if you turn up and you got like, you're filthy, then you really... how does that work? You know, would you want your granny being looked after by a filthy looking nurse?"

Nursing student 6

The above comment relates to the importance of professionalism and projecting the right "face." However, a couple of participants also expressed the notion of 'face' commitment in negative terms. One student expressed some doubt regarding whether it was possible to know whether or not a student was committed just by observing how they behaved in class. This participant also noted that this type of commitment could be context-dependent and could change on a daily basis.

"I think...um... people have a front. And that front can appear very good or appear very bad. ...So I don't kind of... judge people by that. Um... Because, like I say, what you see on the outside isn't what's going on, on the inside. So although a student can be turning up to lecture, very punctually, listening very intently, putting their hand up, and all that sort of stuff, that doesn't actually mean that they're committed. That probably means that they are actually not going to

go home that night and read up, so they need to understand what's going on in the lecture... You know, they've got all this other stuff going on, or they can't be bothered. ...Whereas the student that's sat there chatting away in class, not really listening, could well be committed, 'cause she's going to go home that night and look it all up. ...I think it makes more of a difference in practice ...because the student that's sat at the nurse's station chatting away with the midwives is not the student that's learning... and is not the student that's committed, but then... you can go for one day that you're really committed... you want to do the best that you can do, and you can go in one day and you've just woken up the wrong side of the bed and not be motivated or committed at all."

Nursing student 2

Similarly one participant was critical of those students they considered to be 'over committed.' However, in contrast to the previous extract, the student quoted below focused upon 'face' as an impression management that was interpreted as a deliberate attempt to improve one's status in relation to other students.

"I find... the over committed, sometimes it comes over as very arrogant, um, it comes over as just being too cocky, and almost to the point of... 'look at me.' You know, 'I'm going for the A all the time, I'm aiming for that first', um, and it's, it's kind of like... It's bullshit really... that's kind of how I look at it."

Social work student 2

In this section so far, much attention has been given to participant perceptions of commitment. In some of the comments, participants expressed negative attitudes towards other students whom they perceived as lacking commitment. This implies that participants frequently see students as being responsible for their own commitment and subsequent behaviour. One exception discussed above was a participant who saw students dropping out early due to a realisation of a lack of "fit" between themselves and the profession rather than a sign of low commitment to the profession. Another student suggested that commitment

could be dependent on the individual, but appeared to give greater weight to the impact of contextual factors upon the commitment of students.

“Students of social work that are committed... I suppose one area would be that if they’ve had... positive experiences... which for me links to commitment... I suppose I always link [poor commitment] to things obviously just not going right for them, so [there are]... problems. If, if they’re not committed, um... Then I would think that would be worth, sort of, exploring with them, you know, maybe some issue. They don’t feel supported, they’re not getting the grades that they want. You know, having problems of placement. Just thinking, in my mind, what I would link to someone not being committed. Um... I mean it could be just their particular personality, couldn’t it? Um... Some may be more committed to the profession than others...”

Social work student 5

The role of support in the experiences of students will be discussed more thoroughly in the section for the theme of support.

Targets of commitment

An important consideration in discussing commitment is the target of commitment: i.e. what students are committed to. Of particular interest was one student participant’s report of a student whose commitment to the training was characterised by the process being a step towards their professional goal. While most students may be assumed to be committed towards becoming a qualified professional by the very nature of them continuing with the course, some may have a more complex construction of commitment. In a sense the individual discussed below by a student has a goal for which qualifying as a nurse is a stage rather than an object in itself:

“I mean there’s one girl that I’m working with, and her ultimate goal is to be a health visitor. So, she is almost seeing this as a means to an end. But she’s committed to doing the course, perhaps not as enthusiastic as some others are, but that’s what she wants to do. So she’s going through the motions to achieve her ultimate goal.”

Nursing student 1

A small number of social work student participants expressed some concern over the values they had seen expressed by some of their fellow students. The subject of professional values, as in study 1, was sometimes related by participants to commitment:

“[students] who say things that are in such contrast to, like, the values underpinning social work that you think... ‘This needs to be challenged by a lecturer’ or, ‘this needs to be picked up on’, because I’m gonna be working with these people, and this really worries me. And so I think, sometimes, it’s kind of tied into commitment, because it means you’ve not...absorbed...the real messages of what you’re meant to be as, as a social worker, and the values... that kind of underpin your practice.”

Social work student 1

Balancing commitments

The final subtheme of commitment identified here is that of the need of students to balance multiple commitments some that may involve competing demands. Many participants commented on the need to balance different priorities. Within the programme of training the general need was expressed to balance the demands of academic works with the demands of placements. For example, some participants reflected on the difficulty of producing academic work when they were on placement. For example:

“They say you have to be really committed. Um... what’s difficult about [training], I think, is the fact that you’re in practice and you’re doing academic work. And then you’ve got all the personal sides of, um, your life to run, I’ve got two children, so I’m juggling children, school runs...”

Nursing student 3

As well as needing to balance competing demands emanating from academic work and placements, some participants also referred to the need to balance multiple academic assignments. Consequently some noted that time management was a vital skill in order to cope with the often competing demands of training.

“I’ve been doing the course for eighteen months now... The level of intensity does increase, throughout the time. And we do... a combination of academic and practice experience. I suppose... at times... the course can be quite challenging. You’ve got a lot of conflicting deadlines... So, you know, time management is quite important... and... keeping yourself motivated as well.”

Social work student 5

The need to balance competing demands was also highlighted in terms of commitments to training and to family life. As was noted by faculty participants in study one, attempting to satisfy the demands of academic work and placements this can place a strain upon the personal lives of students. One student participant commented on the irony that in caring for the families of others they risked neglecting their own family. For example:

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“The hours... are... not very family friendly... neither are the shifts. ...And although... most of us are happy to go through it to... to get to the end result, which is to get the qualification, become a practising midwife, um... in some ways it kinda feels unethical, because you almost have to ignore your family to care for

other peoples'. So I have a bit of an ethical issue with that, so that's one of the harder sides of it, and of course the shifts and the tiredness."

Nursing student 5

Sometimes the need to balance training with family life was associated with particular support needs. For example being in training meant that students with children could often needed to make particular arrangements for childcare. This is further discussed in the section for the theme of support.

Conversely, although participants who discussed the impact of training on family life often noted the complexities inherent in their situation, some found that this had a positive impact on their professional development. Midwifery students were particularly likely to make such comments.

"...some of the youngsters... in our group... that aren't mums, and yep, they make probably great midwives, but... they haven't had the life experiences, so therefore... they can't read... people, the same as others... I've had two kids, I've been through the worst and the best. But I can read people, in clinic, and that's where I like to be."

Nursing student 4

This finding reflects comments made by some faculty participants in study one who noted that raising children could provide students with transferrable skills that are useful for students.

Four subthemes of commitment have been discussed in this section. The 'tone' of commitment as discussed by students often reflected dedication or which could be considered to reflect the affective commitment mindset. Other commitment mindsets were almost entirely absent from participant contributions.

As noted earlier in this section participants rarely discussed the targets of their commitment explicitly. There appeared to be implicit indications of commitment targets, but these often overlapped with other themes in this study. Consequently the sections for the themes of defining the profession, joining the profession and student identity will also be of relevance to discussing commitment targets. In contrast, the need to balance commitments or priorities was remarked upon by many participants. The need for balance was often cited in terms of academic and placement work and also in terms of professional training and family life. The need to balance commitments was related to the demands or workload presented by professional training.

3.3.2 Defining the Profession

As was discussed in the commitment theme, participants rarely described the targets of their commitment. However, when describing their prospective professional role, participants often communicated more implicit information where their commitments lay. As emerged from interviews with lecturers conducted in the first study, healthcare students tended to define their profession in terms of role (i.e. by the delivery of healthcare) while social work students spoke more explicitly of values. However, it was apparent that students training for nursing or midwifery were still concerned with a range of values that they considered important to their future profession.

As has been noted social work student participants made frequent reference to professional values when describing the role of their prospective profession. As was discussed in the section for the theme of commitment some participants were concerned about values expressed by other students. The expression of values was sometimes linked to the theme of support, in that participants considered that the ways in which faculty responded to students who express “inappropriate” professional values to be important in providing boundaries and enforcing appropriate behaviour. For example:

“I think for me, I had an expectation that if people were studying a social work degree, that they would have those sort of... typical social work values, be keen and passionate about, about entering into the field. And I think sometimes some of the, the students you work with can have some quite shocking values, which surprised me. I think maybe I was a bit naïve, maybe I... had, you know, unrealistic expectations, and I find that quite difficult, because they're not necessarily challenged by the lecturers when they come out with, you know, overtly racist comments or something. Nothing is done.”

Social work student 3

However, not all student perspectives on how faculty responded to such inappropriate values were so negative. One participant reflected upon the example of a tutor who used such incidents as a pedagogical opportunity:

“...we... watched a video about... what it was like to be homosexual in the... sixties. And, um, a lot of students kicked off about it, saying, you know, they felt uncomfortable with working with homosexuals and that, and I thought it was brilliant how the tutor handled that and just said, ‘you shouldn’t be here if that’s what you think,’ and she sort of made us see it differently, by saying, like, how she’d worked with a young girl that had been sexually abused, and by placing her in a lesbian, um, placement, that young girl had come over, been able to grow up as a normal young woman and get over her problems and that, so.... I think the tutors are really good for that.”

Social work student 6

Definitions of social work as a profession often centred on the goal of supporting people and emphasised values such as social justice and anti-discrimination. There was rarely a distinction made between the goal and the associated values. Participants frequently spoke of the importance of supporting people and

empowering those who may be marginalised in society. One participant placed emphasis on assisting individuals to proactively make improvements in their own lives. This emphasis could be described as empowering clients 'to do' rather than social work involving 'doing to' clients. For example:

"To support people... in what they would like to do. I would like to believe that that's what I did do. I'm not what they call a 'do-gooder' or a 'helper.' I like to... I have a habit of empowering people with knowledge and their rights, and what's available, and it's up to them whether they choose to take it or not."

Social work student 7

In contrast to the perspectives provided by nursing faculty participants in study 1 nursing student participants in study 2 made more frequent reference to values that they associated with their future profession. Although the provision of healthcare was still central to definitions of the profession, appropriate values were considered essential to delivering healthcare. Personal attributes such as being caring or patient were also emphasised.

In relation to nursing, perspectives provided by lecturers in study 1 tended to focus upon defining the profession through its activities; student participants in the present study referred more frequently to values that they associated with their future profession. Although the provision of healthcare was still central to definitions of the profession, appropriate values were considered essential to delivering healthcare. Personal attributes such as being caring or patient were also frequently emphasised. For example:

"I think to be a nurse really you've got to have compassion. Um... you've got to have a good listening ear. Um, in a way you have to be slightly two-faced because there are going to be patients that you just can't stand, but you still have to smile, and you have to treat them, everybody the same. Especially in a town

like Luton that is very multi-cultural and you've got different religions and different cultural needs and different spiritual needs, you do have to treat everybody as an individual. So it's holistic care... that is very important. However, you've also got to work within the structure within the NHS. It's multi-disciplinary, and it's listening to other points of view. But ultimately to me, being a nurse, is about looking after the patient."

Nursing student 1

Participants training for midwifery described further characteristics of their role. A number of these participants defined their role through the function of effective communication; mutual trust between the midwife and the patient; and the need to be an advocate for women. The role was also sometimes described in holistic terms as a consequence of pregnancy, birth and aftercare and a range of different issues was highlighted. For example:

"...like I said, an advocate for women. I think a very strong person... Um, you're looking after somebody who is at their most vulnerable. It's just like warts and all, you see everything. And, they have to have a trust in you, so... you have to be a, a trusting person yourself, you have to be able to build up that, that rapport with them. ...An advocate. You're, you're a counsellor to them, you're a communicator, you're an educator... it's multi-faceted you're just all sorts."

Nursing student 3

One participant argued that, as independent practitioners, midwives carry more responsibility than nurses. This participant described this facet of the role in relation to the provision of support.

"I think midwifery has a lot of support because of the situations that midwives find themselves in. Um and the difference between nurses and midwives is that nurses don't have any responsibility. They are, I mean, don't play this back to a

nurse [laughs] ...They carry out tasks set for them by doctors. Um, whereas midwives think for themselves, they're the ones that have to make decisions, they're the ones that are responsible, they are the ones that will be taken to court if something goes wrong."

Nursing student 2

Unlike other participant contributions, however, the emphasis of responsibility and autonomy in midwifery does not appear to represent values that students aspire towards. Instead the responsibility is seen as an inevitable component of the role deriving from the consequences seen as applying to midwives when undesirable events occur.

Perceptions of the professional role appeared to impact perceptions of the quality of training. Some nursing student participants questioned the relevance of material covered in class. One participant made reference to having to learn about sanitation legislation while another queried the value of learning about Maslow's hierarchy of needs. Nursing and midwifery students often emphasised the 'hands on' nature of the profession for which they were training. Social work student participants did not appear to have these concerns about material covered in class. As was discussed in study 1 some members of the nursing faculty were concerned that nurse training had become 'too academic' and that nursing students were not necessarily prepared for the realities of their future occupation. While most participants in study 2 were not in a position to reflect upon this, one student aware of the changes in the training of nurses shared this concern:

"It's my first personal contact with training, but... speaking to nurses that I've worked with for many years, and my mum's experienced at nursing as well, um... it used to be... more ward-based. And there was obviously the school of nursing, but the majority of things took place on the ward. And in your third year, you... would be in charge of the ward as a student nurse. You would be... drawing up medicines; you would be giving them to the patients. Whereas now as a student

nurse, um, in some trusts you're not allowed to be part of that. So when you qualify, you're thrown in the deep end a bit... There you go you've now got your pin-number, so you can do it."

Nursing student 1

In general most participant definitions of professions appear to have highlighted the targets of student commitment implicitly rather than explicitly. Although differences between groups have been highlighted above, participants training for midwifery, nursing and social work professions all defined their future professions in terms that invoked both activities/role and values. It is also of note that these activities and values were rarely separated distinctly. Instead, values appear to saturate what is considered "professional" behaviour and were often considered to be vital to the proper enactment of professional tasks. Furthermore, conceptions of the profession influenced implicit perceptions of what students 'should' be learning.

3.3.3 Enjoyment

In study 1, some lecturers commented on the fun and enjoyment inherent in training for the profession. As this was emphasised by lecturers as being important to professional life, this issue was further explored with student participants. In study 1, nursing lecturers predominantly focused on fun, but members of all professional groups emphasised enjoyment as underpinning commitment. In the present study, there was no apparent distinction between disciplines in students' comments on the subject of enjoyment. Student participants generally considered it important to enjoy work, and most expected that they would enjoy their job upon qualification. Several participants indicated that enjoying their profession and obtaining satisfaction from it is likely to help them cope with difficult aspects of the work. However, a number of participants noted that there were aspects of their work that they did not expect to enjoy. For example:

“I think realistically there will be aspects of the job that I will not enjoy. ...And I think at times I will find it very hard. But... there will be the odd occasions... I mean, for example, out on placement... I was mentoring young people who were having difficulty maintaining their attendance to school and were at risk of exclusion. And... they... asked me if I would mentor this one particular young boy who hadn't engaged at all with anybody. But he did with me. And I found out... more about what was influencing his behaviour, in that time through him just... speaking to me... than they had done in years of *professionals* [laughs] going in, and... I think *that* made my whole placement worthwhile...”

Social work student 7

“Fun”

In study 1, the notion of having fun at work was highlighted by nursing lecturers. Some variation was, therefore, expected in the present study between students from different professional groups. Few differences emerged between groups, however, but the variation related to whether students felt that “fun” or enjoyment was compatible with their notion of what a professional was. Those who anticipated or hoped to have fun at work emphasised, as with descriptions of enjoyment of work, the value of fun as a coping mechanism and its perceived role in performance. For example:

“I said earlier on, I think that nursing, to a degree, is a bit of showmanship. And I also said that I think if you don't enjoy it, you can't give your maximum.”

Nursing student 6

“I do expect to have fun at work, I mean at the end of the day, particularly in my field, you've got to have some way of letting off steam. I mean, the issues, depending on where you work, can be really heavy, and they can be the type of thing that most people spend their lives living in denial of, and we have to face every day.”

Social work student 3

A number of these participants emphasised that having fun at work was compatible with a professional attitude and demeanour. Nonetheless,

participants who considered that having fun at work was important usually made reference to certain boundaries that are observed.

“I think... um... midwives have a very... black sense of humour. I think you've got to have a sense of humour, because sometimes the stuff you're dealing with is just... you can laugh at things that maybe... [laughs] outside of the profession, people think 'ooh [laughs] you shouldn't really be laughing about it', but you've got to. Um, and I think we all do that. We did that yesterday, when we were on shift, you know, there's always something to laugh about.... Um... but again, that's behind the doors, and then you go out, and you, you put your professional front on, and you do what you have to do.”

Nursing student 3

With rare exceptions, participants who considered that having fun at work is important stated that it occurred in humorous interactions with work colleagues. One participant who anticipated having fun with patients was a student training within the child branch of nursing. Clearly, the fact that she would be working with children informed this perspective.

“I think on the children's side it's very, very different to adults. Completely different to... any other branch of nursing. You know, you've got young children and some of them have got chronic illnesses, that, they're in hospital a lot of time. And, you know, you've got to be able to have a laugh and a joke with them... If they fill up syringes with water and they squirt you with them as you're walking by, you know... you fill one up and you squirt them back. ...And you end up having a little bit of a water fight, you know, as long as your work is being done, and you're not effecting anybody else, upsetting any other patients, than why not? ...I'm certainly not going to get annoyed with – and I've been drenched by many patients in the past. ...I don't get upset about it, because it's not personal. ...They're trapped in whatever's happening, and they need to do something to, and they're not harming anybody, so... just have fun with it. Go with it.”

Nursing student 1

Whether endorsing fun at work, or arguing that it was not appropriate, all students referred to professionalism when discussing the fun. Some of these participants

emphasised that there were elements of their profession that were 'dark' or unpleasant. Others emphasised that they were not 'there' to have fun but to carry out a role as a professional. A few examples illustrate this point:

"I don't think... that you should have fun whilst... while being at placement or... a nurse, I think it should just be seen as, you can have a joke with your colleagues, but there's a certain extent where it has to stop, because at the end of the day, you're there for your patients, so... any free time that I have on the wards, I'll always go spend it with my, with my patients... Even with the patients, there's a certain limit that you can't... you can't cross the line, so you can joke but you can't be rude when you're joking, you have to keep it... professional."

Nursing student 7

"...it's far too responsible to really be having any fun. Um... and I really feel that, and I think the only way you can really cope with the responsibility is to sort of seriously have fun outside work and have a good home life, have holidays, weekend breaks, and sort of... have your downtime and, and what have you, outside of the workplace."

Nursing student 5

"I wouldn't use that word, no. Because you are there to do a job, and you are a professional, you're not there to have a laugh and a kick about with your mates. Um, so, I think... You would have a rewarding job, and, um... Have an enjoyable job, but I don't think that 'fun' is the right word to use."

Nursing student 2

It is notable that of those participants who considered the idea of having fun at work could be seen as unprofessional, several acknowledged that fun could be had with colleagues provided that there were appropriate boundaries. Only two participants strongly denied the possibility of fun within the workplace. Although these two participants were both in training for midwifery it should be noted that another two other student midwives who participated in the study endorsed the value of appropriate "fun."

3.3.4 Joining the Profession

Students spoke about joining their prospective profession in a variety of ways. Those who had worked in occupations relating to their current training discussed their reasons for initially entering their chosen field. Those who lacked prior experience discussed why they had been attracted to the profession, and consequently the training programme. There were a few trends identified by the researcher in participants' expressed motivations for seeking to join their future profession. These broad trends related to values or 'intrinsic' appeal of the profession, prior experience and the need for a qualification in order to progress in one's career. A small number of participants in training for healthcare professions claimed to have made their decision relatively spontaneously and without explicit prior contemplation.

Intrinsic appeal

Several participants stated that they found their prospective profession appealing in its own right, or were attracted by values they saw as important to the profession. This could be described as being attracted to the 'essence' of what the profession was felt to be by the participant. As with some participants who indicated that they had made a spontaneous decision to train in their profession not all participants who described themselves as drawn to the profession itself could describe explicitly what had attracted them. For example:

"I always wanted to be a children's nurse. ...I don't know why. It was just... I was dead set on doing that."

Nursing student 1

"I wouldn't say it was something that I always thought I wanted to do, you know, just as, sort of, time went on, um, I started working in the health and social care field... and I've worked... amongst various professions, and I probably thought I'd

like to do something along those lines, maybe nursing, social work or... psychology counselling. Considered all those areas, um, and then I happened to work amongst social workers... and... the values of that particular role, I felt quite... um, attracted to, I think, the value base.”

Social work student 5

Prior experience

A further reason provided for wishing to join the profession was personal experience. Although some participants made reference to positive experiences in their person lives, many referred to encountering their prospective profession under more negative circumstances. For a few participants training as healthcare professionals, these negative events were not due to an individual at fault, but reflected a negative situation. Most participants discussing negative experiences, however, referred to seeing professionals demonstrating behaviours that the participant saw as unacceptable. Such views are similar to those expressed by one faculty participant in study one who suggested some participants were apparently motivated to join the profession by wanting to ‘do better.’ It is worth noting that some of those reporting negative encounters did also make reference to positive role models. For example,

“...when I was working in middle management, um, I had a lot of... involvement with social workers as care managers... for... the residents of the home. ...I didn’t like the way they worked, and I thought I could do a better job. ...And I came across one *amazing* social worker, she was absolutely fabulous, um, working with me and my children.”

Social work student 7

As well as social work students, some students in training for healthcare related professions also reported these experiences. Further details are not provided so as not to compromise anonymity.

Career progression

A number of participants reporting prior experience in work associated with their current field of study stated that they were seeking qualification in order to progress in their career. Several students indicated that a professional qualification was necessary in order to advance any further or to be able to perform different roles. One participant noted that they would now need qualification in order to apply for roles they had performed previously.

“I’ve worked in, uh, social care for twenty odd years, um, right through to- all different client groups, and up into management. Um, however... although I have professional qualifications, I’ve never had the social work degree. So... now within work I’m actually, can’t go to certain jobs that I have had in the past... because I don’t have that degree. And so that’s my [laughs] main reasoning for doing this. I, for me to continue working and, um, to change different types of roles that I do, I need to have that degree. So it’s about getting the qualification.”

Social work student 4

One participant indicated that a strong drive to obtain qualifications was a sign of poor commitment. The extract below suggests a perception that commitment is ‘better’ when it is based upon an affective mindset, similar to intrinsic motivation, rather than one that would perhaps be described as calculative commitment, similar to extrinsic motivation. In this perspective intrinsic motivations are seen as diametrically opposed to extrinsic motivations.

“I think when someone’s passionate, it makes a big difference, like genuinely passionate about... the subject, and they’re not just doing the course because they’re gonna earn a higher wage, because they’re gonna be qualified... but they genuinely find it fascinating

and agree with the principles that kind of underpin it, and I think that drives your commitment really... I think... if you're doing it either... 'cause you just like a qualification in general or that... it's gonna make you earn more money... 'Cause a lot of people do... it as the next step up the career ladder. I don't... think they're as committed as people who are doing it genuinely, because they're really, really interested in it..."

Social work student 1

This view is supported somewhat by commitment literature – for example the more 'positive' work outcomes associated with affective commitment (e.g. Meyer et al, 2002). It should be emphasised however, that those participants who disclosed that their motivation for beginning training were linked to career advancement made it clear that they were nevertheless committed to their profession and their training. For example:

"I'd reached the top of my payband, um... I've been with my NHS Trust for five years, and so in terms of my career progression there was nowhere else for me to go, other than getting a degree, in either nursing or social work. Now I'm more... of a social work person than I am a nurse. So hence, hence I went on the, on the course. ...I like to work with, with people, um... and my career started off more on, on a helping level, as a carer, and it's now progressed to sort of help people to help themselves."

Social work student 3

Spontaneity

A few participants in training for healthcare professions reported making the decision to apply for the training programme with relatively little premeditation. As with those reporting intrinsic motivations for joining the profession these participants were not always able to explicitly identify a particular aspect of the profession that attracted them. In other words, they were able to identify the profession as being attractive in itself, but did not produce a concrete reason for this perception of the profession:

“I can’t define one thing that attracted me, I kind of, it sounds awful, I fell into it. Um, with the credit crunch and everything, with my, um... business degree, there wasn’t any... employment opportunities, and I thought well maybe I needed to retrain. Um, and I was thinking about what kind of things I could do, my skills, what I was good at, and then I heard an advert on the radio, sounds awful doesn’t it? And I thought ‘oh, actually I could do that, that sounds good fun.’”

Nursing student 9

One participant who disclosed a relatively spontaneously decision to start training noted that she subsequently put effort into finding more about her chosen profession and seeking out work experiences. If having a relatively undefined reason for choosing a profession may sound as if the individual lacks commitment it would seem that these individuals are nevertheless capable of forming a strong commitment later on. Research shows that early socialisation processes in organisations are instrumental in the development of organisational commitment (Allen and Meyer, 1990b). It is therefore likely that experiences of the training program are crucial to assisting students in formulating professional commitments.

The theme of joining the profession is relevant to the central subject of student commitment. Participants disclosed various reasons for joining the profession. Further, although the reasons for joining the profession are described here as distinct there was a degree of overlap between them. For example, those already experienced in their professional field often spoke about the need of a qualification to advance their career but also gave clear indications of being attracted to their field for its own sake. It is interesting that one participant had a negative view of those in training who were hoping to advance their career interests. This may relate to findings reported in the section on commitment that many students were concerned with the commitment or values of other students. These statements are suggestive of a concern with professional standards, but may be indicative of students making social comparisons in order to construe

their own commitment. The value of the current qualitative approach is that there is greater opportunity to examine the role of context in shaping an individual's construction of their behaviour. In this case it can be seen that 'calculative' motives for seeking qualification do not preclude motives associated with an attraction towards the profession in its own right. Although intrinsic and extrinsic motivation have often been treated as opposites, there is some evidence to suggest that intrinsic and extrinsic forms of motivation are instead orthogonal to each other (Lepper, Corpus and Iyengar, 2005).

3.3.5 Stories

The theme of stories was initially identified in study one based on interviews with social work faculty. The emphasis placed on this issue suggested that the theme should be further explored with student participants in interviews. The researcher explored a range of possible sources for stories with participants, such as fellow students, professionals, lecturers, friends and family and news media.

Contributions relating to the theme of stories could be broadly divided into two categories related to the source of the stories. The first category related to stories originating from those who might loosely be identified as 'insiders' to the relevant profession. In addition to qualified workers, this category included associated professionals, members of faculty staff associated with the training programme, mentors and assessors, and fellow students on the training programme. The second category related to 'outsiders' or sources external to the participant's chosen profession. These outsiders included friends and family, but the most frequently identified outsider source, however, was the media.

Stories from "insiders"

Insider sources were often spoken of in positive terms. Stories from these sources were characterised as being informative and helpful for learning. Even

where the content of the story was negative, the focus was generally upon how it could be used to avoid similar negative situations. For example:

“...I heard this story on my adult placement, I got on with my mentor really well, and, um, it was like a gastric tube insertion, and she said, ‘oh be careful,’ just as I’m going into it for the first time, she goes, ‘you can go into the brain,’ right? And I thought it was just a story to freak me out, and I spoke to other students and everything in the classroom, and they were like, ‘no, no...’ and then I even spoke to another mentor, in other placements, and they’re like, ‘no, it’s not possible. Don’t worry. She’s pulling your leg.’ So I feel really stupid, and then we had a lecture the other day, and they showed where it had been inserted into the brain. So... [laughs] ...you think about [these stories]... you don’t want to make that same mistake... ...I think, you know, mistakes are mistakes, and unless they’re pointed out to you that this can happen if you do it this way, I think you’re likely to do them.”

Nursing student 8

Stories from “outsiders”

By contrast, participants describing outsider sources frequently focused upon inaccurate and sometimes negative ideas about their profession. Some described themselves as taking on the task of correcting inaccurate perceptions of the profession expressed by others, particularly friends and family. For example:

“Um, whilst I’m on the course, I’ve had people come up to me and saying, ‘oh, nurses are really lazy’ and stuff, and when I show them what I’ve got to do for my assignments and, and what I do on placement... and they’re like, ‘oh my god, that’s a lot of work for a nurse’ but they don’t understand the extent of what

nurses go through or, or what they do, but they're just seeing like, a lot of people see nurses as lazy, but it's not that at all."

Nursing student 7

Participants discussing media portrayals of their profession tended to characterise these as overwhelmingly negative. Although discussions of negative media portrayals emerging from study one were mentioned by social work lecturers only, in the present study students from all professional subsamples highlighted negative media portrayals. Social work students discussed the negative public profile of the social work profession, while healthcare students noted that negative media attention usually targeted the NHS or specific hospitals rather than nurses or midwives in particular. When discussing negative events such as scandals, participants did not seek to downplay what had occurred but argued that news reports frequently did not present a full and accurate picture. Two examples are provided below:

"...I've learned to look at the media and think 'question mark', you know, 'is this completely what happened?' 'Cause I don't think it always is. So it's important to me because I think... the full story's not always told, and it always focuses on the negatives. And therefore it's putting my profession in a bad light. ...I ...always find myself saying to people when they're saying about these stories... what about this, or what about that, you know, like... Think about the Baby P. one, I was thinking, there's flaws and... they haven't said what that social worker's case load was, you know... Yeah, it was really bad what happened, and I think more could have been done, but they haven't looked at that, they haven't looked at whether that social worker's getting supervision properly, and things like that."

Social work student 6

"Where I knock about with my friends outside this degree and they're saying 'does that stuff really happen in hospitals' and coming up with these horror stories and I always find that my friends outside of this profession asking, sort of come to

you, like you're their first port of call if they're going into hospital, like, 'oh my god, does that really happen? What's MRSA? Is my leg gonna fall off if I go into hospital?' I find I am quite, um, protective now about, um, the profession... I will stick up for it and when people say, well, someone says, 'that nurse was awful to me' I think, well, was the ward, I try and say, 'I know, it's not acceptable, but was the ward really busy? Were they short staffed?' You know, and look at it from their point of view. So, I kind of, I take it personally now, when you hear in the media about how these nurses are doing such a bad job, and I do take it quite personally, I find quite protective, and trying to stick up for them a bit more..."

Nursing student 9

In taking on the role of defending their profession, it could be argued that students are evidencing a high degree of identification with the profession. As has been noted throughout this thesis, identification with a profession has been strongly linked to commitment and has in the past been used to define the concept (e.g. Mowday et al, 1979). Participants frequently appeared very conscious of the public image of their profession. As was noted earlier, they generally defended their profession when discussing well publicised negative events. One nursing student participant was perhaps an exception that proved the rule:

"I think there's got to be an honesty amongst the profession that there are lots and lots of bad nurses out there, and whatever anyone says, Mid Stafford shows that there are lots of bad nurses. ...Not one of those nurses should be allowed to practice, I would argue. ...and when that happens, and people start to see... people being thrown out for things that are wrong, I think that will restore confidence ...the stories are rife, they're out there, and you know, the evidence is... they're true."

Nursing student 6

A number of participants described ways in which negative media portrayals and public perceptions of their profession had impacted on their interactions with others. Some social work participants remarked on such negative experiences with friends and family. This will be discussed further in the section for the theme of support. However, some experiences reported by participants with members of the public will be briefly discussed here. A small number of students reported negative encounters with members of the public. One social work student experienced vandalism to her home:

“...you don’t go into the profession if you want to... if you want to be liked. I’ve already had a brick thrown through my window because I want to be a social worker. Through my living room window. Um, with a note wrapped round it. ...but that’s thanks to the stories. ...So yeah, there’s, there’s a lot of things that would make you want to give up social work before you even start.”

Social work student 7

Where social work suffers from negative public perceptions (Zugazaga et al, 2006), the nursing profession does not. The relatively positive perception of nursing may, however, be grounded in the image of the ‘good nurse’ (Fealy, 2004), in which nursing is associated not only with healthcare, but with virtuous character. Expectations based upon this stereotype can cause problems for professionals, as one student nurse discussed:

“...I think we are put up on a, um, a bit of a pedestal. ...we’re only human. The situations we’re in can be really stressful... I had a guy, like six foot, squaring up to me because I asked him to, ‘cause someone, um, they were in barrier nursing, so they were in a side room so you have to wear a mask, and gloves and apron... for... everyone’s protection... because they had something that was contagious. And because he couldn’t get the mask on, he threw his toys out the pram and got grumpy, and went to storm in there, and I said, ‘no, I’m sorry, you really need to put a mask on,’ and he squared up to me, and I had to have another member of

staff intervene. So... it's kinda like we're expected just to put up with people shouting and swearing."

Nursing student 9

It is apparent from these contributions that ideas about professions can have negative consequences for those who seek to join these professions. Whether these perceptions are negative or supposedly positive, but limiting, they shape the expectations and behaviours of those interacting with professionals. Experiences with members of the public, e.g. violence (Criss, 2010), may shape the commitment of students and professionals. Further, as will be discussed later (see section 3.3.7) these perceptions can influence the support offered to students by friends and family.

3.3.6 Student Identity and Belonging

Primarily, participants strongly identified themselves in professional terms. This was found across all student groups included in the study. While some participants reported that they perceived themselves to be both students and professionals, only one identified primarily as a student. In this case the participant suggested that this identity was linked to being in university at present and that this would likely change once they had qualified as a social worker, given that they would no longer be a student. A number of participants noted the complexity of identification as a student training for a profession. One participant identified as neither. In identifying as both or neither participants made reference to not completely belonging to student or professional groups but in some kind of in between state. For example:

"You're not a student, because if you say a student to someone, their perception is, you know, very little study, yeah, they've got a part time job, they go out drinking every night, and you don't fit that at all. Um, and certainly when you're

on the midwifery programme, like, if we're offered accommodation like halls of residence, we're not put with the other students, we're put in the hospital accommodation. ...unless you make yourself to be, you're never affiliated with other students. ...and then also in the hospital, you're not a member of staff. Um, so you don't fit into their little bubble either. Um, and they treat you like a student. They don't treat you like a colleague. They... can do in your last semester of your final year, because they think, 'ooh, they're coming up to qualify, and they'll want a job here,' so they do treat you a bit better than, but otherwise you are a student, and in the schemes of hierarchy, you're at the bottom."

Nursing student 2

When discussing their identity as professionals, several participants compared themselves with other students. Some mature students strongly associated themselves as professionals, referring to their age and experience, as well as with the demands placed upon them as parents. For example:

"We work full, three full years. So all through the summer holidays I was still doing my shifts, although we didn't go to university during the summer holidays, we were still working, um. So you tend to get more of a work ethic than a... student lifestyle. And I'm, I'm older. So, that, and I've got a family, so that would make a difference. I don't know whether younger students who are living in, like, um, hospital residence, are, are they any different?"

Nursing student 3

Several participants also indicated that context and the role of other people within the university and placements were important in informing their identities. Participants identified the behaviour of placement staff towards students and their own performance during training as key factors influencing their feelings of identification and belonging. For example:

“I think it’s sort of a dual thing. I think I belong to university, I also – my last placement, I really felt I belonged to the organisation as well. In my first placement I didn’t, but I didn’t have a very nice experience in my first placement so, um... but I must say, I’ve found... just after starting my second placement, that one felt more into the organisation... The staff’s approach to me in the first placement, it was pretty clear that... um, the staff on the ground didn’t really want me there as a social work student.”

Social work student 6

“So yes, I can read a book and it tells me how to do it, but then I need to actually go and do it. So... it’s actually helpful doing both. But, girls in my class... yes, they excelled at writing essays, and they were brilliant at writing their essays and exams and everything else. But they would struggle on the practical side. And likewise...some of the others were the other way round, so, yeah. I would say that... until this semester I never got a grade A in anything. I was always a B+. Which was fine. I was happy being a B+ right the way through. In everything. Every essay I did, every practical that I did, I was always in the Bs. ...in order to do this job, you’ve gotta be both. You need to be academic minded, so that if something happens, you can... check. But likewise you need to be practically minded... because it is a hands on job. So I was happy being a bit of both. And I think that’s where we, we need to be.”

Nursing student 4

It was apparent from participant responses that their sense of identity and belonging was constructed using sources relatively external to the student, whether in the form of treatment by others or by an assessment of one’s performance in the form of grades and other feedback. A number of participants also made comparisons with other students in order to define their sense of belonging. This suggests that social comparison theory (e.g.: Festinger, 1954) is of value to understand identification in students training for professions.

3.3.7 Support

Participants reported receiving support from a range of sources both within and external to the university and placement setting, and had various positive and negative experiences relating to this support. These sources of support included faculty staff, mentors and practice assessors, placement staff, fellow students, and family and friends.

A relatively small number of participants described the support they received from faculty in strongly positive or negative terms, whereas the majority referred to the quality of support in somewhat mixed terms. Some stated that support had been good in the earlier stages of their studies but had deteriorated over time. Others said that they had received little support, but qualified this by suggesting that they had not been in need of, or sought out support. One nursing student reported that some members of faculty discouraged students from seeking support:

“...some of our lecturers I don’t feel are very approachable in the second year. So, um, and they’re not very forthcoming with information like guidance or advice, particularly about exams, they kind of say, ‘well if you need help, you go to, um, like CAS or, um, get advice from the university, I’m not here to babysit you.’ ... [One lecturer said] ‘I’ve already been accused of spoon-feeding you information, so I’m not going to help you anymore.’”

Nursing student 9

Another student reported that they perceived supported as a mixture of presence and absence. In this statement, support is presented as being good, but difficult to access:

“[Support is] hit and miss. Um... I mean I failed my first essay, and, um, I didn't feel that the feedback was... that clear. So this was at the end of April. So I emailed the person [who] marked it, and just asked whether [they] could meet me to discuss it, and so I could really see where I'd gone wrong. I'm still waiting for a response. So, that's... you know, that didn't help...much. I mean, my personal tutor... when you get to see her, she's very supportive. But it's getting... it's getting that, your foot in your door sometimes.”

Nursing student 1

A contrasting image is presented by a student who perceived support as absent. This student, however, suggests that the absence is related to a lack of need for that support.

“From within the university and the social work department... the support for me has been more about through the lectures and things like that and taking time to sit and explain stuff or go over stuff that we're clear... and clarifying information and our understanding and our knowledge, um, but in terms of sort of one to one support... from the academic side, I feel that there hasn't been much of that, but maybe I haven't felt a need for it either, so [I] don't feel it's something lacking. I think it's also about me maybe not approaching people to necessarily request that one to one support, so I think... But I know that it's there, if you need it, because I've seen it with other colleagues...”

Social work student 4

Together the above extracts present a mixed image of the support available to students on professional training programmes. One reading of the extracts is that support is not as available to students as might be desired. Another reading suggests that an element of gaining support rests with students, and what they do in order to access support. However, the active denial of support, or the apparent difficulty of gaining access to educators and mentors, may discourage students from taking steps in order to secure assistance.

Participants described a range of experiences relating to support that they had received in general whilst on placement. The key feature of these experiences was how placement staff treated students and in particular whether students were made to feel 'part of the team.' Some students described in particularly positive terms occasions where they had been made to feel that they had genuinely contributed to the success of the team. For example:

"I... set up charity events all the time, and festivals, and things like that. It's a hobby. And I was able to input that ability into my placement. And they didn't have anybody on their team that could do that, and for them to actually say, 'wow, thank you very much for your support,' ...I felt... you know, worthwhile... that I'd actually done something for them."

Social work student 7

One midwifery student made reference to being able to influence the treatment she received from placement staff through her own attitude. Another example of a student indicating an ability to influence the treatment they received is discussed later in this section. Although not expressed frequently some students clearly felt that they were able to make interventions in the support that they received.

"I had a fantastic time at each placement. ...I haven't complained about any, any person or any placement, and... I think, that it's my attitude. I really believe that. Because I know that other students have had problems with the same mentors, um, or the same practice areas... I know that many of them have, have struggled, um, in particular placements. I haven't... but then I believe that's because I am motivated, I am committed. ...And I am very open-minded, I will go and I will judge for myself. And I will work to gain their respect."

Nursing student 3

As was noted in the section for the theme of commitment a number of participants reported the need to balance commitments to training and to family life. One student showed how support from a variety of sources, both from the faculty and from placement organisations, is vital in fulfilling multiple obligations.

“... the support of the staff nurses has been fantastic, I mean... obviously because I've worked there as well, I think... that's helped. It has been a hindrance as well at times, but it has helped. Um, especially with things like my hours, they understand my personal circumstances, and they are happy to accommodate them, you know. Because when you're on the ward you aren't supposed to be counted in the numbers. So it doesn't really matter to them, you know, whether, what hours you do for them, night shifts or, you know, things like that. Um, on the adult ward, unfortunately... they were putting me on nights that I couldn't get anybody to look after my child. And their answer was to leave her on her own. At night. Um, I spoke to...somebody at the university, and I explained the situation, and they wouldn't move me... their answer was to phone in sick... I said I will phone in and say I haven't got childcare, but I will not phone in sick. So, after that I just thought, 'you know what, I can't do this on my own.' Um, and, unfortunately I couldn't do the hours that I needed to, so I had to work like a lunatic in my last placement, and ended up doing 120 hours over two weeks. To [make up] my hours... I could do it there because I was being supported by... by the staff.”

Nursing student 1

As with the previous sources of support, participants described a mixture of positive and negative experiences with mentors and practice assessors encountered in placement. Most participants reported at least some positive experiences, and many had entirely positive experiences. However, several appeared to consider it a matter of luck whether one received a good mentor or a bad mentor. Even some students reporting entirely positive experiences stated that they had had good experiences by chance. It is interesting that while such

mixed experiences were noted for every source of support only experiences with mentors were referred to in terms of chance.

“...I’ve had very good practice educators, particularly my second one. She was fantastic, you could email her at any time or, you know... I could not think of a flaw in that lady. She was just such a good role model and... brilliant. But then I know... it’s down to practice educators and I know of other students that haven’t had that, you know, haven’t had that support so I was really lucky in that sense.”

Social work student 6

“It depends on your mentor. Some mentors, my last mentor was fab... and the one before that actually. It really does depend on your mentor. If you’ve got a good mentor, you’re laughing, you’re okay. But if you’ve got someone that’s sort of got a bit of a vendetta against students, they’re out there, there’re dragons, um, you’ve had it. You really have had it. I mean, I saw one student, and her mentor seemed to go out of her way... to really give her hell, she was crying in the cloakroom.”

Nursing student 9

Alarmingly two participants in training for healthcare professions claimed that mentors had refused to sign documents to show that students had demonstrated important clinical skills. In addition to the impact on student wellbeing and motivation, some behaviour from individuals who should be providing support could have a very real impact on student progression through training. It has been suggested that clinical teaching models in which student nurses are supervised by a registered nurse encounter difficulties due to staff shortages and heavy workloads (Croxon and Maginnis, 2009).

“I’ve actually had mentors refuse to sign assessments, not because I’ve been a bad student, but because they say they don’t understand it... Um, when they’ve

had training on it, there's a practice educator they can go and have a chat with, but they just refuse to do the assessment."

Nursing student 2

A small number of social work students made reference to an imbalance of power when discussing "bad" mentors. However, the frequent reference to the quality of mentors being a matter of luck suggests that a great many participants did not feel in control of their experiences in placement. Only one participant made reference to being able to influence the support that they received in placement.

"And sometimes I might think how to sort of shift around so I might work with a better mentor, someone that I get along with better... Um, 'cause you, sometimes you can like, pick your hours, maybe not the first week, but then you can say, 'you know, I'll do these, these, these and these shifts,' and they go, 'all right, whatever.' And then you work with so and so for the whole time! And, um, yeah, you get better support I think if you're able to work with someone you get along with."

Nursing student 8

In contrast to discussions of other sources of support, the majority of participants described support from fellow students on the same training programme in very positive terms. Some participants referred to specific networks of support within a group they belonged to on the training programme. Others referred to fellow students in general as being very helpful. Only two participants in nurse training specifically stated that they did not find their fellow students to be supportive. A number of participants also spoke about mutual supportive behaviours amongst their fellow students. Some also made reference to using online technologies in order to facilitate communication. For example:

“I wouldn’t actually say [support from other students] was that high. It’s, it’s quite funny... I always imagined the students, you’re gonna know them for years afterwards, and they’re gonna become your best friends, but I don’t know if it’s cause you’re living at home, or what, it never seems like you really get into it. So you come and you meet the people, and you... you spend the day with them, or whatever, and then you all go off... everyone just goes home, and off in their different directions. ...I mean, you have like a few Facebook chats or something, but it’s more like, ‘oh, is this lecture on here or there’, you’re not like, ‘oh, I’m really struggling...”

Nursing student 8

Those who considered their fellow students to be supportive frequently made reference to the shared experience of being on the same training course. For example:

“...in terms of the other TIER students for me, that’s my main support. And because they’re experiencing what I’m experiencing at the same time... going through some of the same things that I am, and so there’s an awful lot of support and banter between um a small group within the larger group about what we’re going through, the process we’re going through, and the anxieties around that... and sort of, you know, chivvying people along that, you know, ‘you can do this’, and ‘you’re nearly at the end’ and all that kind of stuff, so, for me the main part of support away from university is being the other students that [are] in the group with me.”

Social work student 4

The issue of shared experience was also frequently raised when discussing support from friends and family. Many participants stated that their family and friends were supportive of their decision to train for their chosen profession and sometimes were able to help them cope with the demands of training but noted that friends and family were usually unable to understand what they were going

through. Participants most frequently referred to emotional support from family and friends, but some participants discussed more concrete forms of support. For example a small number of participants described their parents assisting in the provision of childcare, allowing the participant to more easily fulfil multiple obligations. For example:

“My mum and dad are... really proud that I’m finally doing something with my life [laughs]. Um, and they are supportive in the fact that they’ll have my daughter in the holidays... and they have helped out financially as well which is... one of the... biggest supports that you can have, um... My friends are just, you know, they’re just really, really supportive... Not that they can really do anything but just sometimes it’s, it’s good to know that you can finally go, ‘Arrrgghh!!! What am I doing?’”

Nursing student 1

However, not all participants reported uniformly positive experiences relating to friends and family. It was notable that all negative experiences were described by students training for social work. Two participants discussed the impact of their choice of profession on specific familial relationships. One participant reported that a parent demonstrated antipathy towards their chosen profession:

“As for my family, my dad is the most unsupportive person. As soon as he found out what I was doing my degree in, he called, his actual, um, comment was, ‘why do you want to go and train to be a legal baby snatcher?’ [laughs] And I went, ‘okay...’ [laughs] Um... so he’s not particularly impressed about what I’m doing. You know. But my *mum* has been amazing...”

Social work student 7

Another student did not report negative responses to her chosen profession, but did state that she had become more outspoken when her mother voiced opinions with which she disagreed, and which were contrary to the values of social work:

“I’ve found it’s, uh, actually made divisions between the relationship with me and my mum. We haven’t really ever had a very good relationship, but she’s got quite... racist sort of ideas, and things like that, and... whereas I used to ignore them, I’ve got to, from starting uni, I’ve started thinking, ‘no, I’m gonna challenge them, because I don’t agree with it,’ so we’ve had a few bickers. So that’s made it harder [laughs] but I don’t care, ‘cause I know it’s making me a better person, so...”

Social work student 6

Another described their friends and family as supportive, but noted that their own changing values had created some divisions in their family and social circle.

“...you sometimes feel you don’t fit into the network that you were before in, before you started the course, and, I found that sort of difficult, because like we would share similar ideas, but now I’ve got different thoughts and things, and I kind of sometimes feel like I’m a bit of an outcast in my family because of the views I now hold, or the way I look at things...”

Social work student 2

The section for the theme of support has discussed a variety of experiences relating to several sources of support for students on professional courses and the perceived quality of the support they received. Sources of support associated with the training programme such as faculty, placement staff and mentors received quite mixed appraisals. Notably, experiences with mentors were described in terms of luck or chance, which was not the case for any other source of support. Support from placement staff was often discussed in the context of

the extent to which they demonstrated acceptance of students in the workplace. Although some participants indicated that they did not receive support from faculty as they did not need such support, one participant reported that faculty tended to discourage support seeking on the part of students. Some participants also referred to the difficulty of making contact with faculty or a reluctance to reply to communication. Family and friends were often described as supportive, although several participants noted that they lacked the shared experience that made fellow students a particularly useful source of support.

It seems that several factors are involved in the quality of support given to students. A key feature appears to be accessibility, which may be why fellow students were regarded so positively. Accessibility is likely to be associated with support from family and friends as well, but the support received from them is different in nature. Students also indicated that positive treatment, or a lack thereof, from others (e.g. placement staff and lecturers) had implications for their commitment and their experiences of training. On the basis of some participant contributions, this appears to be particularly problematic in placement areas. Issues relating to power also appear to be an important factor, given that some students disclosed that they lacked support when discussing problematic placements with the university and the role of chance in relationships with mentors. Finally, shared experiences were frequently raised as important when discussing support from fellow students and when discussing the limitations of support from family and friends. These contributors to support can be thought of in terms of the metaphor of distance. Where support has been weak or problematic there is frequently a distance between the student and the potential source of support whether it be in terms of experience, power or indeed physical distance.

3.4 Discussion

As has been noted previously there is a relative dearth of research exploring commitment in students on professional courses. Given the associations of

commitment with a number of positive work outcomes there is a clear utility in examining the commitment of students on these programmes. This study has provided useful insight into how students experience commitment. It has been noted in this chapter that students often described commitment in terms that implicitly suggest a role of moralistic values. This was particularly apparent when students expressed concerns over the behaviour of some fellow students who they perceived as lacking commitment, referring to incidents of misbehaving in class or failing to contribute to group efforts. Students also expressed concern over the negative impact those lacking in commitment might have after qualifying, especially when those students appeared to lack those values that participants associated with their chosen profession. Commitment is seen as necessary by students given that a number expressed difficulty understanding why those who lack commitment are training for a profession that requires it. These findings reflect those of Kiger (1993) who noted that nursing students saw commitment as part of what distinguished a vocation from an occupation and that this was an enduring feature.

Some participants discussing those who lacked commitment noted that the first year of training had 'weeded out' many such students. One participant made reference to her cohort now being half its original size. Given the cost of attrition from, for example, nurse training programmes (e.g. Waters, 2008) this is somewhat alarming.

The primary way in which participants discussed commitment invoked dedication to their chosen profession. Thus, the affective commitment mindset appears to be most relevant in discussing the experiences of such students. Conceptualisations of commitment that invoke other commitment mindsets were almost entirely absent from participant contributions. In rare instances, participants gave a sense of an instrumental commitment in students either in themselves or perceived in others. Some participants described their training as a means to an end of being able to work in their desired field. However, instrumental motivations are not necessarily in opposition to intrinsic motivations (Lepper et al, 2005). For example, one participant referred to a fellow student

who was training as a nurse in order to gain entry to a career as a health visitor but still acknowledged this student as dedicated to this goal. The data explored in study one and study two suggests that representations of commitment by professionals and students on professional training program are dominated by the affective commitment mindset. However, it is somewhat premature to argue for a significant reduction, as called for by Klein et al (2012), in the conceptualization of commitment by theorists. Although instrumental commitments were often still framed in the context of dedication, this may simply highlight a permeable boundary between commitment mindsets. Similarly, the relation of values and value judgements to commitment may reflect overtones of the normative commitment mindset, which some scholars have recently conceptualised as having a moral component (González and Guillén, 2008; Meyer and Parfyonova, 2010). Consequently, while it is acknowledged that dedication is dominant in participant constructions of commitment, it is also argued that other commitment mindsets are useful to understanding commitment as it is experienced. Thus in this present work the author argues that the constructed nature of commitment should be emphasised.

It is useful at this stage to discuss some elements of the construction of commitment and identity by participants. A number of students made reference to their capabilities when describing how they defined themselves – for example noting their practical skills when identifying as a member of the profession, or their practical and academic skills when claiming a dual identity. As will be argued later in this discussion, contributions relating to student identities often played a role in the defining of the profession for which participants were training. For example, many student nurses emphasised the ‘hands on’ aspect of nursing. It is therefore argued that students are likely to make assessments of their own performance in the formation of their self-identities. Blau (1964) and Festinger (1954) assert that individuals seek information about their own competencies whether through opinions considered reliable (e.g. Blau, 1964) or through relevant comparisons with others (e.g. Festinger, 1954). Blau in particular notes that this can form a motivation for seeking membership in a group.

A number of participants made comparisons to fellow students within the groups to which they belonged, primarily when discussing those students whom they perceived as less committed. It is notable that discussions of commitment often contained implicit value judgements regarding the etiquette of other students and their presumed attitudes. Behaviour was often discussed in terms of professionalism with the implied view that those lacking commitment were not professional. There were some infrequent departures from this view, however, with one participant remarking that poor commitment could be the consequence of negative experiences and two other participants being sceptical of others' public displays of commitment.

More frequently, however, comparisons were made, explicitly or implicitly, between groups participants belonged to, and other groups. Consequently social identity theory (e.g. Tajfel and Turner, 1979) is seen as useful to understanding student statements relating to in-groups and out-groups. Groups were identified within as well as between courses. One such example could be found in the remark by one participant that compared the punctuality of students studying at one campus versus those studying at another, in addition to the more obvious comparison of professions and courses. Some participants also compared the behaviour of students in their own groups with the behaviour of out-group individuals on the same course. For example, one participant describing some nursing students as having no intention of working in nursing upon qualification claimed that there were no such students in their group but that these students existed in other cohorts. This may have represented a real difference between the in-group and out-groups, but may also represent a positive bias on the part of the speaker. Participants also often distinguished implicitly between in-group members and out-group members – for example, family and friends were often noted as being unable to understand what it was like being a student in professional training or a member of the profession for which the participant was training.

The findings of this study will now be examined in the context of recent commitment models introduced in chapter one. As discussed throughout this

chapter, the tone of commitment as described by participants often reflected dedication and psychological attachment to the profession. Some participants also gave indications of a degree of instrumental commitment either in themselves or in others. The contributions of participants appeared to fit well with Meyer and colleagues' affective commitment mindset. As noted earlier, some evidence of continuance commitment was found in the current study but references to normative commitment were almost entirely absent. Given the dominance of dedication in participant contributions, this may reflect the commitment profile (e.g. Gellatly et al, 2006; McNally and Irving, 2010) of the sample recruited for this study. This is discussed further in the limitations section of this chapter. As will be discussed shortly the integration of commitment theory with social identity theory (e.g. Meyer et al, 2006) offers insight into the present study. Although Johnson et al (2010) also make use of identification, Meyer et al (2006) suggest different ways of identifying with a collective and further specify the way such identification may change over time. The apparent division of commitment into dedication and instrumental mindsets found in the present study (and in Study 1) would appear to be compatible with Cohen's (2007) model which makes a similar distinction. However, as noted in chapter one, Cohen's model is problematic in that it associates exchanges solely with the instrumental form of commitment. This is not consistent with research suggesting that important exchanges, such as perceived organisational support, are associated with affective commitment (e.g. Guerrero and Herrbach, 2009). Further, the findings of the present study suggest that there is not necessarily a clear delineation between psychological attachment and instrumental concerns. Solinger et al (2008) argued that commitment is an attitude towards a target and they further assert that continuance and normative commitment are behavioural intentions to persist or desist in a line of behaviour rather than an attitude towards a target. In addition to the criticisms detailed in chapter one, the findings of study two suggest that such commitment mindsets, rather than forming an intention, do colour the construed relationship between the individual and the target of commitment. While individuals may differ in how they perceive their relationship with a commitment target with a consequent impact upon behaviours such as retention, it appears overly simplistic to describe these alternative commitment mindsets as a behavioural intention. In Klein et al's (2006) approach the rationale is not seen as related to the strength of commitment but simply reflects

the manner in which an individual makes sense of their relationship with a commitment target. In the present study participants expressed a high level of commitment because they were passionate about the profession itself or because they needed a qualification in order to progress their career. Klein and colleagues have since argued that commitment should solely be defined as a bond reflecting dedication (Klein et al, 2012). As discussed previously, however, it would be premature to jettison other commitment mindsets at this stage in the programme of research as little is known about the issue in students training for professions. This reductionist view of commitment may restrict the kinds of questions about the construct that scholars are able to ask. Although in itself this study cannot assess the 'truth' of particular models of commitment, the present study indicates the value of retaining an 'open' concept of commitment which allows for variation in conceptualisation.

The theme of support interconnected much of the themes presented in this chapter. Although commitment was primarily seen as the responsibility of the individual and was sometimes described in implicitly moralistic terms, some participants suggested that experiences of support were relevant to commitment and helped nurture it. Enjoyment was primarily perceived to be a coping mechanism which enhanced internal resources and encouraged motivation. Stories of the profession that were disclosed in this study could be positive and assist in the learning of students, but alternatively could be negative and a potential threat to motivation and commitment. Stories could also impact on the behaviour of others, sometimes including family members, towards students and other members of the profession. Thus the theme of stories of the profession was often linked strongly to the experiences of support and indirectly to commitment. Support in the form of relationships between students and others such as placement staff was considered to impact on student identity and feelings of belonging. Consequently, support could be seen as a unifying theme of this programme of research so far. As has been discussed, participants often were most positive about describing support from fellow students. A number of participants made specific reference to networks of mutual support amongst students. These likely form the basis of social exchange relationships between students (Blau, 1964). The giving of help may also be seen as a form of

citizenship behaviour and should therefore be associated with commitment in individuals (e.g. Bentein et al, 2002; Dalal, 2005; LePine et al, 2002). Students may be more likely to seek each other out for support and to offer support in return because student peers are more proximal compared to faculty staff and mentors. Groups of students are also likely to become targets of commitment due to their proximal nature (e.g. Meyer et al, 2006) compared to the more abstract target of the training itself. The discussion of support in relation to students seeking help from a variety of sources (such as mentors and lecturers), and providing support to their peers, was identified by the researcher as important to the present programme of research. They are consequently explored further in the next studies presented in this thesis.

A second unifying pattern emerging from the data was the act of defining one's profession. Although one theme specifically discussed definitions of the professions included in studies 1 and 2, the themes of joining the profession, stories about the profession and student identity and belonging all provided information about how participants constructed images of their profession. This process is seen as important to the present research programme in that it represents the formulation of ideas to which individuals may become committed, such as to the idea of one's profession, and may also impact on the nature of one's commitment. For example, an individual who accepts the negative stereotypes of their chosen profession may become disillusioned and thereby experience deterioration in commitment towards their profession. Where an individual develops an image of a commitment target that does not match the 'reality' of that target, this is likely to produce maladaptive behaviours. For example, an individual might strive to return a commitment target to a 'golden age' that never in fact existed or engage in activities intended to be helpful but which are not suited to the target in practice. For example, nursing students a commitment to nursing as 'hands on' practice with an associated rejection of the theoretical is likely to have implications for performance of the nursing role.

As was discussed in chapter one, Harvey and McMurray (1997) reported that those voluntarily leaving a nurse training programme were more likely than those

who remained on the course to state that course content differed from their expectations. It has been reported by several scholars that some student nurses do not anticipate the level of theory that is present in their training, expecting a more 'hands on' approach (Brodie et al, 2004; Kotecha, 2002; Last and Fullbrook, 2003; O'Donnell, 2011). Spouse (2000) reported that those who remained on their nurse training programme expressed clearer ideas about what they believed nursing involved and about how they wished to practice their profession upon qualification. Also discussed in chapter 1, Kiger (1993) found that when students encountered 'realities' of nursing that did not meet with their expectations they either came to accommodate the new experience into their images of nursing or rejected the experience. While this usually involved rejecting a facet of nursing, in some extreme cases participants appeared to reject nursing as a whole. In the present study, a number of students identified as professional or as 'practical' people. However, only a relatively small number of healthcare participants appeared dissatisfied with the level of theory present in training. One such participant was particularly critical of the content of the nurse training programme. This participant expressed a view that some of the content of training was irrelevant to the nursing profession and argued that training could be accomplished in two years rather than three. This participant also expressed an ambition for the future to attain a high level position in the leadership of the NHS in order to institute changes to the organisation they saw as necessary. This example therefore indicates the potential of commitment and constructed images of the profession to have real impact upon the working lives of professionals and the outcomes experienced by their clients.

Meyer et al (2006) offer a further means for exploring the theory versus practice discussion above. In their work integrating commitment and social identity theory, Meyer et al make reference to nested collectives and cross-cutting collectives. As discussed in chapter one nested collectives are those groups in which membership of one necessitates membership of another. By contrast, cross-cutting collectives do not possess this requirement and therefore may present members of multiple collectives with conflicting demands. Meyer et al note that where members strongly identify with one collective they may form affective commitments to the desired collective but continuance commitment to

collectives they 'must' be part of in order to achieve and maintain the desired membership. In order to become a qualified professional it is necessary to be a student on a training programme first, albeit for a defined and finite period of time. Therefore being a student may represent a nested identity - a necessary component towards future identification as a qualified professional. Those who felt that there was 'too much theory' in their training may be doing so because of pre-existing ideas about the profession (e.g. Brodie et al, 2004; Kotecha, 2002; Last and Fullbrook, 2003; O'Donnell, 2011) and consequently the poor fit between their expectations and the reality may influence their identification. Where a student identifies strongly with the profession and feels that the training does not reflect their expectations, they are likely to form a continuance commitment to training. It should be noted that the majority of participants identifying with their profession did not complain about the level of theory in their training. Consequently this reaffirms the need to ensure that students are aware of the relevance of their training from the outset.

The unifying theme of support and the activity of defining the profession were at times linked. This primarily occurred in the context of participants describing relations with individuals who were not members of their chosen profession. A number of participants expressed their commitment to their future profession by describing their efforts to address negative perceptions of their profession held by those they knew, such as friends and family. This was often noted in the context of participants identifying with their profession. Given the negative public perceptions of social work discussed previously in this thesis it is likely that social work students are particularly likely to find themselves fulfilling this role. A small number of social work participants discussed the impact that their changing values or even the fact of their training for social work had upon relationships with family and friends. However, a number of participants from all subsamples commented that family and friends lacked the shared experience required to understand what the participant was going through and consequently were limited in the support that they could offer. Several participants described negative experiences that resulted from negative or inaccurate perspectives of the profession. Where these experiences involved family or friends it was clear

that these individuals were not supportive of the participant's choice of profession.

In conclusion, it is clear that students draw upon a variety of information to construe their perceptions of the profession to which they are committed. Social identity theory is shown to be relevant in that information from 'insiders' is considered to be more reliable than information from 'outsiders' (e.g. news media). It is apparent that most students develop a sense of membership of their chosen profession, but also frequently form groups within training programmes. Evidence from this study demonstrates that students are able to form commitments towards their chosen profession even before they are qualified and registered members. Experiences during training, in particular relating to support from a variety of sources, have a clear impact upon commitment. In particular, negative experiences (such as being made to feel unwelcome in placement areas) may challenge students' sense of commitment to their chosen profession. Consequently support is seen as vital to understanding the professional commitment of students.

3.4.1 Limitations

This study aimed to gather data relating to the experiences of students studying for professional courses as they related to commitment. While this was to an extent successful, there are some key limitations to this study. Firstly, although commitment was discussed explicitly with participants, this discussion did not focus upon what commitment 'meant' to students. Consequently, the researcher has interpreted the statements provided by participants, and the language used, in order to discuss student perceptions of commitment. Future qualitative work could expand greatly upon the present knowledge base by explicitly inviting participants to discuss what commitment means.

Secondly, it was apparent to the researcher that all participants expressed a high level of commitment. While this study provides insight into the experiences of those who are highly committed and into the ways in which they construct their commitments and identity it is unable to explore the experiences of those who are less committed. It may be difficult to recruit those who experience lower levels of commitment due to fear of disclosing this or a general apathy related to the course of study. Commitment is conceptually associated with engagement (Riketta and Van Dick, 2009) and has been shown to correlate with citizenship behaviours (e.g. Meyer et al, 2002). Those who experience less commitment may be more reluctant to take part in research than those who are committed and engaged. Future work exploring the commitment constructions of those who lack commitment may be valuable to our understanding of commitment. One approach may be to recruit those who have left their course or are contemplating doing so. This has already been accomplished with attrition research, as discussed in chapter one (e.g. Glossop, 2002). While this may increase the possibility of recruiting those who are less committed it is important to note that not all who choose to leave their course will lack commitment. Some may have found themselves in an untenable situation which forces a choice between commitments.

3.5 Chapter Summary

This chapter presented the second study in this programme of research. Support was again found to be crucial to understanding student experiences of training. Further, support appeared to have implicit implications for commitment. Participant awareness of media portrayals of the profession, once prompted, appeared high across all subsamples with a unanimous focus upon negative presentations. The process of constructing images of the profession was also found to be related to many of the themes present in this study. Often support and the construction of the profession appeared to be strongly related. Experiences of support, or lack of support, were often related to the impressions participants formed of their profession. Further the images of the profession held by others, such as family and friends, sometimes had an impact upon

participants' reported experiences of support. The overall message of this chapter is that commitment is shaped by an individual's sense-making of their circumstances with images of their commitment target, perceptions of their own performance and behaviour directed towards them contributing to this sense-making process.

The next chapter presents the next studies of the research programme. This phase was informed by the qualitative phase leading to decisions regarding the selection of variables to include for study. The following in particular were selected for further investigation:

- Help-seeking behaviours.
- Help-giving behaviours.
- Perceptions of support.
- Student identification.

Chapter Four: Study Three

Introduction to the chapter

This chapter reports and discusses the findings of a mixed-methods survey study. This study consisted of a pilot survey and a subsequent cross-sectional survey. This study aimed to examine the relationship between three commitment mindsets with variables of interest that emerged from previous studies reported in this thesis such as perceived support, identification, satisfaction with training experiences, help-seeking behaviours, help-giving behaviours, performance and turnover intentions. Furthermore, this study tested the utility of an alternative measure of commitment developed by Klein et al (2011). This study also gathered qualitative data in which student nurses described recent events that had increased or decreased their commitment to nursing, as well as ways in which they believed support to students could be improved. The validity of Klein's commitment measure as an alternative to affective commitment measures was supported. Findings suggest that workplace placement experiences are of importance to affective commitment, while satisfaction with the course itself is not. Furthermore, students usually made reference to placement experiences when discussing changes they perceived in their own commitment to nursing. Support was shown to be strongly and positively related to satisfaction with training experiences, affective commitment, and help-seeking behaviours. Professional identification emerged as the only form of identification correlating with affective commitment. Themes identified from the qualitative responses encompassed the importance of placement experiences, organisation and communication, poor link support on placement, and feeling part of the team. The implications for future research are discussed.

4.1 Aims of this study

This study aimed to examine the relationships between three mindsets of commitment to nursing (i.e. affective commitment, continuance commitment and normative commitment) and perceived support, satisfaction with training experiences, affective wellbeing, help-seeking and help-giving behaviours, satisfaction with performance, and turnover intentions. As will be discussed later in this chapter, these variables were selected on the basis of the findings of study 1 and study 2, as well as a review of the relevant literature reported in chapter 1. The aims of this study are as follows:

- Examine the relationship between different forms of identification – professional, student or customer – with commitment mindsets.
- Examine the relationship between support with satisfaction with training experiences (i.e. course-related and placement-related), with commitment mindsets, and with help-seeking behaviours.
- Examine the relationship between the commitment mindsets and wellbeing.
- Examine the relationship between the commitment mindsets and both help-seeking and help-giving behaviours.
- Examine the relationship between commitment with academic and clinical performance and turnover intentions.

4.2 The commitment model

In this section the rationale for the variables operationalised in this study will be discussed. The commitment model developed for the present programme of

research draws upon exchange-based approaches such as social exchange theory and the framework of social identity theory. In this model, positive experiences of training reflected by perceived support and satisfaction with the course and with the placement promote particular identities. For example, positive experiences in placement are expected to encourage the development of a professional self-concept. Identification is expected to influence affective commitment to nursing, as identification as a professional should make nursing an appealing target of commitment. By contrast, identification as a customer of higher education should predispose an individual to consider the costs and benefits of remaining in training, promoting continuance commitment. It is expected that affective commitment will promote affective wellbeing, and will be associated with help-seeking behaviours as well as help-giving behaviours. It should be noted that participants are expected to differ in their profiles of commitment, such as whether one or two mindsets are noticeably more present, or whether all mindsets are generally present or absent (Allen and Meyer, 1991; Gellatly et al, 2006). It is also expected that help-seeking behaviours will be associated with greater satisfaction with one's own academic or clinical performance. It is further anticipated that all three mindsets of commitment, wellbeing, and perceived performance will be associated with lower turnover intentions.

Commitment has been reviewed extensively in chapter 1. A systematic review of student turnover in training programmes for nursing and social work was also presented in chapter 1. This section will now briefly discuss the rationale for the inclusion of, and review researching findings related to, identification, wellbeing, satisfaction, perceived support, help-seeking and help-giving behaviours, and performance in this programme of research.

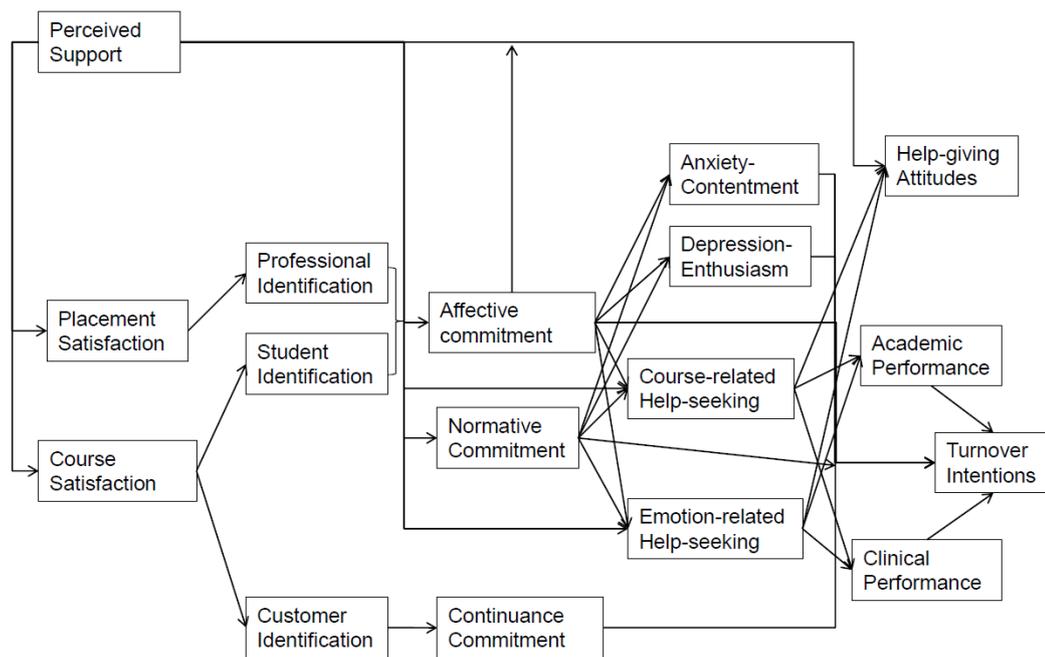


Figure 8: proposed model of commitment

4.2.1 Identification

As discussed in chapter 1, identification with a target (e.g. an organisation) is seen as an antecedent of commitment to that target (e.g. Meyer et al, 2006). Furthermore, identification has previously been incorporated into the definition of commitment in general (Mowday et al, 1979) or as part of the conceptualisation of affective commitment (Meyer and Allen, 1991). When planning the first study of this programme of research, some contacts questioned whether students would identify with their profession or with workplaces where they were on placement: a suggestion mirrored by a small number of lecturers participating in study 1. However, George (2009) suggests that the formation of a professional identity may begin with the decision to enter one's chosen profession. Therefore the identification of students was included as a topic of interest in the present programme of research. Most students participating in study 2 appeared to identify with their chosen profession, or expressed dual identities of student and

professional. Items relating to identification were included in both study 3 and study 4, in order to examine whether this finding will generalise to a larger student sample.

In literature relating to student commitment, such as by McNally and Irving (2010) students have been primarily considered members of HE institutions or customers of these institutions. In study 1, lecturers referred to students as seeing themselves as professional, students or as customers. Consequently this study considers these to be the primary ways students may identify themselves in terms of their programme of training. In line with the findings of study 2, it is anticipated that students will primarily identify as students or as professionals, rather than as customers of HE.

Linked to the above point, the review of the literature presented in chapter 1 suggests that many academics are opposed to conceptualisations of students as 'customers' (Lomas, 2007). In addition, Finney and Finney (2010) found that students identifying as customers were no more engaged in their studies than their peers, but were more likely to complain regardless of how satisfied they were. It seems likely that students who perceive themselves as customers will be more aware of the costs and benefits associated with their training. Therefore it is expected that customer identification will be associated with continuance commitment.

4.2.2 Wellbeing

In study 1, lecturers made reference to a number of potential threats to student wellbeing, such as poor academic performance, workload and negative behaviours by staff in placement areas. However, they also made reference to uplifting experiences that students could encounter, such as recognition of their efforts by service users. Students participating in study 2 often referred to these same experiences. In particular, a number of student participants had reported

being made to feel unwelcome in placement areas or negative experiences with mentors. Consequently, and in line with previous research, the affective wellbeing of students was seen as an important element of the research findings to examine further.

Wellbeing, stress and coping in student nurses has been the subject of much research (e.g. Gibbons, 2010; Gibbons, Dempster and Moutray, 2011; Morrissette, 2004; Morrissette and Doty-Sweetnam, 2010; Prymachuk and Richards, 2007). In addition to sources of stress experienced by most students, the main sources of stress for student nurses are found on placement (Gibbons, 2011). These problems include worries about developing clinical skills and relations with members of staff (Gibbons et al, 2010). Students training for psychiatric nursing encounter distressing experiences, such as disturbing behaviour or narratives displayed by patients (Morrissette, 2004). Many student nurses encounter bullying on placement (Hoel, Giga and Davidson, 2007). Indeed, many newly graduated nurses continue to experience bullying (Laschinger, Grau, Finegan, and Wilk, 2010).

Wellbeing has been frequently found to relate to affective commitment (Meyer and Malkin, 2010), and there is evidence to suggest that wellbeing is an outcome of affective commitment, and that affective commitment mediates the relationship between perceived organisational support and wellbeing (Panaccio and Vandenberghe, 2009). However, fewer studies have examined wellbeing in relation to continuance and normative commitment, but normative commitment has been found to be related to wellbeing only weakly, while some studies have found negative relationships between continuance commitment and indicators of wellbeing (Meyer and Malkin, 2010).

While much attention has been given to the benefits of commitment to organisations, relatively little has been bestowed upon the benefits of commitment to employees (Meyer and Maltin, 2010). In line with positive psychology (e.g. Diener, Suh, Lucas and Smith, 1999; Seligman and

Csikszentmihalyi, 2000), Meyer and Maltin argue, that measures of wellbeing should reflect positive experiences (such as happiness) rather than merely the absence of stress, distress or other forms of ill health. Diener et al (1999), therefore, conceptualise wellbeing as a broad category encompassing constructs such as affective states, domain-specific satisfactions and general life satisfaction.

In line with these recommendations, Warr's (1990) measure of job-related affective wellbeing was chosen for the present study because the measure incorporates variations in arousal as well as valence of affect from negative to positive. Furthermore, the measure is specific to the context of work, rather than representing general wellbeing. The measure consists of two subscales, termed anxiety-contentment and depression-enthusiasm respectively. Consequently, it is possible in this study to examine whether different aspects of affect will relate differentially with commitment. Job-related anxiety has been shown to correlate negatively with affective commitment and positively with continuance commitment (Glazer and Kruse, 2008). By contrast a longitudinal study by Hakanen, Schaufeli and Ahola (2008) failed to find a significant causal relationship between job-related depression and organisational commitment. Consequently, it seems likely that job-related anxiety-contentment will have more impact on commitment than depression-enthusiasm.

4.2.3 Satisfaction

Job satisfaction has been studied as an antecedent, correlate and consequence of work commitment (Neininger et al, 2010). Previous research has suggested a cyclical relationship between work commitment and job satisfaction (Farkas and Tertrick, 1989). However, a longitudinal study by Neininger et al (2010) reported that, while organisational commitment influenced levels of job satisfaction reported on subsequent occasions, there was no indication of an incremental influence of job satisfaction on organisational commitment. Nonetheless, there is theoretical justification for both directions of causality. Organisational

commitment may be expected to produce positive attitudes about one's job, as a consequence of rationalisation (Salancik and Pfeffer, 1978), whereas positive experiences at work producing job satisfaction should also contribute to affective commitment (Meyer and Allen, 1991).

In study 1, many lecturers referred to their previous professions in nursing, social work or teaching as having brought them much satisfaction. Lecturers also often noted that their students appeared to derive similar satisfaction from their work. For example, nursing lecturers often observed that being thanked by a patient was a rewarding part of the placement experience for student nurses. Reflecting this view, in study 2, many students from both disciplines referred to experiences of being able to help service-users or being able to contribute to work teams in placement areas as being particularly satisfying. Students spend time in the classroom as well as on placement. In study 2, participants cited classroom-based sources of satisfaction less frequently than those related to placements. However, students did refer to positive classroom based experiences such as developing subject knowledge, or finding that their previous or existing practice was affirmed by taught material. In both study 1 and study 2, participants referred to satisfaction (or a lack thereof) with experiences of training as influencing student commitment towards the training itself and their chosen profession. For example, some student nurses described negative experiences of clinical areas as causing them to question their dedication to nursing or their decision to train for the profession. Given that positive experiences of work are assumed to influence affective commitment (e.g. Meyer and Allen, 1991), satisfaction with training experiences was seen as an important variable to investigate in association with student commitment.

As discussed above, student nurses spend time both in the classroom and in clinical areas. Consequently measures of satisfaction were designed to be domain-specific, referring either to academic or clinical experiences. Therefore the present study offers the opportunity to examine the relative contribution of academic and clinical experiences to the commitment of student nurses to their chosen profession.

4.2.4 Support

Support has previously been highlighted in chapters 2 and 3 as a variable of considerable relevance to this research programme. Lecturers in study 1 identified support as a factor crucial to the development and maintenance of student commitment to their chosen profession. Typically, this related to the support that they were able to offer students, but also encompassed support students received from mentors and from their fellow students. In study 2, students largely supported the claims made by lecturers. While student participants often described support received from lecturers and placement staff in mixed terms, the majority described positively the support they received from fellow students. Where support was perceived as lacking, this often related to a perceived lack of availability on the part of faculty staff or negative relationships with staff in placement areas.

Research indicates that there is room for improvement in the support offered to student nurses. Student nurses tend to rate support from friends and family more positively than they rate support from HE institutions (Lauder et al, 2008). Student nurse experiences of placement mentors can be extremely negative, with some students reporting feedback that accentuated the negative, while feeling that 'fitting in' was required to gain favourable reports (Cahill, 1996). Systematic reviews of student nurse turnover have identified negative staff attitudes (Glossop, 2001; Urwin et al, 2010) and a lack of support from tutors (Glossop, 2001) as influencing attrition from nurse training programmes. Both Shepherd (2008) and Urwin et al (2010) note the importance of peer support in enhancing retention. Christiansen and Bell (2010) report on focus groups conducted with student nurses who had taken part in a peer learning initiative, in which first year and final year students formed informal mentor-mentee relationships. This programme was intended to allow first year students to benefit from the experience of final year students, while allowing third year students to develop their understanding of the principles of mentorship. Christiansen and Bell found that first year students experienced this relationship as providing emotional

support in the face of challenges, as well as providing a protection against social isolation. Third year students reported that providing support had encouraged a review of existing knowledge, and promoted reflection. Providing support also provided motivational rewards to third year students involved in the scheme. In both study 1 and study 2 of this programme of research, both lecturers and students perceived peer-support amongst students as positive, particularly in assisting coping with the demands of training.

Support as conceived in this present work is influenced by the framework of perceived organisational support (POS; Eisenberger, Huntington, Hutchison, and Sowa, 1986). Like commitment theory, POS derives from social exchange theory (Guerrero and Herrbach, 2009). Where commitment is often treated as flowing from the employee to the organisation, POS in a sense refers to the commitment of the organisation to the employee (Eisenberger et al, 1986). POS was initially proposed as an antecedent of organisational commitment. There is substantial empirical support for this claim (e.g. Eisenberger, Armeli, Rexwinkel, Lynch and Rhoades 2001; Guerrero and Herrbach, 2009; Panaccio and Vandenberghe, 2009).

Previously published measures of perceived support have generally focused upon perceived support from a single source, such as organisations (e.g. Kinnunen, Feldt, and Mäkikangas, 2008; Kraimer, Seibert, Wayne, Liden, and Bravo, 2011), managers (e.g. Bennett, Lowe, Matthews, and Tattersall, 2001) or teams (e.g. Sheng, Tian and Chen, 2010). However, student nurses are in a position to receive support from a number of sources in the course of their training: the nursing faculty of their institution, their personal tutor in particular, staff in placement areas, and fellow students. In addition, students in study 2 often identified friends and family as providing valuable support. Consequently, it was decided that a measure reflecting multiple sources of support would be appropriate for this programme of research.

4.2.5 Help-seeking

Lecturers participating in study 1 often expressed concern that students did not always seek support from faculty when necessary. Some suggested that this was a consequence of stigma associated with seeking help – in other words, they claimed that some students saw requesting help as an admission of weakness. Although student participants in study 2 rarely spoke about avoiding help-seeking, one student nurse did refer to help-seeking being discouraged by a member of faculty.

The workplace often presents situations which might require help-seeking behaviour (Hofmann, Lei and Grant, 2009). Students, too, will sometimes require help with an element of their work, such as assignments (Morris, Lee and Barnes, 2008) or in understanding course material. It is important that students recognise when they need help (Ryan, Gheen and Midgley, 1998). It is sometimes assumed that individuals will seek expert guidance when they lack information (e.g. Morrison and Vancouver, 2000; Nadler, Ellis and Bar, 2003). However, students sometimes resist seeking help (e.g. Hafford-Letchfield, 2007). Similarly individuals in the workplace do not always seek help in the face of ambiguity (e.g. Van der Vegt, Bunderson and Oosterhof, 2006).

Morrison (2002) developed a model in which an individual might seek information for a variety of reasons, such as to gain motivation, to reduce uncertainty, or to assist in goal attainment, weighed up against 'costs' such as threats to self-esteem, impression management and the effort involved. Individuals might avoid seeking information when they expect negative feedback (e.g. to be told that their performance is poor) or when the act of seeking help might be expected to harm their social status in a group. By contrast this model suggests that individuals might be more likely to seek feedback when they expect it to be positive, seeking positive reinforcement or drawing attention to their performance from others (such as those giving feedback). Ryan et al (1998) reported that avoidance of help-seeking is higher when students perceive learning in terms of relative ability

and lower when learning is seen in terms of self-improvement. Consequently the environment in which students learn is likely to influence the likelihood of help-seeking behaviours. Lee (1997) reports that help-seeking is greater amongst those of equal status rather than unequal status. Therefore students may be more likely to seek help from each other than from those who are seen as higher in status or power, such as faculty staff or mentors.

Reflecting the research findings reported above, this programme of study draws a distinction between help-seeking behaviours related to resolving difficulties in understanding course material and such behaviours intended to address experiences of stress or other emotional difficulties. Previous work has identified that different 'logics' for seeking help may produce different outcomes, such as when help is sought to gain mastery compared to merely solving an immediate problem (Geller and Bamberger, in press). Help-seeking in relation to emotional difficulties, however, is a coping mechanism that can reduce experience of stress (Ro et al, 2010). Therefore, help-seeking as a method of learning is distinguished from help-seeking as a way of coping with the demands of training. Students participating in study 2 often referred to family members as being emotionally supportive, but limited in the support they could offer due to their lack of shared experience or subject knowledge. By contrast, fellow students were valued for their shared experience and knowledge.

As discussed earlier, wellbeing is associated with a broad range of positive states such as domain-specific satisfaction and life satisfaction (Diener et al, 1999). Consequently those who are higher in wellbeing should be more confident in their own performance. Furthermore, due to the role of help-seeking in reducing ambiguity and in gaining motivation and self-esteem, wellbeing should also be an outcome of help-seeking behaviours. It is therefore expected that wellbeing will be associated with a greater willingness to seek help. Given that emotion-related help-seeking is more likely to be used as a coping mechanism in the face of stress, it is expected that emotion-related help-seeking will be more strongly related to wellbeing than course-related help-seeking.

Help-seeking behaviour is likely to be influenced by past experiences of support. Those who have been satisfied with support previously are more likely to seek help when they need it. Conversely, those who are dissatisfied with the support they have received, or attempted to access, previously should be less likely to seek help in future. For example, in study 2 one participant stated that some lecturers were not approachable, claiming that a lecturer had refused to provide further support to avoid 'spoon feeding.' Morrison (2002) suggested that individuals are less likely to seek feedback when they expect it to be negative. Similarly, individuals may be less likely to seek help if they expect a negative response. Therefore it is expected that there will be a strong correlation between perceptions of support and help-seeking behaviours.

As commitment relates to involvement and engagement (Becker, Klein and Meyer, 2009), those who are more committed should be more willing to seek help to resolve subject or emotion-related difficulties, rather than avoiding confronting these issues. However, while affective and normative commitments are likely to be associated with help-seeking behaviours, continuance commitment has been found to be associated with work behaviours aimed at performing the minimum required to 'get by' or avoid losing one's job (Meyer, Srinivas, Lal and Topolnytsky, 2007). Consequently those whose commitment is primarily of a continuance mindset are likely to only seek help if it is imperative to avoid losing their position (such as one's place on a training programme). It is therefore expected that continuance commitment will correlate weakly with help-seeking behaviours, if at all.

4.2.6 Help-giving

A number of participants in both study 1 and 2 highlighted the support that students on professional courses tend to offer each other. It is therefore appropriate to examine the extent to which students provide help to their peers. Organisational citizenship behaviour is a construct reflecting behaviours beneficial to the organisation, but not related to contractually-obliged behaviours

or traditional perceptions of job performance (Lee and Allen, 2002; Organ, 1988). Smith, Organ and Near (1983) argue that workplaces depend upon these acts of helpfulness and altruism. Citizenship behaviours amongst student nurses may similarly contribute to the success of training programmes and placement experiences in producing qualified nurses by providing student nurses with support in addition to that offered by faculty and placement staff. Help-giving behaviour was therefore conceived of in terms of citizenship behaviours. Affective and normative commitment mindsets have both been associated with citizenship behaviours, while continuance commitment is not (Meyer et al, 2002). Therefore, it is to be expected that help-giving behaviours will be positively correlated with affective and normative commitment, but will be unrelated to continuance commitment.

4.2.7 Performance

Performance is naturally an outcome of interest to much research in work psychology. Core role performance and performance in the form of organisational citizenship behaviours have been found to correlate with affective commitment (Meyer et al, 2002). While organisational citizenship behaviours correlate more strongly with commitment than does core-role performance, it has been noted that extra-role performance indicated by citizenship behaviours are often vital to the success of organisations (e.g. Organ, 1988). In the present programme of research, performance is seen as both academic performance within the classroom or in producing assessed work, and as clinical performance demonstrated by the attainment of nursing skills.

4.2.8 Summary

This introduction has presented the model of commitment and training experiences that is being tested in study 3. Perceptions of support are expected to correlate with training experiences that promote identification as a student and

a professional, as well as with both affective and normative commitment, and help-seeking behaviours. Professional and student identifications are expected to correlate positively with affective and normative commitment to nursing. In turn, affective commitment, normative commitment, and perceived support are expected to correlate positively with important outcomes such as help-seeking and help-giving behaviours. Affective commitment and normative commitment are expected to be positively associated with job-related affective wellbeing. All measures of commitment are expected to correlate negatively with turnover intentions, as are both measures of satisfaction with performance.

The next section reports a pilot study conducted using measures designed for study 3.

4.3 Pilot Study

This study was conducted in order to examine the validity of the measures designed by the author for use in study 3 and study 4. Self designed variables were turnover intentions, perceived support, propensity for help-seeking, and attitudes towards help-giving. These variables were all measured using unidimensional scales. Reflecting concerns expressed by faculty members, two pre-existing commitment measures were tested in this pilot study to confirm that they would be appropriate for a sample of nursing students. Warr's (1990) job-related affective wellbeing measure was not included, as this has been previously used in many occupational studies. This pilot provided an opportunity to test the survey prior to recruitment on a larger scale. The pilot also enabled the preliminary examination of relationships between variables.

4.3.1 Method

Participants

Participants were nursing students in the early stages of their training. Forty-six students were recruited for the pilot study. The focus of the pilot study was upon validating measures in the population of interest. Therefore demographic information was not collected.

Measures

The measures used in this study can be found in appendix 3.2.

Occupational Commitment was measured using two approaches. The first made use of the three component model. The Meyer et al (1993) occupational commitment measure consisting of three scales (affective commitment, continuance commitment and normative commitment) was used. Each scale consists of six items, rated on a seven-point likert scale ranging from “strongly disagree” to “strongly agree.” Examples include “nursing is important to my self-image” and “I am proud to be in the nursing profession” (affective commitment), “changing professions now would be difficult for me to do” and “it would be costly for me to change my profession now” (continuance commitment), “I feel a responsibility to the nursing profession to continue in it” and “I would feel guilty if I left nursing” (normative commitment). Participant scores were calculated using means. High scores represented higher levels of commitment.

The second measure used was Klein, Molloy, Cooper and Swanson’s (2011) commitment scale, labelled the Klein et al uni-dimensional, target-free, (KUT) measure of commitment. Klein et al (2012) describe the measure as target-free given that it may be re-worded to apply to any target (e.g. a group or a goal). The KUT commitment measure consists of five items, including “how committed are you to nursing?” and “to what extent do you care about nursing?” Each item was rated on a five point likert scale, ranging from “not at all” to “extremely.” Klein et al (2011) argue that previous measures of commitment have been confounded by antecedents and consequences. Therefore the KUT commitment measure was

included in order to test its utility as an alternative measure of affective commitment in student nurses. Participant scores were calculated using means. High scores represented higher levels of commitment.

Turnover intentions were measured using a four item scale designed by the present author. Items were rated on a five point likert scale ranging from “strongly disagree” to “strongly agree.” Example items include “I no longer want to work in nursing” and “I regret starting to train for nursing.” Participant scores were calculated using means. High scores represented greater intentions to leave the nursing profession.

Perceived Support was measured using a nine item scale designed by the present author. The wording of this measure reflected perceived helpfulness of support from a variety of sources, including personal tutors, placement mentors, nursing faculty and fellow students. Items were rated on a five point likert scale ranging from “very dissatisfied” to “very satisfied.” Participants had not yet been on placement, and therefore placement-related items were excluded from analysis. This unidimensional measure was designed to gather a rating of total support available to the individual. Participant scores were calculated using means. High scores represented higher levels of perceived support.

Help-seeking attitudes were measured using two six item scales designed by the present author. Participants were asked to assess how likely they would be to seek help from a variety of sources including nursing faculty and fellow students. Items were measured on a five point likert scale, ranging from “very unlikely” to “very likely.” The first measured intentions for seeking support with understanding course material. The second measured intentions for seeking emotional support. Participant scores were calculated using means. High scores represented higher propensities to seek help.

Help-giving attitudes were measured using a seven item scale designed by the present author. Items included “I always make time to help out fellow students,” “I enjoy helping out others on the nursing course” and “other students ask me for help too often” (reverse-scored). Items were rated on a five-point likert scale, ranging from “strongly disagree” to “strongly agree.” Participant scores were calculated using means. High scores represented more positive attitudes towards helping others.

Procedure

Participants were approached during class time in agreement with members of the teaching staff. The questionnaire took approximately 20-30 minutes for participants to complete.

Descriptive statistics were generated for variables used, and psychometric properties assessed using Cronbach’s alpha. Factor analysis was performed on a measure, described below, showing extremely low internal reliability. Relationships between variables were then examined using bi-variate correlations.

Ethics

Ethical clearance for this pilot study and for study 3 was obtained from the Department of Psychology Ethics Committee. Participants were informed that participation was voluntary, and that they could withdraw from the study at any time.

4.3.2 Results

Cronbach alphas were calculated for each of the variables. An α of .70 or above is often considered to indicate an acceptable level of internal reliability (Field, 2009). Where an α was less than .70 an exploratory varimax rotated factor analysis was performed in order to identify where multiple factors might exist within a single scale. Scale reliability analysis was then calculated for these factors to test whether they presented an improvement in reliability. Consequently help-giving behaviour was divided into two separate scales, as described later in this section. All other variables were confirmed as unidimensional.

Most scales were found to have acceptable Cronbach alphas, including: Klein's commitment measure (.88), Turnover intentions (.95), Meyer et al's (1993) continuance commitment measure (.74), Meyer et al's normative commitment measure (.72). The measure for course-related help-seeking approached acceptable reliability (.66). Other variables were found to have problems relating to internal reliability: Meyer et al's affective commitment measure (.57), perceived support (.58), emotion-related help-seeking (.61), and help-giving behaviours (.075).

Removing the first item of the affective commitment scale, "nursing is important to my self-image," improved the Cronbach alpha (.87). Perceived support was not so amenable to improvement. Scale reliability analysis indicated that removing the item relating to support from fellow students would have made a minor increase in internal reliability (from .58 to .62), but this was considered to be unhelpful due to the importance of peer support identified previously in this programme of research. Therefore, support was retained as a single scale. Similarly scale reliability analysis indicated that removal of items would not improve the course-related help-seeking nor emotion-related help-seeking measures.

Analysis of the help-giving behaviour measure indicated that the presence of the reverse-scored items, noted in the method section, was problematic. Factor-analysis suggested the presence of two sub-scales. For factor loadings, please see appendix 3.1. The first consisted of items 2 (“I always make time to help out fellow students”), 3 (“I often help fellow students”) and 4 (“I enjoy helping out others on the nursing course”). The second sub-scale consisted of items 1 (“I have too much work of my own to help fellow students”), 5 (“Most students who ask me for help don’t put enough effort in”) and 7 (“Other students ask me for help too often”). Item 6 (“I feel that helping other students is the right thing to do”) loaded poorly on both sub-scales. Item 6 was therefore excluded from both sub-scales. The alpha showed a marked improvement in both the first (.84) and second (.67) sub-scale, although the latter was short of reaching a desired level of internal reliability.

	M	SD	α
KUT	4.73	.43	.88
Affective Commitment	6.70	.58	.87
Continuance Commitment	3.86	1.45	.74
Normative Commitment	4.45	1.31	.72
Turnover Intentions	1.30	.75	.95
Support	4.26	.77	.58
Course-related Help-seeking	4.01	.85	.66
Emotion-related Help-seeking	3.90	.48	.61
Help-giving Attitudes	3.81	.65	.84
Negative Help-giving Attitudes	3.42	.71	.67

Table 4: Descriptive statistics for variables used in pilot study, representing the final scales used after examination of psychometric properties

	1	2	3	4	5	6	7	8	9	10
1 KUT	-									
2 Affective Commitment	.84**	-								
3 Continuance Commitment	-.14	-.11	-							
4 Normative Commitment	-.15	-.15	.68**	-						
5 Turnover	-.37*	-.41**	.34*	.17	-					
6 Support	.40**	.44**	-.02	-.04	-.10	-				
7 Course-related help-seeking	.47**	.49**	-.27	-.30	-.09	.68**	-			
8 Emotion-related help-seeking	.32*	.34*	-.24	-.25	-.13	.56**	.69**	-		
9 Help-giving Attitudes	-.02	-.06	.03	-.16	.11	.07	.21	.27	-	
10 Negative Help-giving Attitudes	.37*	.40*	-.17	.00	-.36*	.24	.35*	.02	-.06	-

Table 5: Correlations found in pilot study, * = $p < .05$, ** = $p < .01$

Finally a two-tailed Pearson's correlation was performed to examine the relationships between variables. As can be seen in table 5, Klein's KUT measure correlated strongly and positively with affective commitment, but not the other two commitment mindsets. Furthermore affective commitment and KUT displayed little difference in their correlations with other variables. Both KUT and affective commitment correlated strongly, significantly and negatively with turnover intentions. Both KUT and affective commitment correlated strongly and positively with perceived support, but no significant relationships were found between the other two commitment dimensions and support. Both measures also correlated moderately or strongly with both help-seeking measures. Contrary to expectations, no measure of commitment correlated significantly with help-giving behaviours, but both affective commitment and KUT did correlate significantly with negative attitudes towards helping other students. It should be noted that the 'help-giving dislike' subscale was created from reverse-scored items. A high

score represented disagreement with the statements suggesting a negative attitude towards help-seeking, while low scores indicated agreement. The positive correlation must therefore be treated as a negative correlation. Unlike in many studies making use of the three component model of commitment, affective commitment did not correlate significantly with normative commitment.

Continuance commitment and normative commitment correlated strongly and positively with each other. This relationship will be briefly addressed in the discussion section. Continuance commitment correlated positively and significantly with turnover intentions. Normative commitment did not significantly correlate with any variables other than continuance commitment.

Support correlated significantly and positively with affective commitment and KUT, as well as with both measures of help-seeking, as was expected. More surprisingly, support did not correlate significantly with help-giving attitudes.

Course-related and emotion-related help-seeking correlated strongly and positively with each other. Course-related help-seeking correlated positively and moderately with negative attitudes towards helping other students (indicating as before, a negative relationship) while emotion-related help-seeking did not. Negative attitudes towards helping other students correlated negatively with turnover intentions. As noted above, the production of the latter variable from reverse-scored items indicates that there is in fact a positive relationship between turnover intentions and negative attitudes towards helping others.

4.3.3 Discussion

The primary objective of this study was to examine the validity of measures intended for use in both quantitative and longitudinal surveys in the present programme of research. This pilot study has provided mixed validation for the

measures used. With the removal of one item from the affective commitment scale, all four commitment scales reached acceptable reliability. The measure of turnover intentions also reached acceptable reliability. As noted above, the measures of affective commitment and help-giving attitudes were improved through the removal of poorly loading items. With the exception of perceived support, the other variables (help-seeking behaviours and negative attitudes towards helping fellow students) approached acceptable levels of reliability. This necessitates some caution in interpreting the results of this pilot study. The results should also be treated with some caution as some effect sizes may have failed to reach significance due to the relatively small sample size. The smallest effect size to reach significance was .32, thus relegating significance to only the relatively strong correlations found. With this caution in place, the results will now be discussed. The pilot study presented an opportunity to examine results in accordance with the objectives for study 3.

Affective commitment appears to have been measuring largely the same construct as the KUT measure, given the high correlation between these measures and the striking similarity in these measures' correlations with every other variable measured in this pilot study. It was decided that both measures of commitment would be retained in study 3 in order to compare the two measures using larger sample. The correlations between both these commitment measures and turnover intentions and support were not surprising, and fit well with previous published research (e.g. Meyer et al, 1993; Panaccio and Vandenberghe, 2009). More surprising is the apparent lack of any sizeable relationship between commitment reflecting attachment or dedication and attitudes towards helping fellow students. Given that these help-giving attitudes were seen as a form of citizenship behaviour by the present author, it was anticipated that there would be a small to moderate positive correlation. It is also noted that perceptions of support did not correlate significantly with attitudes towards helping fellow students. In line with exchange-based theories, it was expected that the experience of receiving help would incline individuals to provide help towards others. It should be noted that no variable correlated significantly with attitudes towards help-giving attitudes. It is possible that at such an early stage of training, there has been little opportunity for perceptions of support to

influence outcomes such as help-giving. It is worth noting that affective commitment, KUT, and course-related help-seeking were associated with lower indices of negative attitudes towards helping others. Turnover intentions were shown to be associated with more negative attitudes towards helping others. Given that turnover intentions are a form of withdrawal (Tett and Meyer, 1993) it is possible that those contemplating leaving the course would be less inclined to engage with helping fellow students. It is unexpected that these variables should correlate significantly with negative attitudes towards help-giving, but not with the more positively worded item. Unfortunately it is not possible to establish a theoretical reason why this should be the case.

Perception of support was strongly correlated with both measures of help-seeking behaviours. Due to the cross-sectional nature of the present data it is important to be cautious in speculating on the nature of the relationship between these variables. Perception of support is likely to promote help-seeking behaviours, as individuals are unlikely to solicit help if they do not believe it will be offered. However, as proposed earlier in this chapter, this relationship may be cyclical, as seeking help should lead to receiving help, with a consequent increase in the perception of support. The relationship between perceptions of support and help-seeking will be further examined by the longitudinal study reported in chapter 5.

A particularly surprising result was the relationship between normative and continuance commitment. The present author is unaware of any published research which reports such a strong correlation between these two measures. Continuance commitment and normative commitment have been found to correlate in prior research (e.g. Lee et al, 2001; Meyer et al, 1993), but much less strongly (e.g. $r=.18$, $p<.05$ in Lee et al, 2001). It could be argued that the strong relationship between these variables may reflect a mindset of commitment by necessity. Although profile analysis (e.g. Gellatly et al, 2006) has suggested interaction effects between continuance and normative commitment, this is quite different from observing a high correlation between the two constructs. It will be of value to observe whether or not this unusual finding is replicated in future research within this research programme.

The positive correlation between continuance commitment and turnover, although also unexpected, is not without precedent. Meyer et al (1993) found a significantly negative correlation (-.22, $p < .01$) between continuance commitment and intent to continue in nursing in a student nurse sample at the beginning of the academic year which became non-significant, but remained negative, by the end of the academic year. Given that the present sample were recruited early in the academic year, and at an early stage in their training, it is possible that the relationship between continuance commitment and turnover intentions occurred for the same reasons. Unfortunately Meyer et al did not speculate on what the reason or reasons may have been. It is probable that awareness of the costs and benefits of training at an early stage of training is a sign that an individual is reconsidering their decision to join the training programme. Schaufeli et al (1996) noted that student nurses have not yet invested too much in their profession to be able to leave.

This pilot study indicated that the measures chosen were generally reliable. Due to the small sample size, and the participants' early stage of training, it was difficult to assess whether problems identified related to the measures themselves, or because of the samples' lack of experience with some facets of training, e.g. placement. With the exception of help-giving attitudes, all variables were retained in their present form for subsequent work presented in this thesis. Due to the poor relationship between positively worded and negatively worded items in the help-giving measure, this was separated into two distinct measures. Due to the positive relationship between negative attitudes and turnover intentions, negative attitudes towards help-giving was seen as potentially providing greater insight than would be offered by only measuring positive attitudes towards help-giving. As noted earlier, the small sample size and the relative inexperience of the sample were weaknesses in the design of the present study. Reflection on the variables planned for inclusion also revealed gaps in the survey content. The pilot study did not include measures examining satisfaction with experiences of training, satisfaction with one's own performance, or measures of identification. Given that positive experiences are expected to promote affective commitment (Meyer and Allen, 1991), that identification is also

seen as a contributor to affective commitment (Guerrero and Herrbach, 2009; Meyer et al, 2006) and that performance is an important work outcome, as discussed earlier in this chapter, these were identified as important variables to include in the cross-sectional and longitudinal studies reported subsequently in this thesis. It was further identified that qualitative items would provide an opportunity to gain a richer insight into training experiences from a large sample. As a result, performing this pilot study was valuable in shaping subsequent studies.

4.4 Cross-sectional study

4.4.1 Introduction

As was discussed in chapter 1, there have been few studies that have examined the nature and outcomes of commitment in student nurses. Those that have been conducted have generally recruited samples from a single Higher Education (HE) institution (e.g. Fowler and Norrie, 2009; McLaughlin et al, 2008; White et al, 1999). Although valuable, the findings from such studies can be limited. This cross-sectional survey aimed to build on previous knowledge by recruiting participants from a large number of HE institutions in the UK.

Participants completed a survey comprised of both quantitative and qualitative items relating to wellbeing, commitment, and experiences of training. The procedure, analysis and findings of this study are reported in this section.

4.4.2 Method

Participants

Participants were student nurses who had experienced at least one work placement. Two hundred and sixteen student nurses completed the survey. One participant was removed due to clear indications of acquiescent response, a tendency to 'agree' to items that can influence correlations spuriously (Warr, 1990), leaving 215 participants. Participants were drawn from 21 HE institutions in the UK (please see appendix 3.4). The majority of participants (126), however, were recruited from the University of Bedfordshire.

Females comprised 88% of the sample whereas males comprised 10%. 2% did not report their gender. The mean age of participants was 26.8 years (SD=8.44). The majority (60.9%) of participants was white British. The second largest ethnic group represented in the sample were black Africans (20%). The representation of ethnicities in the sample is shown in appendix 3.3.

Of the sample, 51.6% were training for a diploma qualification, while 45.1% were training for degree qualification. While 44.2% of the sample reported previous experience of working in healthcare occupations, 55.3% reported no experience prior to the onset of training. Those reporting prior experience had a mean experience of 4.43 years, although the standard deviation was wide (SD=3.93).

Measures

The measures utilised in the pilot study were again used in this present study, as well as measures introduced for use in this study (see appendix 3.2). In line with the findings of the pilot, the wording of the perceived support measure was amended so that it reflected satisfaction with support rather than the perceived helpfulness of support. As discussed earlier, the help-giving attitudes scale used

in the pilot study was split into two separate measures: help-giving attitudes and negative help-giving attitudes.

Demographic and work-related information

Items were added to solicit demographic information relating to age, gender, ethnicity, commencement of present nurse training, and prior experience of working in healthcare.

Commitment

Occupational Commitment was measured using two approaches. The first made use of the three component model. The Meyer et al (1993) occupational commitment measure consisting of three scales (affective commitment, continuance commitment and normative commitment) was used. Each scale consists of six items, rated on a seven-point likert scale ranging from “strongly disagree” to “strongly agree.” Examples include “nursing is important to my self-image” and “I am proud to be in the nursing profession” (affective commitment), “changing professions now would be difficult for me to do” and “it would be costly for me to change my profession now” (continuance commitment), “I feel a responsibility to the nursing profession to continue in it” and “I would feel guilty if I left nursing” (normative commitment). Participant scores were calculated using means. High scores represented higher levels of commitment.

The second measure used was Klein et al’s (2011) KUT measure of commitment. The KUT commitment measure consists of five items, including “how committed are you to nursing?” and “to what extent do you care about nursing?” Each item was rated on a five point likert scale, ranging from “not at all” to “extremely.” Participant scores were calculated using means. High scores represented higher levels of commitment.

Identification

Three single-item measures were added relating to identification as a professional, student or customer respectively. For example, "I see myself as a professional." Responses were rated along a five point scale, from "strongly disagree" to "strongly agree." Higher scores represented higher levels of identification.

Perceived support

Perceived Support was measured using a nine item scale designed by the present author. The wording of this measure reflected perceived helpfulness of support from a variety of sources, including nursing faculty and fellow students. Items were rated on a five point likert scale ranging from "very dissatisfied" to "very satisfied." This unidimensional measure was designed to gather a rating of total support available to the individual. Participant scores were calculated using means. High scores represented higher levels of perceived support.

Wellbeing

Affect in relation to training was measured using Warr's (1990) job-related affective wellbeing measure, re-worded to apply to training rather than an occupation. This measure consists of two sub-scales labelled anxiety-contentment and depression-enthusiasm. Responses to items were phrased as the frequency of affective states. Each sub-scale was measured on a six point likert scale, ranging from "never" to "all of the time." Example items for anxiety-contentment include "worried" (reverse-scored) and "calm." Example items for depression-enthusiasm include "miserable" (reverse-scored) and "optimistic." Participant scores were calculated using means. Higher scores on both scales represent higher levels of enthusiasm and contentment and lower levels of depression and anxiety.

Help-seeking behaviours

Help-seeking behaviours were measured using two six item scales designed by the present author. Participants were asked to assess how likely they would be to seek help from a variety of sources including nursing faculty and fellow students. Items were measured on a five point likert scale, ranging from “very unlikely” to “very likely.” The first measured intentions for seeking support with understanding course material. The second measured intentions for seeking emotional support. Participant scores were calculated using means. High scores represented higher propensities to seek help.

Help-giving attitudes

Help-giving attitudes were measured using a four-item scale, derived from the measure used in the pilot study. Items included “I always make time to help out fellow students,” and “I enjoy helping out others on the nursing course.” Items were rated on a five-point likert scale, ranging from “strongly disagree” to “strongly agree.” Participant scores were calculated using means. High scores represented more positive attitudes towards helping others.

Negative attitudes towards help-giving were measured using a three-item scale derived from the measure used in the pilot study. Items included “other students ask me for help too often” and “I have too much work of my own to help fellow students.” Items were rated on a five-point likert scale, ranging from “strongly disagree” to “strongly agree.” Participant scores were calculated using means. High scores represented more negative attitudes towards helping others.

Course-related and placement-related satisfaction

Two single-item measures were added relating to satisfaction with the training course itself and placement experiences respectively. Both items were scored on a five point likert scale, ranging from “very dissatisfied” to “very satisfied.” Higher scores represent higher levels of satisfaction.

Satisfaction with performance

Two single-item measures were added relating to satisfaction with one's own performance in relation to academic performance and clinical performance respectively. Both items were scored on a five point likert scale, ranging from "very dissatisfied" to "very satisfied." Higher scores represented higher levels of satisfaction with performance.

Turnover intentions

Turnover intentions were measured using a four item scale designed by the present author. Items were rated on a five point likert scale ranging from "strongly disagree" to "strongly agree." Example items include "I no longer want to work in nursing" and "I regret starting to train for nursing." Participant scores were calculated using means. High scores represented greater intentions to leave the nursing profession.

Qualitative items: commitment and support

In addition three qualitative questions were added to the survey. These related to experiences influencing commitment and student perceptions of support. These items were: "have you had any experiences in the last few months that made you feel more committed to nursing?", "have you had any experiences in the last few months that made you feel less committed to nursing?", and "do you think that support given to students on your course could be improved?"

Procedure

Two strategies were used to recruit participants. The majority of student nurses attending the University of Bedfordshire were asked to participate in the survey during a teaching session, with the permission of nursing faculty. Other participants, including all of those attending other HE institutions, were recruited

for an online survey. A link to the online survey was communicated through a variety of methods, including online social media (such as Twitter), publications read by nurses and student nurses, and through programme leads at a number of HE institutions.

Analytic Strategy

Descriptive statistics were produced for each variable used in the present study. Internal reliabilities were analysed using Cronbach's alpha. Bi-variate correlations were then computed between the variables. Pearson's r was used to calculate correlations between variables measured using scales. Spearman's rho was used to calculate correlations where one or both variables were measured using single items, given that these were measured using ordinal scales.

Multiple regressions were computed to examine the relative contribution of variance from theoretical antecedents. Affective commitment and turnover intentions were selected for multiple regression analysis, given that they represented important outcomes in this study. In the multiple regression on affective commitment, anxiety-contentment, depression-enthusiasm, support, and professional identification were entered using forced entry. In the multiple regression on turnover intentions, affective commitment, normative commitment, continuance commitment, anxiety-contentment, depression-enthusiasm, academic performance, and clinical performance were entered using forced entry.

Finally, responses to qualitative items were selected by calculating the Z scores for participants' affective commitment. This allowed the identification of participants whose commitment scores were above or below the average, and thereby enabling a systematic approach to selecting material to analyse.

Thematic analysis was utilised and representative quotes are provided in the relevant section

4.4.3 Results

Descriptive statistics were calculated for each variable used in this survey (see table 6, below). Cronbach alphas were also calculated for each variable measured using a scale. While most measures were found to have an acceptable (.70 or above) level of internal reliability, some variables fell short. Affective commitment and support both failed to reach this level of reliability, but were close to the desired level. However, both help-seeking measures (in particular course-related help-seeking) and negative help-giving attitudes were found to be more problematic. Consequently results relating to these three variables should be treated with some caution.

	M	SD	α
Anxiety-contentment	3.61	.97	.87
Depression-enthusiasm	4.41	.90	.86
KUT	4.67	.52	.90
Affective commitment	6.20	.75	.68
Continuance commitment	4.62	1.51	.82
Normative commitment	4.62	1.30	.78
Satisfaction with course experiences	3.49	.94	-
Satisfaction with placement experiences	3.86	.84	-
Professional identification	3.80	.94	-
Student identification	4.30	.68	-
Customer identification	2.62	1.16	-
Support	3.89	.48	.69
Course-related help-seeking	3.71	.62	.58
Emotion-related help-seeking	3.48	.70	.66
Help-giving attitudes	4.21	.52	.82
Negative help-giving attitudes	2.40	.75	.64
Turnover intentions	1.47	.65	.90
Satisfaction with academic performance	3.64	.86	-
Satisfaction with clinical performance	4.17	.76	-

Table 6: Descriptive statistics for study 3

A Pearson's two-tailed correlation analysis was conducted between variables consisting of scale measurements. Given that several variables (such as course satisfaction) were measured using single-item responses, Spearman's rho was calculated for correlations involving these variables. The correlations found are reported below in table 7.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
1 AnCo	-																			
2 DeEn	.60**	-																		
3 KUT	.13	.33**	-																	
4 AC	.20**	.42**	.63**	-																
5 CC	-.15*	-.27**	-.03	-.04	-															
6 NC	-.06	.02	.28**	.32**	.42**	-														
7 CS	.20**	.23**	.22**	.26**	.39**	.15*	-													
8 PS	.30**	.44**	.33**	.37**	.11	.12	.40**	-												
9 PI	.13	.22**	.38**	.41**	.01	.26**	.24**	.31**	-											
10 SI	.06	.00	-.02	.08	.08	.06	.21**	.02	.03	-										
11 CI	-.04	.03	.04	.12	.01	.09	-.04	-.03	.15*	.15*	-									
12 SUP	.29**	.38**	.35**	.40**	-.05	.04	.50**	.60**	.22**	.17**	-.05	-								
13 CHS	.11	.22**	.31**	.36**	.06	.23**	.37**	.38**	.23**	.09	.13	.51**	-							
14 EHS	.16*	.26**	.22**	.25**	.03	.09	.32**	.41**	.14*	.04	-.01	.49**	.63**	-						
15 HG	-.04	.15*	.23**	.17*	-.04	.09	.18**	.13	.08	.03	-.06	.23**	.28**	.32**	-					
16 NHG	-.03	-.14*	-.02	-.08	.09	.08	-.15*	-.16*	.02	-.04	-.07	-.24**	-.20**	-.16*	-.27**	-				
17 T/O	-.31**	-.48**	-.62**	-.61**	.24**	-.14*	-.30**	-.47**	-.40**	-.04	-.02	-.36**	-.24**	-.16*	-.24**	.15*	-			
18 AP	.29**	.26**	.25**	.27**	-.03	.14*	.22**	.18*	.22**	.15*	.01	.14	.23**	.08	.00	.04	-.30**	-		
19 CP	.17*	.34**	.27**	.22**	-.06	.14	.14*	.30**	.30**	.05	-.08	.27**	.15*	.20**	.13	.04	-.29**	.32**	-	

Table 7: Correlations in study 3, **An-Co**= Anxiety-contentment; **De-En**= Depression-Enthusiasm; **KUT**= Klein et al, uni-dimensional, target-free (KUT) measure of commitment; **AC**= Affective Commitment; **CC**= Continuance Commitment; **NC**= Normative Commitment; **CS**= Satisfaction with Course Experiences; **PS**= Satisfaction with Placement Experiences; **PI**= Professional Identity; **SI**= Student Identity; **CI**= Customer Identity; **SUP**= Support; **CHS**= Course-related Help-seeking; **EHS**= Emotion-related Help-seeking; **HG**= Help-giving Attitudes; **NHG**= Negative help-giving attitudes; **T/O**= Turnover Intentions; **AP**= Satisfaction with Academic Performance; **CP**= Satisfaction with Clinical Performance.

*= p<.05, **= p<.01

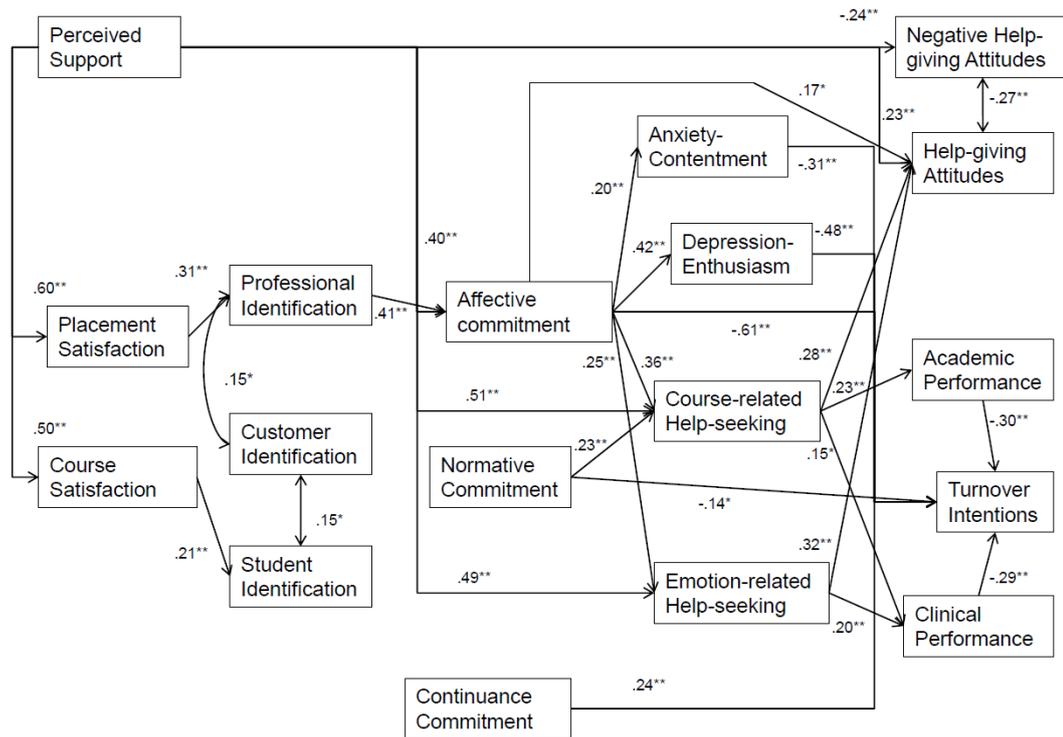


Figure 9: Revised model of commitment, with correlation coefficients indicated

Figure 9 indicates a revision of the model presented in section 4.2, with the correlation coefficients between variables indicated. Where pathways in the earlier figure were not supported with significant correlations, these were removed.

Commitment

The KUT scale measured commitment using a 5 point likert scale. The commitment scales for affective commitment, continuance commitment and normative commitment were measured on a 7 point likert scale. Participants generally scored highly on the KUT commitment measure (M=4.67, SD=.52) and Meyer et al's (1993) measure of affective commitment (M=6.2, SD=.75). However, participants also showed moderate levels of both continuance (M=4.62, SD=1.51) and normative commitment (M=4.62, SD=1.30).

As can be seen, KUT correlated strongly (.63, $p < .01$) with Meyer et al's (1993) measure of affective commitment. Although this correlation was not as high as that which was found in the pilot study and does not indicate multicollinearity, both variables displayed highly similar correlations with other variables of interest in this study. As suggested in the discussion section for the pilot study, it is reasonable to argue that KUT measures the same variable as Meyer et al's (1993) affective commitment scale. However, Meyer et al's measure tended to show stronger correlations with other variables. This discussion will therefore report correlations between affective commitment and other variables, rather than comparing both the KUT measure and affective commitment throughout this section.

Affective commitment and normative commitment were found to correlate positively ($r = .32$, $p < .01$). There was no significant relationship between continuance and affective commitment. Normative and continuance commitment showed a positive relationship ($r = .42$, $p < .01$). This replicates the unusually strong correlation between continuance commitment and normative commitment found in the pilot study.

As shown in table 7, affective commitment was found to have moderately positive correlations with perceived support ($r = .40$, $p < .01$) and professional identification ($r = .41$, $p < .01$). Despite expectations, student identification was not significantly correlated with affective commitment. Affective commitment was also positively associated with wellbeing, albeit more strongly with depression-enthusiasm ($r = .42$, $p < .01$) than anxiety-contentment ($r = .20$, $p < .01$). Affective commitment correlated positively with both course-related ($r = .36$, $p < .01$) and emotion-related ($r = .25$, $p < .01$) help-seeking behaviours, and to a lesser extent help-giving attitudes ($r = .17$, $p < .05$). Affective commitment correlated positively with satisfaction with both academic ($r = .27$, $p < .01$) and clinical ($r = .22$, $p < .01$) performance. Affective commitment correlated negatively with turnover intentions ($r = -.61$, $p < .01$).

As in the pilot study, continuance commitment correlated positively with turnover intentions ($r=.24$, $p<.01$). Against expectations, it was noted that continuance commitment correlated negatively with anxiety-contentment ($r=-.15$, $p<.05$) and depression-enthusiasm ($r=-.27$, $p<.01$). Further against expectations, no significant correlation was found between customer identification and continuance commitment.

Normative commitment was found to correlate positively with course-relating help-seeking ($r=.23$, $p<.01$). Contrary to expectations, normative commitment was not found to correlate significantly with emotion-related help-seeking. Normative commitment was found to correlate negatively with turnover intentions, albeit weakly ($r=-.14$, $p<.05$). Consequently, it appears that affective commitment is related to more variables of interest than are continuance commitment and normative commitment.

Although affective commitment correlated significantly with normative commitment, the relationship was not as strong as is typical ($\rho=.63$ in Meyer et al, 2002's meta-analysis, compared to $.32$, $p<.01$ in this study). Continuance commitment has been shown to correlate with turnover intentions, as it did in the pilot study described earlier in this chapter.

Given the relation of affective commitment to many variables of interest, a multiple regression was performed on affective commitment as the outcome. Variables considered to be theoretical antecedents of commitment were entered using a forced entry method (see table 8, below).

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.523	.361		9.769	.000
	Anxiety-Contentment	-.086	.052	-.128	-1.653	.100
	Depression-Enthusiasm	.226	.061	.299	3.709	.000
	Support	.351	.093	.256	3.753	.000
	Professional Identification	.179	.046	.253	3.885	.000

R = .53, R² = .28, Adjusted R² = .27, Std. Error = .56, F = 17.95, p < .001, df = 4

Table 8: Multiple regression on affective commitment as the outcome variable.

Together the model accounted for 28% of the variance in affective commitment. Examination of the betas revealed that depression-enthusiasm, professional identification, and support made significant contributions to the explained variance. All three variables made positive contributions to affective commitment.

Support

Perceived support (M=3.89, SD=.48) correlated with a number of key variables. Support was found to correlate positively with both course-related ($r=.50$, $p<.01$) and placement-related ($r=.60$, $p<.01$) experiences. Perceived support also correlated positively with both course-related ($r=.51$, $p<.01$) and emotion-related ($r=.49$, $p<.01$) help-seeking behaviours. Support was positively correlated with affective commitment ($r=.40$, $p<.01$). Support correlated positively with help-giving attitudes ($r=.23$, $p<.01$), and negatively correlated with negative help-giving attitudes ($r=-.24$, $p<.01$).

Wellbeing

Participants showed generally moderate levels of job-related anxiety-contentment ($M=3.61$, $SD=.97$) and depression-enthusiasm ($M=4.41$, $SD=.90$), given that these were measured on a 6 point likert scale. As was described above, affective commitment correlated positively with both anxiety-contentment ($r=.20$, $p<.01$) and depression-enthusiasm ($r=.42$, $p<.01$). In addition, turnover intentions correlated negatively with both anxiety-contentment ($r=-.31$, $p<.01$) and depression-enthusiasm ($r=-.48$, $p<.01$).

Identification

Three forms of identification were examined in this survey: professional identification, student identification and customer identification. Participants tended to identify as professionals ($M=3.8$, $SD=.94$) and students ($M=4.30$, $SD=.68$), but not as customers ($M=2.62$, $SD= 1.16$) of the university. A degree of inter-relation was found amongst the identification measures; customer identification correlated with both professional identification ($r=.15$, $p<.05$) and student identification ($r=.15$, $p<.05$), but these relationships were weak only.

Professional identification was found to correlate positively with both placement satisfaction ($r=.31$, $<.01$) and affective commitment ($r=.41$, $p<.01$). Contrary to expectations, student identification did not correlate significantly with affective commitment. Further, customer identification did not correlate significantly with the proposed antecedent of course satisfaction, or the proposed consequence of continuance commitment.

Help-seeking behaviours

As described previously, course-related help-seeking ($M=3.71$, $SD=.62$) was correlated positively with support ($r=.51$, $p<.01$). Course-related help-seeking was correlated positively with both affective commitment ($r=.36$, $p<.01$) and, to a lesser extent, normative commitment ($r=.23$, $p<.01$). Course-related help-seeking

was positively correlated with help-giving attitudes ($r=.28$, $p<.01$). Course-related help-seeking was correlated positively with satisfaction with both academic ($r=.23$, $p<.01$) and clinical ($r=.15$, $p<.05$) performance.

As described earlier, emotion-related help-seeking ($M=3.48$, $SD=.70$) correlated positively with affective commitment ($r=.25$, $p<.01$). Contrary to expectations, emotion-related help-seeking did not correlate with normative commitment. Emotion-related help-seeking correlated positively with support ($r=.49$, $p<.01$) with weaker relationships found with clinical performance ($r=.20$, $p<.01$). No significant relationship was found, however, between emotion-related help seeking and satisfaction with academic performance.

Help-giving

Help-giving attitudes ($M=4.21$, $SD=.52$) correlated positively with affective commitment ($r=.17$, $p<.05$) and perceived support ($r=.23$, $p<.01$). Positive relationships were also found between help-giving behaviours and with both course-related help-seeking ($r=.28$, $p<.01$) and emotion-related help-seeking ($r=.32$, $p<.01$). A negative relationship was also found between negative help-giving attitudes ($M=2.40$, $SD=.75$) and support ($r=-.24$, $p<.01$).

Turnover intentions

Turnover intentions ($M=1.47$, $SD=.65$) correlated negatively with affective commitment ($r=-.61$, $p<.01$), and with normative commitment ($r=-.14$, $p<.05$). By contrast, turnover intentions correlated positively with continuance commitment ($r=.24$, $p<.01$). Turnover intentions correlated negatively with both anxiety-contentment ($r=-.31$, $p<.05$) and depression-enthusiasm ($r=-.48$, $p<.01$). Turnover intentions also correlated negatively with satisfaction with both academic ($r=-.30$, $p<.01$) and clinical ($r=-.29$, $p<.01$) performance.

Due to the importance of turnover to the present programme of study, a multiple regression was conducted upon turnover intentions as the outcome variable. Affective commitment, continuance commitment, normative commitment, anxiety-contentment, depression-enthusiasm, academic performance and clinical performance were entered using the forced entry method (see table 9 below).

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.192	.386		13.440	.000
	Affective Commitment	-.405	.064	-.417	-6.359	.000
	Normative Commitment	-.042	.032	-.085	-1.301	.195
	Continuance Commitment	.077	.027	.180	2.813	.005
	Anxiety-Contentment	-.061	.046	-.091	-1.335	.183
	Depression-Enthusiasm	-.105	.056	-.143	-1.883	.061
	Academic Performance	-.060	.046	-.079	-1.288	.199
	Clinical Performance	-.111	.054	-.124	-2.036	.043
R= .69, R ² =.52, Adjusted R ² = .47, Std. Error = .48, F = 22.98, p<.001, df =7						

Table 9: Multiple regression on turnover intentions as the outcome variable

The model accounted for 52 percent of the variance in turnover intentions. Analysis of the betas showed that affective commitment, professional identification, clinical performance and continuance commitment emerged as significant contributors of variance to turnover intentions. Affective commitment, professional identification and clinical performance contributed negatively to turnover intentions. Continuance commitment contributed positively to turnover intentions.

Performance

Satisfaction with academic performance ($M=3.64$, $SD=.86$) correlated positively with affective commitment ($r=.27$, $p<.01$) and course-related help-seeking behaviour ($r=.23$, $p<.01$), but no significant relationship emerged with emotion-related help-seeking. Satisfaction with academic performance correlated negatively with turnover intentions ($r=-.30$, $p<.01$).

Satisfaction with clinical performance ($M=4.17$, $SD=.76$) correlated positively with affective commitment ($r=.22$, $p<.01$), and both course-related help-seeking ($r=.15$, $p<.05$), and emotion-related help-seeking ($r=.20$, $p<.01$). This variable also correlated negatively with turnover intentions ($r=-.29$, $p<.01$).

Qualitative responses

Student nurses participating in this study were asked to provide responses to qualitative items requesting information regarding events in the previous few months that had positively or negatively influenced their commitment to nursing. Participants were also asked if they perceived any possible ways that support to student nurses could be improved. The inclusion of quantitative measures of affective commitment in this study enabled the comparison of participant scores with qualitative responses. Participant statements were thematically analysed. Four themes were identified: the importance of placement experiences, organisation and communication, poor link support and feeling part of the team.

Importance of placement experiences

Participants most frequently referred to placement experiences as influencing their commitment. The majority of participants with particularly high or low affective commitment scores were able to identify both positive experiences that

they perceived increased their commitment and negative experiences that decreased their commitment. In most cases, students' qualitative responses did not strongly suggest that they reported different levels of commitment than other participants. A few participants gave a clear impression of their affective commitment. In one notable case, the student associated a positive influence on their commitment with placement experiences:

“Nursing has been my dream profession, and I was glad to be in the wards.”

Participant 77

One participant reported an affective commitment score higher than the mean, and yet reported negative academic experiences relating to support. However, this student also appeared to experience placement as a form of antidote to this perceived lack of support:

“Lack of lectures and support often makes me feel like I cannot achieve qualification. Assignments have vague targets, and I do not feel that I can achieve my potential. This had an impact on my commitment in that I feel that I may not achieve qualification in these circumstances. However, I feel entirely committed again when I'm back on placement!”

Participant 7

Organisation and communication

Participants reporting affective commitment higher than the mean commented on ways support might be improved much less frequently than those who reported affective commitment lower than the mean. Where those showing higher commitment commented negatively on support, it generally related to communication or organisation. For example:

“I think organisation and communication are key. I have seen this fail and it has a negative impact on learning and motivation.”

Participant 87

Many participants reporting a lower affective commitment score than the average also discussed issues relating to organisation or support. For example:

“The course itself is very poorly constructed, the timetable, organisation etc - is the most disheartening. We are told to be professional and accountable - whilst the university struggles to provide the most basic of support.”

Participant 67

Poor link support on placement

A small number of participants also reported perceptions of poor support for student nurses when they complained about problems in placement areas. This was sometimes characterised by a delay that the participant considered to be unacceptable, or lack of support by members of the faculty, such as those acting as links between HE institutions and placement areas. For example:

“I am generally satisfied with support on the course; however it seems that we are rather isolated whilst out on placement and that issues there are never really addressed by school. It doesn't always feel like they stick up for us - e.g. if a mentor does not fulfil [their] obligations for teaching, then it is just left to us to sort that. That can be incredibly difficult and stressful at times. I know we are adults and have to sort our own problems, but sometimes they allow placements to let us down. If we complain, it doesn't appear that anything is done to resolve the issues for future students.”

Participant 178

Feeling part of the team

A number of participants stated that the strength of their commitment had been influenced by their treatment by staff while on placement. Being made to feel welcome or a part of the team was often central to these statements. For example:

“Yes. My last placement was fantastic I was being treated as part of the team, assigned to duties, which was carried out collaboratively.”

Participant 115

“Mentors being mean. Nurses unwilling to provide support and their knowledge. Ward not making me feel welcome...”

Participant 71

One participant identified as having an affective commitment score lower than the mean complained in particular about being treated as a healthcare assistant (HCA) rather than as a student on placement to develop clinical skills.

“Mentors and members of staff on the placement having a better understanding of what is expected of them and what we are there to do in the hospital, not to treat us like HCA's.”

Participant 159: discussing ways support might be improved.

By contrast, one student identified as having a higher affective commitment score than the mean associated their increased commitment with feeling like a ‘real’ nurse. While this does not directly refer to the participant feeling ‘part of the

team,' the statement does suggest that the student perceives themselves as becoming more like a qualified nurse, such as those they work with in clinical areas:

“As a final year student with increased responsibility I do feel more committed to nursing as I now feel more of a "real" nurse than I have done previously.”

Participant 149

Summary

Four themes were identified in statements provided by student nurses. These themes related to the importance of placement experiences, organisation and communication, poor link support, and feeling part of the team. The majority of participants referred to placement experiences when describing perceived increases or decreases to their own commitment. Student nurses sometimes referred to problems with support from HE institutions. These were usually described as relating to poor organisation, or poor communication between faculty and students. However, most statements relating to support referred to issues occurring on placements. The behaviour of placement staff was highlighted by student nurses, who sometimes reported negative behaviours, or that student nurses were treated as healthcare assistants. Some students also claimed that when problems did occur on placement, support from HE institutions was often lacking.

4.4.4 Discussion

This study provides considerable insight into job-related commitment and related variables in a large sample of student nurses attending a variety of HE institutions. This provides a greater confidence that the results can be generalised to the wider population of student nurses in the UK. Furthermore, the inclusion of a qualitative component has presented the opportunity to

examine experiences of training in richer detail than is offered by purely quantitative approaches

Findings from study 3 provided useful information related to the aims of this study. Affective commitment was identified as the commitment mindset of most importance to the variables of interest, such as wellbeing, help-seeking behaviour, attitudes towards helping others, and turnover intentions. Of the three forms of identification measured, only professional identification was found to be related to commitment, in the form of affective commitment. Support was found to be positively related to satisfaction with training experiences, help-seeking behaviours, and affective commitment.

Klein et al's (2011) KUT measure has again been shown to correlate strongly with Meyer et al's (1993) measure of affective commitment. Although this relationship was not as strong as that found in the pilot study, the high degree of concordance between the two variables correlations with other constructs, such as professional identification and turnover intentions suggest that the two measures measure very similar constructs, and therefore might be used more or less interchangeably.

As was expected, strong negative correlations were found between affective commitment and turnover intentions, with positive correlations found with both subscales of wellbeing (i.e. job-related depression-enthusiasm and anxiety-contentment), satisfaction with experiences and with performance (both academic and clinical), help-seeking behaviours and help-giving attitudes. In general, weaker relationships were found between normative commitment and a smaller proportion of variables, compared with affective commitment. The exception to this pattern was a positive correlation between normative commitment and continuance commitment. This was similar to the findings of the pilot study. As stated previously, when continuance commitment and normative commitment have been found to correlate significantly in other studies (e.g. Meyer et al, 1993; Lee et al, 2001), the relationship has been weak. By contrast,

stronger relationships were found between normative and continuance commitment in the present study. Further work is required to understand why continuance commitment and normative commitment are correlating positively in student nurses. It is important to note, however, that higher levels of affective commitment were found in the sample than either continuance commitment or normative commitment. Further insight is clearly required into the way student and qualified nurses experience their commitment towards their profession using qualitative methodologies

In accordance with the findings of Meyer et al (1993), continuance commitment was found to positively correlate with turnover intentions. Higher levels of commitment based upon the awareness of the costs of leaving nursing were associated with higher levels of turnover intention. Schaufeli et al (1996) noted that student nurses have not yet invested so much in nursing that they are unable to withdraw from the profession. It remains somewhat paradoxical that an individual perceiving him or her self as having few career options besides nursing should be associated with greater turnover intentions. Given evidence that continuance commitment exerts its influence over a long-term period of time (Culpepper, 2011) this may reflect a propensity towards wishing to leave that will not be acted upon until the individual's options are more favourable. This issue should be examined in future research.

Professional identification was found to be associated with affective commitment. Multiple regression analyses indicated that professional identification contributed a significant portion of variance in affective commitment. By contrast student identification and customer identification failed to correlate with any commitment mindset. This suggests that it is crucial to encourage student nurses to see themselves as professionals rather than as students or as customers. However, given the cross-sectional nature of the present study, it is important that this relationship be investigated further through longitudinal research. Correlation analysis confirmed that professional identification was correlated with satisfaction with placement experiences. Given the association of professional identification

with affective commitment, future research should explore the construction of professional identities in student nurses with greater detail.

The importance of identification in the present study supports previous efforts that have combined social identity theory with commitment theory (e.g. Guerrero and Herrbach, 2009). Furthermore, the contribution of satisfaction with placement experiences to professional identification, which is in itself strongly associated with perceived support, suggests that experiences that are seen to contribute to commitment through exchange are likely also to promote (or discourage, when experiences are negative) identification.

In accordance with the findings of the first two studies presented in this thesis, the present study highlights the importance of support to student experiences of nurse training. Support was strongly and positively correlated with satisfaction with both placement experiences and experiences of the course. Strong positive associations were also found between support and both measures of help-seeking behaviours, with more moderate associations found with affective commitment. Multiple regression analysis showed support to be a significant contributor of the variance in affective commitment. Consequently support was positively related to several important variables in the model. On average, relationships between support and both course-related satisfaction and satisfaction with placement experiences were stronger in magnitude than relationships between affective commitment and both measures of satisfaction with training experiences. Differences in relationship strength were not, however, statistically tested. Furthermore, support was more strongly correlated with course-related help-seeking than affective commitment, and correlated with emotion-related help-seeking as strongly as did affective commitment. This may suggest that support is more important to positive experiences of training, and to engaged support-seeking behaviour, than is affective commitment. Given the link between perceived support and affective commitment, it is possible that the correlation between affective commitment and help-seeking behaviour is a consequence of the influence of support on both constructs, rather than a direct relationship between both.

Consequently, while affective commitment might be more influential for the decision to remain in training or to withdraw, support may be more crucial to understanding satisfaction with the training programme and with the likelihood that students will attempt to seek assistance when they need it. However, this relationship must be investigated further through longitudinal means before a causal relationship can be more properly inferred. Qualitative data gathered in this study also provides insight into the role of support. Students strongly linked experiences of support, particularly on placement, to increases and decreases in their commitment. Gibbons (2010) and Gibbons et al (2011) noted that much of what is unique to student nurses' experience of stress and coping occurs while on placement. Themes identified in qualitative responses were the importance of placement experiences, organisation and communication, poor link support on placement, and feeling part of the team. A small number of participants reported feeling unsupported by the university when they experienced problems in placement experiences. Similarly, some students participating in study 2 stated that when experiencing problems in placement, they had been encouraged by faculty to 'put up' with the problem until placement was over. Participants in study 3 also made reference to whether or not they were treated as 'part of the team.' These responses are similar to statements made by participants in study 1 and 2, who also referred to the impact made by staff behaviours towards students. Negative staff behaviours towards student nurses is a problem that has been identified previously in literature relating to nurse training (Glossop, 2001; Urwin et al, 2010). Perceptions of being excluded, or treated negatively, was often associated with decreased commitment by participants in the present study. It may be therefore helpful for future work to explore how support for students on placement might be improved. In study 1, nursing lecturers noted the difficulty of providing support in clinical areas given a lack of time available to them to spend with students and clinical staff. One lecturer participating in study 1 also argued that poor links between university and hospitals caused clinical staff to distrust faculty. Therefore it may be helpful to explore ways of improving links between HE institutions and clinical areas where students train on placement.

In students' responses, wellbeing was often implicitly associated with experiences that influenced commitment. In general, job-related depression-enthusiasm appears to have been more strongly associated with affective commitment and turnover intentions than anxiety-contentment. This may suggest that an individual's apparent level of anxiety is less helpful than their enthusiasm as an indicator of how they are experiencing training. Students who participated in study 2, as well as those who participated in the present study, have made references to changes in their affective wellbeing over the course of their training. Future work should examine changes in job-related affective wellbeing in student nurses through quantitative means using longitudinal designs.

This study provides further support for the use of both exchange-based theories, relating to variables such as support, and identity-based theories, relating to variables such as professional identification, in understanding the development and maintenance of affective commitment in student nurses. It is suggested that these processes are likely to be inter-related, rather than separately contributing to commitment (as in Guerrero and Herrbach, 2009). This study suggests that professional identification, perceptions of support given to students, and affective commitment all provide valuable insights into the experiences of student nurses, and their decision to persist with training or to withdraw. In particular, findings from this study suggest that positive placement experiences are likely to play a crucial role in the development and maintenance of affective commitment to nursing.

Strengths and limitations

As noted earlier, the present study gathered a large sample of student nurses from many HE institutions. This provides greater confidence that the findings can be generalised to other student nurses. Furthermore, the inclusion of qualitative items allows for a richer understanding of the experiences of student nurses than would be provided by a purely quantitative approach.

The present study has contributed to our knowledge of how commitment is associated with experiences of training and support, but also with actions that will promote the success of the individual as well as their fellow students, in the form of help-seeking and help-giving behaviours. Given the importance of peer support identified by lecturers and students participating in studies 1 and 2, as well as scholars of nurse training (e.g. Christiansen and Bell, 2010; Shepherd, 2008; Urwin et al, 2010), this study has provided further indications of the benefits of commitment to student nurses.

The primary weakness of the present study is the cross-sectional design used. While the sample size and breadth has provided confidence in the relationships identified between variables, the limitations of the design mean that causality cannot be inferred. Although the model presented in this chapter assumes causality, the direction of relationships identified has not been tested. In order to address this weakness, study 4 made use of a longitudinal design.

A second weakness is the broad nature of the measures used in the present survey. Context-specific measures were used where possible. However, while satisfaction with placement experiences and satisfaction with course-related experiences is measured, particular facets of placement or course experiences are not identified. Similarly, while satisfaction with academic and clinical performance is measured, specific academic and clinical skills are not addressed. The measure for perceived support did not examine specific ways in which sources might provide support, in favour of measuring support from a wider range of sources. To an extent this limitation is compensated for by qualitative items, which presented student nurses with an opportunity to discuss experiences they saw as important. However, future work might usefully explore the relationship between commitment and more specific experiences of training, such as particular forms of help-seeking.

A further weakness in this study was the reliance upon self-report measures. While this is common in organisational research, it is important to note the data

gathered is not objective. This may be of particular concern given that participants were asked to rate their satisfaction with their own performance. Previous scholarly work has identified the tendency of individuals to exaggerate their performance in order to engage in impression management or to improve the chances of receiving rewards such as promotions (Schrader and Steiner, 1996). Despite problems with poor agreement between self-reported ratings and ratings provided by other sources (Schrader and Steiner, 1996), self-report measures are often used because of the difficulty and expense of obtaining more 'objective' measures of performance (Adler, Thomas and Castro, 2005) from managers or observers. Furthermore, obtaining objective measures of student nurse performance would be difficult to accomplish while preserving participant confidentiality.

The next chapter presents a longitudinal study which examines relationships between commitment, perceived support, affective wellbeing, satisfaction with experiences of training, help-seeking and help-giving behaviours, satisfaction with training experiences and performance, and turnover intentions over time. Changes in variables over time are examined, as are causal relationships between variables.

Chapter Five: Study 4

Introduction to the chapter

This chapter presents a longitudinal study. Using the same measures as were used in the cross sectional study reported in the previous chapter (chapter 4), the present study extends the research programme by examining the causality of previously identified relationships. Student nurses were recruited for participation on two occasions in a survey similar to that used in study 3, with a two month time-lag. Job-related anxiety-contentment, KUT, and affective commitment were found to significantly decrease between the two measurement phases, and turnover intentions were found to significantly increase. Several significant correlations between the measures utilised at times 1 and 2 were also identified. In particular, positive associations were found between satisfaction with placement experiences at time 1 and affective commitment, and negative relationships between satisfaction with placement experiences and turnover intentions subsequently reported. The implications of this study are discussed, with emphasis on guiding future research.

5.1 Introduction to study 4

There have been calls for more longitudinal research in the field of work commitment (Becker et al, 2009; Neiningger et al, 2010). More specifically, Becker et al note that, despite treating commitment as a process, few scholars have examined how commitment develops over time. Longitudinal research has the

potential to exclude reverse-causation explanations for relationships between variables (Zapf, Dormann and Frese, 1996) – a variable measured at time 2 cannot be expected to influence a variable assessed at time 1. As Zapf et al note, however, longitudinal studies are not a panacea and are still vulnerable to the influence of third variables.

De Lange, Taris, Kompier, Houtman and Bongers (2003) identified a need for a greater number of more rigorous longitudinal studies in work stress research. Given the comparative lack of longitudinal research in the work commitment literature, De Lange et al's recommendations are particularly valid in this context. De Lange et al (2003) advocate a full panel design, in which all study variables are measured on all time points, because this allows for the analysis of standard causal relationships, reverse causation and reciprocal causation. At best, however, only partial-panel designs have been implemented in longitudinal commitment research, such as Guerrero and Herrbach (2009), Hulsheger and Maier (2010), Niessen, Binnewies and Rank (2010), and Panaccio and Vandenberghe (2009). Often in these studies a theoretical relationship is tested over time, and therefore subsequent variables are assumed not to have a causal effect upon their hypothesised antecedents. However, as stated above, a full-panel design enables the testing of alternative models.

Taris and Kompier (2003) note that time lags in longitudinal research are often selected on pragmatic rather than theoretical grounds, and have called for researchers to state the grounds for a particular time lag being selected. In the present work a time-lag was selected on both theoretical and practical grounds. A two-month lag was intended as this has been previously used in commitment research (Jaros, 1997). Furthermore, it was decided that data-collection would occur before and after a single work placement, subject to the availability of student nurses. Since experiences within the workplace have been demonstrated as influencing work commitment, it was considered appropriate to focus on changes occurring over the period of a single placement. The placement lasted 7 weeks and was preceded by 3 weeks of annual leave. Consequently the actual time lag of data collection was closer to 2 ½ months.

5.2 Aims

The aims of the present study reported in chapter 4 were to further examine relationships tested in study 3. The longitudinal nature of this present study also offered the opportunity to examine changes occurring in variables such as affective commitment and wellbeing over an approximately two month period, during which student nurses recruited for this study had been on placement.

In study 3, affective commitment was found to correlate positively with important theoretical outcomes such as depression-enthusiasm, both measures of help-seeking and, to a lesser extent, help-giving attitudes. Affective commitment was also found to correlate negatively with turnover intentions. The present study enabled a test of these correlations over time, with particular focus placed on the influence of affective commitment on job-related depression-enthusiasm.

In the previous study reported in Chapter 4, professional identity was highlighted as a particularly important variable. Further, placement experiences were shown to be positively correlated with professional identification. Therefore the present study will examine whether placement experiences causally influence professional identification.

Support was identified in study 3 as correlating strongly and positively with a number of important variables, such as satisfaction with both course-related and placement-related experiences, as well as with both measures of help-seeking, and with affective commitment. Consequently this study offers the opportunity to test the causal influence of perceived support on commitment, help-seeking and satisfaction over time.

Finally, this study aimed to gather qualitative data from participants relating to perceptions of support, and explore its influences upon their commitment towards

nursing. This was intended to provide further insight into understanding student experiences, and making sense of relationships between variables over time.

5.3 Method

Participants

Participants were recruited from a single cohort of student nurses. Thirty five participants took part at time 1. At time 2, the researcher was able to match 27 responses with time 1 responses. The mean age of participants was 29.8 years (SD=9.25). Thirty two participants (91.4%) were female, and three (8.6%) were male. Eighteen (51.4%) of the sample identified as white British, 11 (31.4%) as black African, 2 (5.7%) as other black/black British background, 2 (5.7%) as other Asian/British Asian, 1 (2.9%) as Asian Pakistani, and 1 (2.9%) as black Caribbean.

Twenty nine (82.9%) of participants were training for a diploma qualification, compared with six (17.1%) training for degree qualification. Sixteen (45.7%) reported previous experience of working in healthcare, compared to 18 (51.4%) who reported that they had no experience of working in healthcare prior to the start of their nurse training programme. Of those reporting previous experience, the mean experience reported was 5.74 years (SD=3.78).

Materials

Participants completed a survey on two occasions. The same measures were used in the longitudinal study as were used in the cross-sectional study (see chapter 4, p220-224 for measures, and appendix 3.2 for the full survey). All measures were administered at times 1 and 2, apart from the qualitative questions relating to commitment and support, as well as the three items relating to identification, which were included at time 2 only. This is explained further in the discussion section of this chapter.

Procedure

Participants, who were all in the second year of their training programme, were recruited from a cohort of student nurses with experience of placement areas. Participants were asked to complete a survey on two occasions, before and after a 7 week work placement. Participants were invited to provide email addresses so that responses at time 1 and time 2 could be matched. Twenty participants provided email addresses enabling a match. A further 7 responses at time 2 were matched with time 1 responses by comparison of demographic responses and handwriting. A research student was asked to confirm the similarity in responses and handwriting to provide greater confidence in the match.

Ethics

Ethical clearance for study 4 was obtained from the Department of Psychology Ethics Committee. Participants were made aware of their rights as participants, and that participation was entirely voluntary, and that they could withdraw from the study at any time.

Analytical strategy

Descriptive statistics were produced for each variable used in the present study. Internal reliabilities were analysed using Cronbach's alpha. Bi-variate correlations were then computed between the variables at each phase of data collection (i.e. time 1 and time 2). Pearson's r was used to calculate correlations between variables measured using scales. Spearman's ρ was used to calculate correlations where one or both variables were measured using single items, given that these were measured using ordinal scales. Causal relationships were analysed using partial correlations of variables at time 1 and time 2. In each case, the time 1 instance of a time 2 variable was partialled out in order to provide confidence that the presumed antecedent was responsible for the variance in the consequent variable (Field, 2009).

Qualitative responses were selected for inclusion by generating scores for each participant that reflected how their affective commitment had changed over time. Scores were generated for each participant by subtracting their affective commitment at time 1 from their affective commitment at time 2. A positive score indicates an increase in reported affective commitment, while a negative score indicates a decrease in reported affective commitment. These scores were then used as a guide for selecting responses to highlight participant explanations for changes in commitment over time.

5.4 Results

5.4.1 Reliability

Descriptive statistics were first produced for the variables at time 1 and time 2 together with Cronbach alphas for each scale (see table 10, below). At time 1, some variables failed to show acceptable levels of internal reliability: depression-enthusiasm, affective commitment, negative help-giving attitudes, and to a lesser extent turnover intentions (although this latter closely approached the acceptable level of reliability). Support had initially poor reliability ($\alpha = .67$). Following scale analysis, the item relating to satisfaction with support obtained in the form of lectures was removed, leading to improved reliability ($\alpha = .77$). Similarly, the alpha presented for affective commitment at time 1 (see table 10) reflects reliability after item 1, 'nursing is important to my self-image,' was removed. Prior to this, the internal reliability of affective commitment had been considerably lower ($\alpha = .37$). Scale reliability analysis indicated no way to substantially improve the reliability of the scale measuring negative help-giving attitudes. Turnover intentions approached acceptable reliability ($\alpha = .69$). Analysis indicated that the removal of item 3, 'I do not intend to work for long in nursing' could improve the reliability ($\alpha = .73$). However, this alteration was not seen as essential due to the closeness of the alpha to the acceptable level.

Data collected at time 2 showed fewer problems with reliability (see table 10). Perceived support and both measures of help-seeking behaviour showed weaker levels of reliability at follow up than at time 1. Some caution should be taken, therefore, with the interpretation of results involving the scales measuring depression-enthusiasm, affective commitment, and negative help-giving attitudes at time 1, and support and help-seeking behaviours at time 2.

5.4.2 Changes within variables

Mean scores and standard deviations for scales utilised and times 1 and 2 are shown in table 10. Paired T-tests were conducted upon all variables that were measured at both time 1 and time 2 to examine whether there were significant differences between scores. While most variables did not show a significant difference, four variables did. Levels of anxiety-contentment ($t=2.57$, $df=23$, $p<.05$), KUT ($t=2.51$, $df=26$, $p<.05$), and affective commitment ($t=3.17$, $df=25$, $p<.01$) decreased from time 1 to time 2. Turnover intentions showed a significant increase at time 2, compared to time 1 ($t=-2.13$, $df=24$, $p<.05$).

	M, T1	SD, T1	α , T1	M, T2	SD, T2	α , T2	T1+T2 Correlation	t
Anxiety-contentment	4.12	.58	.70	3.54	1.00	.89	.41*	2.57*
Depression-enthusiasm	4.70	.63	.61	4.42	.77	.82	.29	1.69
KUT	4.78	.32	.71	4.56	.50	.89	.65**	2.51*
Affective commitment	6.74	.62	.53	6.28	.69	.70	.56**	3.17**
Continuance commitment	4.43	1.69	.87	4.49	1.53	.84	.71**	-.85
Normative commitment	4.23	1.58	.81	4.15	1.34	.80	.75**	-.15
Professional identification	-	-	-	4.07	.62	-	-	-
Student identification	-	-	-	4.07	.78	-	-	-
Customer identification	-	-	-	2.78	.97	-	-	-
Support	3.78	.57	.77	3.89	.42	.64	.53*	-.87
Satisfaction with course experiences	3.52	.71	-	3.67	.83	-	.42*	-.72
Satisfaction with placement experiences	3.80	1.02	-	3.81	.96	-	.70**	-1.16
Course-related help-seeking	3.91	.69	.75	3.85	.55	.67	.52**	1.00
Emotion-related help-seeking	3.56	.79	.77	3.54	.66	.67	.43*	.00
Help-giving attitudes	4.13	.46	.80	4.02	.45	.73	.50**	1.02
Negative help-giving attitudes	2.27	.62	.56	2.29	.60	.70	.53**	-.56
Turnover intentions	1.30	.45	.69	1.48	.54	.89	.59**	-2.13*
Satisfaction with academic performance	3.94	.65	-	3.70	.67	-	.49**	1.90
Satisfaction with clinical performance	4.35	.60	-	4.37	.56	-	.44*	-.33

Table 10: Descriptive statistics for time 1 and time 2 in study 4, M= Mean, SD= Standard deviation, α = Cronbach's alpha, T1= Time 1, T2= Time 2, t= Paired T-test, * = $p < .05$, ** = $p < .01$, N=23-27

5.4.3 Correlational patterns

Mean scores at time 1 and time 2 followed the patterns identified in study 3. Participants tended to score highly on affective commitment, and scored more moderately on both continuance commitment and normative commitment, all measured on a 7 point likert scale. All other measures utilised a 5 point likert scale. Participants showed higher mean scores in professional and student identification compared to customer identification. Participants tended to score moderately in support in satisfaction with both course and placement related experiences. Participants scored moderately on help-seeking behaviours and attitudes towards helping fellow students. The mean response to negative attitudes towards help giving was low. Participants scored low on turnover intentions, and scored moderately on satisfaction with academic performance, and more highly on satisfaction with clinical performance.

Data was analysed as cross-sectional within time 1 and time 2, in order to compare the findings with those obtained in study 3. Correlations at time 1 are shown in table 11. Correlations at time 2 are shown in table 12. Longitudinal correlations are reported later in this results section. Pearson's r was calculated for variables measured by scales. Single-item measures, such as course satisfaction, required non-parametric correlations. Correlations of single-item variables with other variables were produced using Spearman's rho.

Relationship between commitment measures

The KUT commitment measure did not correlate significantly with affective commitment at time 1, but did at time 2 ($r=.69$, $p<.01$). This may be in part due to the poor internal reliability of affective commitment at time 1. Normative commitment and continuance commitment correlated positively ($r=.43$, $p<.05$) at time 1, but not at time 2.

Commitment and help-seeking behaviours

At time 1, only continuance commitment correlated significantly with course-related help-seeking ($r=.45$, $p<.01$) and emotion-related help-seeking ($r=.41$, $p<.05$). At time 2, only emotion-related help-seeking correlated significantly with any measure of commitment, specifically KUT ($r=.44$, $p<.05$) – but not affective commitment – and with continuance commitment ($r=.41$, $p<.05$).

Commitment and help-giving behaviours

No measure of commitment correlated with help-giving behaviours at time 1 or at time 2.

Commitment and turnover intentions

Affective commitment correlated negatively with turnover intentions at both time 1 ($r=-.38$, $p<.05$) and time 2 ($r=-.70$, $p<.01$). Normative commitment correlated negatively with turnover intentions at both time 1 ($r=-.38$, $p<.05$) and at time 2 ($r=-.49$, $p<.05$). Continuance commitment was not found to correlate positively or significantly with turnover intentions at either time 1 or time 2.

Commitment and wellbeing

At time 1, no measure of commitment correlated with either measure of wellbeing. At time 2, continuance commitment correlated negatively with depression-enthusiasm ($r=-.45$, $p<.05$).

Support and commitment

Surprisingly, support was not found to correlate significantly with KUT or affective commitment at time 1 or at time 2. There was a positive relationship between perceived support and normative commitment at both time 1 ($r=.38$, $p<.05$) and at time 2 ($r=.57$, $p<.01$).

Support and satisfaction with training experiences

Positive correlations were found between support and both course-related satisfaction ($r=.40$, $p<.05$) and placement-related satisfaction ($r=.63$, $p<.01$) at time 1; but only with placement-related satisfaction at time 2 ($r=.67$, $p<.01$).

Support and help-seeking behaviours

Support correlated positively with both course-related help-seeking behaviours ($r=.61$, $p<.01$) and emotion-related help-seeking behaviours ($r=.52$, $p<.01$) at time 1 and with both course-related help-seeking behaviours ($r=.68$, $p<.01$) and emotion-related help-seeking behaviours ($r=.40$, $p<.05$) at time 2.

Support and help-giving behaviours

Significant correlations were found between support and help-giving behaviours at both time 1 ($r=.47$, $p<.05$) and at time 2 ($r=.48$, $p<.05$).

Identification and commitment

As noted earlier, identification was only measured at time 2. Professional identification ($r=.45$, $p<.05$) and student identification ($r=.45$, $p<.05$) obtained at time 2 correlated significantly with affective commitment. Neither professional identification nor student identification correlated with normative commitment. Customer identification correlated with no measure of commitment.

Wellbeing and turnover intentions

Anxiety-contentment correlated with turnover intentions ($r=-.39$, $p<.05$) at time 1. No other significant correlations were found between affective wellbeing and turnover intentions at time 1 or at time 2.

Help-seeking behaviours and help-giving behaviours

At time 1, both course-related help-seeking ($r=.42$, $p<.05$) and emotion-related help-seeking ($r=.41$, $p<.05$) were significantly correlated with help-giving behaviours. At time 2, neither course-related nor emotion-related help-seeking behaviour correlated significantly with help-giving attitudes.

Help-seeking behaviours and satisfaction with performance

At time 1, course-related help-seeking was significantly correlated with satisfaction with clinical performance ($r=.44$, $p<.05$). No other significant correlation was found between help-seeking behaviours and satisfaction with performance.

Satisfaction with performance and turnover intentions

Neither measure of satisfaction with performance correlated with turnover intentions at time 1 or at time 2.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 AnCo	-															
2 DeEn	.53**	-														
3 KUT	.28	.32	-													
4 AC	.05	.31	.24	-												
5 CC	-.09	-.24	-.02	-.09	-											
6 NC	.01	-.03	.08	-.12	.43*	-										
7 SUPP	.50**	.30	-.15	-.03	.15	.38*	-									
8 CS	.10	.30	.21	-.03	-.02	.12	.40*	-								
9 PS	.36*	.43*	.13	.08	.03	.49**	.63**	.38*	-							
10 CHS	.18	.17	-.10	-.09	.45**	.32	.61**	.45**	.35*	-						
11 EHS	.15	.31	.00	.00	.41*	.28	.52**	.31	.36*	.47**	-					
12 HG	.14	.09	-.02	.12	.16	-.09	.47**	.32	.11	.42*	.41*	-				
13 NHG	-.06	.13	-.14	-.19	.10	.30	.11	-.01	.09	.05	.16	-.21	-			
14 T/O	-.39*	-.34	-.38*	-.15	.02	-.38*	-.11	-.07	-.23	.05	-.27	-.02	.04	-		
15 AP	.36*	.03	.11	-.22	.15	.16	.09	.27	-.03	.09	.03	.07	.05	.05	-	
16 CP	.36	.13	.05	-.07	.16	.22	.35*	.55**	.29	.44*	.28	.20	-.04	-.16	.53**	-

Table 11: Correlation of variables at time 1, AnCo = Anxiety-Contentment; DeEn= Depression-Enthusiasm; KUT= KUT commitment measure; AC= Affective Commitment; CC= Continuance Commitment; NC= Normative Commitment; SUPP= Support; CS= Satisfaction with Course Experiences; PS= Satisfaction with Placement Experiences; CHS= Course-related Help-seeking; EHS= Emotion-related Help-seeking; HG= Help-giving Attitudes; NHG= Negative Help-giving Attitudes; T/O= Turnover Intentions; AP= Satisfaction with Academic Performance; CP= Satisfaction with Clinical Performance.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
1 AnCo	-																			
2 DeEn	.63**	-																		
3 KUT	-.01	.18	-																	
4 AC	-.04	.26	.69**	-																
5 CC	-.25	-.45*	.09	.01	-															
6 NC	.33	.16	.47*	.35	.19	-														
7 PI	.20	.25	.53**	.45*	.09	.25	-													
8 SI	-.03	.04	.43*	.45*	.36	.31	.32	-												
9 CI	.13	-.12	.22	.23	-.19	.36	.04	.33	-											
10 SUPP	.35	.38	.36	.34	-.06	.57**	.57**	.39	.23	-										
11 CS	-.16	.07	.04	.05	.31	.23	.23	.30	.03	.27	-									
12 PS	.47*	.47*	.50**	.50**	-.20	.50**	.42*	.37	.31	.67**	-.13	-								
13 CHS	.12	.12	.19	.20	.03	.30	.51**	.67**	.49**	.68**	.39*	.44*	-							
14 EHS	-.25	-.31	.44*	.26	.41*	.30	.53**	.44*	.21	.40*	.47*	.03	.58**	-						
15 HG	.25	.20	.16	.18	.11	.15	.43*	.30	.13	.48*	-.03	.34	.36	.07	-					
16 NHG	.25	-.03	-.16	-.34	-.23	.17	.01	.01	.03	.01	-.16	.03	.00	-.18	-.13	-				
17 T/O	-.27	-.33	-.63**	-.70**	-.10	-.49*	-.53**	-.35	-.24	-.55**	-.04	-.76**	-.33	-.21	-.17	.16	-			
18 AP	.37	.46*	.04	-.14	-.14	.16	.38*	.08	-.22	.23	.49*	-.08	.03	.15	.06	.15	.08	-		
19 CP	.07	.17	.03	.01	.01	-.01	.49**	.11	-.15	.43*	.48*	-.01	.23	.37	.21	-.02	-.04	.55**	-	

Table 12: Correlation of variables at time 2, AnCo= Anxiety-contentment; DeEn= Depression-Enthusiasm; KUT= KUT commitment measure; AC= Affective Commitment; CC= Continuance Commitment; NC= Normative Commitment; PI= Professional Identity; SI= Student Identity; CI= Customer Identity; SUPP= Support; CS= Satisfaction with Course Experiences; PS= Satisfaction with Placement Experiences; CHS= Course-related Help-seeking; EHS= Emotion-related Help-seeking; HG= Help-giving Attitudes; NHG= Negative help-giving attitudes; T/O= Turnover Intentions; AP= Satisfaction with Academic Performance; CP= Satisfaction with Clinical Performance.

5.4.4 Longitudinal patterns

Causal relationships predicted by the model discussed in chapter 4 were analysed using partial correlations of variables at time 1 and time 2. In each case, the time 1 instance of a time 2 variable was partialled out in order to ensure that the correlation was not influenced by the stability of a variable over time. For example, a partial correlation between perceived support at time 1 and normative commitment at time 2 would partial out normative commitment at time 1. Significant correlations suggesting causal relationships are reported below.

Consequences of support

Support at T1 was found to correlate significantly with subsequent normative commitment ($r=.48$, $p<.05$) and turnover intentions ($r=-.44$, $p<.05$).

Consequences of satisfaction with placement experiences

Satisfaction with placement experiences at T1 was found to correlate significantly with subsequent affective commitment ($r=.53$, $p<.01$) and turnover intentions at T2 ($r=-.51$, $p<.05$).

Consequences of help-seeking behaviour

Emotion-related help-seeking at T1 correlated significantly and negatively with subsequent negative attitudes towards help-giving at T2 ($r=-.46$, $p<.05$).

Qualitative responses

In order to explore the context in which commitment changes over time, scores were generated for each participant by subtracting their affective commitment at time 1 from their affective commitment at time 2. A positive score indicates an increase in reported affective commitment, while a negative score indicates a decrease in reported affective commitment. These scores were used to identify participants who reported a change in their affective commitment quantitatively, so that participants' qualitative explanations for changes in commitment could be examined. The largest increase in affective commitment was .87, while the largest decrease was -2.27, on a 7 point likert scale. Most participants reported both positive and negative experiences that influenced commitment, while a small number reported only positive or only negative experiences.

Participant 7 showed the largest (.87) increase in affective commitment. This student reported that no events in the prior few months had made them feel less committed. However, they reported an increase in commitment resulting from

“practice placement experience in emergency care.” Participant 30 showed an increase of .63 in reported affective commitment, and stated that they had felt that compliments paid to them by staff and patients had contributed positively to their commitment to nursing. However, participant 30 also complained about a lack of organisation with regards to the planning of placement, a lack of contact with placement mentors and their personal lecturer, and also stated that they felt student nurses were treated as healthcare assistants (HCA) while on placement.

By contrast, some participants showed a marked decrease in reported affective commitment. Participant 33 showed a decrease of 2.27 in reported affective commitment. The participant contributed a negative statement (see below), but made no positive statements regarding training. This student attributed their decrease in felt commitment to poor support:

“Not very satisfied with the way mentors help future students. They are too busy to actually work with students. Some things that you learn in class are not really used in practice, which can be very confusing to students.”

Participant 33

Two other participants (8 and 28) showed a considerable decrease (1.33) in levels of self-reported affective commitment. However, unlike the participant discussed above, these participants reported both positive and negative experiences as contributing to their commitment. Both referred to the ability to help patients as a positive experience, while one also referred to good mentors on placement and appreciation they had received for their efforts at work. In terms of experiences that reduced commitment, participant 8 referred to non-committed team members on placement as contributing to ‘increasing workloads.’ Participant 28 argued that “the amount of paperwork and politics involved” had made them feel less committed to nursing. Participant 28 did not comment upon support received from the HE institution, but expressed dissatisfaction with the distance that needed to be travelled to some placement areas, as some alternative placements were closer. By contrast, participant 8, stated that support

for student nurses did not need to be improved, and that they sometimes perceived lecturers as having “a huge workload”.

While a few negative statements referred to stress associated with academic work, or referred to poor organisation on the part of the HE institution, most statements, made by participants selected by the criteria discussed above, commented on events that increased or decreased student commitment related to placement experiences. Positive experiences often related to satisfaction with the work itself (such as associated with helping patients) or recognition from patients or members of the nursing team. Negative experiences of placement usually related to a lack of support, or being treated as a HCA.

5.5 Discussion

The principle aim of this study was to examine longitudinally the relationships identified between variables in study 3. The first objective was to explore what changes would occur in variables such as commitment and wellbeing following a placement experienced by participants. As discussed in the results section, affective commitment and anxiety-contentment decreased between time 1 and time 2, while turnover intentions increased. The second aim was to longitudinally test the assumed causal influence of affective commitment on wellbeing, help-seeking behaviours, attitudes towards help-seeking, and turnover intentions. However, no statistically significant longitudinal correlation was observed between affective commitment and these outcome variables. The third aim was to examine the longitudinal relationship of satisfaction with placement experiences with professional identification. Satisfaction with placement experiences at time 1 was found to correlate positively with affective commitment at time 2, but not with professional identification. The fourth aim was to examine the longitudinal relationship of perceived support with commitment, satisfaction with training experiences, and help-seeking. Perceived support at time 1 was found to correlate positively with normative commitment at time 2. The fifth objective was to gather qualitative responses that would provide further insight

into how experiences of support shaped the commitment of student nurses. Qualitative responses showed that participants frequently attributed changes in commitment to experiences of placement, particularly in relation to recognition of their abilities and whether or not they felt “part of the team.” The present study also offered the opportunity to contrast correlational findings obtained in study 4 with those obtained in study 3. Similarities and differences between the results are discussed later in this section.

As discussed previously, the mean score of anxiety-contentment, KUT and affective commitment decreased significantly between time 1 and time 2, while turnover intentions increased significantly. The present author contacted a member of the nursing faculty to ask about recent participant work, based upon qualitative information provided by participants, and was informed that the cohort recruited for this study had just submitted an assignment and were due to sit an exam the week following the second occasion of data collection. It is possible that this may have influenced the relationship of anxiety-contentment with other variables at time 2. However, examination of the qualitative responses made by participants suggests that students based their feelings of being more or less committed upon their placement experiences. In particular, students tended to reference experiences of placement when describing events that had made them feel more committed. Consequently there appears to be some limited evidence to support the influence of the recent placement experience – around which the time lag was based – upon alterations between the variables of interest. Regardless, future efforts should – where possible – avoid the influence of academic events such as exams and assessment deadlines. Recruitment of further participants, at various stages of their nurse training, to expand the longitudinal sample would serve to reduce the influence of such specific events. The above event also demonstrates the utility of qualitative data in providing explanations for quantitative results. Therefore the present author strongly recommends the incorporation of mixed-method approaches in future commitment research. Regardless of whether academic events or placement experiences were responsible for the changes in KUT and affective commitment between time 1 and time 2, it is apparent that even over a relatively short space

of time experiences may contribute to changes in the commitment of an individual.

While measures reflecting an affective commitment mindset, such as KUT (Klein, 2011) and the affective commitment subscale of Meyer et al's (1993) TCM measure of occupational commitment, demonstrated significant – if small – change over time, continuance commitment and normative commitment were shown to remain stable. This is likely the consequence of the time-lag used in the present study. Culpepper (2011) notes that affective commitment is likely to respond to the 'ups and downs' of daily experiences and is more emotional in nature, continuance commitment reflects a measured analysis of the relative costs of leaving an existing role. Culpepper (2011) found that affective commitment influenced turnover in the short-term, where continuance commitment influenced turnover over a longer period of time. Consequently it is likely that experiences occurring during the short time-lag used in the present study represent a short-term influence upon affective commitment and turnover-intentions, which may not necessarily be stable over time. An extension of the present study over several months may enable an examination of the influence of experiences on continuance commitment and normative commitment over time.

Satisfaction with placement experiences and perceived support were both found to significantly correlate negatively with subsequent turnover intentions. While support has previously been associated with retention (Dawley, Houghton and Bucklew, 2010), this data suggests that experiences of placement are particularly salient to participants' decision regarding whether to persist with training or to withdraw. Furthermore, this study found that satisfaction with placement experiences was also an influence upon subsequent affective commitment. This supports the findings from study 3, in which satisfaction with placement experiences were positively correlated with professional identification, which in turn was found to contribute variance to affective commitment.

Support was found to significantly correlate with subsequent normative commitment in longitudinal analysis. This supported the strong link between support and normative commitment found at both time 1 and time 2. It seems likely that support influences normative commitment through a sense of reciprocation. With awareness that others are helping them in their training, student nurses may feel a greater obligation to reach the goal of qualification. It is surprising that support did not show the relationship with affective commitment that had been found in study 3, given that perceived support has been established as an antecedent of commitment (e.g. Panaccio and Vandenberghe, 2009). Furthermore, contrary to expectations, affective commitment measured before a placement was not shown to have significant relationships with outcomes such as help-seeking behaviours and turnover intentions.

Emotion-related help-seeking appeared to have a longitudinal impact on attitudes towards helping fellow students. Those more willing to seek emotion-related support were more likely to report a willingness to help others. This may be the consequence of those receiving support being willing to reciprocate, promoting networks of mutual support throughout training cohorts. It may also reflect a more general engagement of the individual student with those around them, particularly fellow students. Future work should longitudinally explore the relationship of reciprocity and engagement with help-seeking and help-giving attitudes.

While some findings from study 3 were replicated in study 4, there were also many unexpected inconsistencies between the two studies. For example, although professional identification was significantly related to affective commitment at time 2, contrary to study 3 relationships between affective commitment and course-related help-seeking and with help-giving behaviours were small in magnitude and lacked statistical significance. Furthermore, support correlated significantly with normative commitment cross-sectionally at both time 1 and time 2, but not with affective commitment. By contrast, normative commitment was not found to correlate significantly with support in study 3, while affective commitment showed strong relationship with support.

This study has provided further support for the importance of placement experiences for the commitment of student nurses to their chosen profession. This has been indicated not only by the longitudinal correlation between satisfaction with placement experiences and subsequent affective commitment, but also by the predominance of placement experiences in statements students made about the influences upon their commitment to nursing. Furthermore, the decrease shown in affective commitment and depression-enthusiasm between time 1 and time 2, separated primarily by the duration of a placement, with an accompanying increase in turnover intentions, suggests that individual placements may have small, yet significant, effects upon students' commitment to nursing, their wellbeing, and their intentions to remain in training.

Strengths and weaknesses

The mixed method nature of the present study offered an advantage in understanding the experiences of students on a nurse training programme. The data allowed a quantitative analysis of the relationships between variables, while qualitative data allowed an examination of what student experiences might be reflected in these experiences. For example, qualitative responses identified workloads and a lack of support from mentors as affecting the experience of placements. The ability to support a quantitative finding with qualitative data demonstrates the usefulness of mixed-methods research to the commitment field, which is currently dominated by purely quantitative approaches.

A further advantage was afforded by the longitudinal design used in study 4. Although this was not without limitations, which are discussed below, the design did allow for the limited testing of some causal relationships that had been identified by previous studies in this programme of research. This allowed confirmation of the importance of placement experiences to both affective commitment and turnover intentions, and the importance of support to turnover intentions.

Unfortunately, study 4 was not a full-panel longitudinal design. Although such a design represents an advantage (De Lange et al, 2003), the inclusion of items relating to professional, student, and customer identification occurred only after time 1. It is important to briefly discuss the implementation of study 3 and study 4. A cross-sectional survey was planned in parallel with the longitudinal study due to the comparative ease of attaining a large cross-sectional sample, in comparison with the difficulties in recruiting participants for a longitudinal study. Due to the need to recruit participants at a time convenient to the planning needs of the training programme, the first wave of data collection for the longitudinal study occurred before the onset of data collection for the cross-sectional study.

Between time 1 and time 2 of the longitudinal study, the researcher noted the opportunity to examine the identification, whether professional or otherwise, of a larger number of student nurses. New items relating to identification were added to the survey. As a consequence these items appear in the cross-sectional survey and time 2 of the longitudinal survey, but not at time 1 in the longitudinal survey. Consequently, despite the expectation that professional identification would influence subsequent affective commitment, it was not possible to test this relationship. Similarly the qualitative items were not included in the survey until after time 1 data had been collected. Consequently the opportunity to examine changes in how student nurses discussed their commitment and experiences of support was missed. Future work expanding the longitudinal sample could make use of a full-panel design, which would address the problems identified above.

Study 4 was also limited by the small sample, which was a consequence of the difficulties present in accessing student nurses upon multiple occasions. As a result it is difficult to assess if inconsistencies between study 3 and study 4 are due to differences between the samples and their experience. The small sample also means that relationships identified between variables should be treated with some caution. This study could be strengthened in the future with an extension of the sample using further cohorts of student nurses prior to and following a work placement. This would provide more confidence in the results obtained, as well

as enabling the testing of alternative models through the use of multiple regression or SEM.

A further weakness was the reliance upon self-report measures, as was the case in study 3. De Lange et al (2003) recommend the use of “objective” measures in order to avoid the self-report bias, e.g. the tendency of individuals to exaggerate their own performance (Schrader and Steiner, 1996). Despite the benefit of using objective measures, there was concern that obtaining such measures might threaten the anonymity of participants in this study.

The next chapter summarises and integrates the findings of this programme of research and compares the findings with those of previous studies. It also discusses the unique contribution of the programme of study to the commitment literature and to the understanding of commitment and wellbeing in student nurses. Finally, it considers the strengths and weaknesses of the thesis and the studies that comprise it, and suggests potentially fruitful areas for future research.

Chapter 6: General discussion

Introduction to the Chapter

This chapter discusses the research presented in this thesis. The research objectives are initially revisited. The aims and findings of each study conducted as part of the research programme are then summarised. Possible interventions that could be developed based on the findings of this programme of research are then discussed. The novel contribution of this thesis to the commitment literature as well as to enhancing insight into the nature, predictors and impact of commitment in the caring professions is highlighted. Finally, strengths and weaknesses of the research programme are explored, with particular view to producing an agenda for future research in this area.

6.1 Research objectives

The principle objective of this programme of research was to explore the experience of students training for caring professions and how these informed their sense of commitment to their chosen profession. A systematic review reported in chapter 1 indicated that there is presently a dearth of research examining work commitment in students training for nursing and social work. There has also been a lack of research examining how work commitment is experienced by individuals in general, and how these individuals make sense of their commitment (Becker et al, 2009; Klein et al, 2006; Klein et al, 2012). McNally and Irving (2010) have also noted that there is very little research examining the commitment of students. Indeed, a systematic review of

commitment literature in students training for nursing or social work identified only one qualitative study. Qualitative methods have been identified as being particularly appropriate for furthering our knowledge of how commitment is experienced (Becker et al, 2009). Despite calls for more qualitative research into commitment, few (e.g. Gould and Fontenla, 2006; Kiger, 1993; McKenna, 2005) have followed these recommendations. The present programme of research utilised a mixed methods approach that included qualitative, as well as quantitative, methodology in order to provide insight into the factors that underpin commitment in trainee caring professionals. It was the further objective of this programme of research to identify ways in which the commitment of students might be enhanced and maintained throughout training.

A secondary objective of this programme of research was to explore the social identities of students on professional courses. As was discussed in chapter 2, during the planning stage of this research, some contacts questioned whether students would identify as professionals rather than as students. As such, this research programme offered an opportunity to explicitly explore issues relating to the identification of students training for a profession. Identification was once considered part of the commitment construct (e.g. Buchanan, 1974; Gouldner, 1960; Mowday et al, 1979; O'Reilly and Chatman, 1986) but is now generally considered to be an antecedent of commitment (Klein et al, 2009; Meyer, et al 2006; van Dick et al, 2006). It was therefore considered to be of interest to examine how students perceived themselves in relation to the professions they have chosen.

6.2 The framework

As was discussed in chapter 1, this programme of research made use of a framework incorporating both social identity theory (Tajfel and Turner, 1979) and exchange-based approaches embodied in commitment theory (e.g. Meyer and Allen, 1991). In this thesis, commitment is seen as the outcome of an ongoing process of sense-making. As will be discussed later, experiences are seen as

contributing to professional identification by making such an identity salient. For example, praise from staff in clinical areas may encourage student nurses to see themselves as professionals capable of qualification as a nurse. Similarly, support contributes to commitment through the perception of exchange (Eisenberger et al, 1986), and student nurses are likely to downgrade their commitment if they perceive the support they receive as lacking. Negative experiences on placement may, therefore, influence their perceptions of the likely rewards, or lack thereof, they may expect to receive upon qualification. Therefore, both processes of exchange and identification were considered to influence commitment.

6.3 Summary of the thesis

Chapter 1 presented the problem of student retention on professional courses, placing particular focus on training for helping professions. Commitment was identified as an important construct in organisational and occupational research, with links to important outcomes such as extra-role behaviours, job satisfaction, and retention. Commitment literature was reviewed, noting that recent attention (e.g. Johnson et al, 2010; Klein et al 2006; 2012; Meyer and Herscovitch, 2001; Solinger et al, 2008) has focused on the clarity, or lack thereof, of commitment as a construct. Two systematic reviews were presented in this chapter. The first review addressed studies of turnover and retention in student nurses and social work students. It was noted that many published articles examined support for students (e.g. Clark et al, 2003; Harvey and McMurray, 1997; Lockie and Burke, 1999; Moriarty et al, 2009) but that few (e.g. Fowler and Norrie, 2009) examined the role of student commitment in retention of students on professional courses. Papers examining student nurses highlighted the impact of perceived inequalities of exchange between student nurses and organisations (Schaufeli et al, 1996), the role of job (Wu and Norman, 2006) and course satisfaction (Meyer et al, 1993), role conflict and ambiguity (Wu and Norman, 2006), as well as the importance of commitment to student nurses' concepts of nursing (Kiger, 1993). Finally, chapter 1 introduced the mixed-method approach that was used in the programme of research. It was noted that the use of both quantitative and

qualitative approaches enables the complement of data gathered (Greene et al, 2008).

Chapter 2 presented study 1. This aimed to gain insight into the perspectives lecturers could offer regarding important elements of student training that were likely to influence student commitment. Eight senior lecturers participated in semi-structured interviews. These lecturers are involved in the education of students training for qualification in nursing or midwifery, social work, or teaching professions. The present author is not aware of any papers seeking faculty perspectives on student commitment, although faculty have previously provided perspectives on student retention (e.g. Hafford-Letchfield, 2007; Moriarty et al, 2009). Study 1 also offered the opportunity to examine whether organisational commitment or professional commitment were seen by lecturers as valid for a student sample. Data was thematically analysed, following guidelines recommended by Boyatzis (1998). Themes identified were: commitment, defining the profession, enjoyment, joining the profession, stories, student identity and belonging, and support. The theme of support was identified of particular importance to the present research. This study demonstrated that lecturers saw commitment as necessary to the retention and qualification of students. Lecturers spoke of commitment in terms of dedication (i.e. affective commitment) towards the profession and its values, with little evidence of commitment being seen in terms of other mindsets (i.e. continuance commitment and normative commitment) found in the three component model (Meyer and Allen, 1991). While some nursing lecturers expressed ambivalence over the nature of student identity or the targets of student commitment, participants in study 1 generally identified the profession as a valid target of student commitment. George (2009) has noted that a professional identity may begin to form with the decision to enter a profession. Further, identification is often identified as an antecedent of commitment (e.g. Meyer et al, 2006). Mentors and placement experiences were identified by lecturers as having a particular influence on student commitment. Negative experiences with mentors and placements were seen as a particular threat to commitment. Kiger (1993) found that student nurses referred to nursing as 'just a job' when they worked in clinical areas perceived as having a negative working climate. More generally, lecturers saw support as crucial to student's

commitment. While this included support offered by faculty members, many lecturers also endorsed the importance of peer support amongst students in professional training. Lecturers from the nursing department noted that levels of support from peers had reduced due to the closure of nurse homes where students had lived when nurse training was conducted by hospitals rather than HE institutions.

The value of peer support in students has been noted in previous scholarly work (e.g. Christiansen and Bell, 2010; Sheperd, 2008; Urwin et al, 2010). Support was consequently identified as an important theme to explore further throughout this programme of research. Social work lecturers participating in study 1 all independently raised the issue of negative media portrayals of the profession, arguing that this often had a deleterious impact upon commitment and motivation. Negative media portrayals have been discussed extensively in social work literature (e.g. Ayre, 2001; Tower, 2000). Consequently media portrayals, public perceptions, and other sources of ideas about professions were considered to be appropriate for further exploration in the present research programme. In summary, study 1 contributed to the programme of research by identifying topics crucial to understanding the commitment of students, and shaping the interview schedule used in study 2.

Chapter 3 reported the second study in this research programme. The objective of this study was to examine student perspectives via semi-structured interviews on their experiences of training for caring professions in relation to commitment, and to further explore issues identified in study 1 from the perspective of students. The systematic review of student commitment presented in chapter 1 identified only one study (Kiger, 1993) that explored student nurse commitment using qualitative methodology. In study 2, 16 students training for helping professions participated in semi-structured interviews. Of these, four were training for qualification as midwives, five were training for qualification as nurses, and seven were training for qualification in social work. The interview schedule centred on topics identified as important through the thematic analysis in study 1. Participants were asked about topics that included influences on their

commitment and motivation, the behaviours they perceived that committed students and students who lacked commitment exhibited, their experiences of support from a variety of sources. Participants were also asked about how they regarded (e.g. the reliability and usefulness), sources of information about their profession, such as qualified professionals and news media. As with study 1, data obtained from these semi-structured interviews was thematically analysed following the recommendations of Boyatzis (1998), using themes previously identified in study 1 as templates.

Similar to lecturers who participated in study 1, students participating in study 2 spoke of commitment in terms that reflected dedication towards their chosen profession. Students generally perceived commitment to be essential in helping them cope with the demands of training. A number of participants expressed surprise that those lacking commitment would commence training, but the majority indicated that they were aware of students on their programme who they considered lacked commitment. Commitment was primarily seen as influencing core behaviours, such as attending classes and completing academic work. However, commitment was also considered to be demonstrated by matters of etiquette and respect, such as remaining quiet while lecturers were talking. Students often expressed concern about their fellow students who they considered lacked commitment, highlighting particular worries that they might one day be colleagues, with a negative impact upon patients or service users. In contrast to the expectations of some lecturers who participated in study 1, students who participated in study 2 rarely identified primarily as a “student”. Instead they tended to identify themselves as a “professional”, or as possessing dual identities as both professional and student. It was noted that when students described what they saw as behaviour that signified commitment, they often framed their statements in terms of their own behaviour – that is, they perceived themselves as committed, and compared their own behaviour with the behaviours of other students. This suggests that social comparison theory (Festinger, 1954) is of use in gaining further understanding into how students assess the commitment of others. Several examples of upward and downward social comparisons were provided in study 2. In describing their identities, participants often referred to their own capabilities – for example many of those

identifying primarily as professionals described themselves as being practical rather than academic. In students training for a healthcare profession, this was sometimes also associated with denigrating the course: i.e. expressing the view that the programme of study was 'too academic.' Previous research has shown that student nurses are sometimes dissatisfied by the academic demands of nurse training, typically expecting a more 'hands on' approach (e.g. Brodie et al, 2004; Kotecha, 2002; Last and Fullbrook, 2003).

Support was seen as an important issue by students. Students described support from faculty and placement staff in rather mixed terms. Support from faculty was broadly seen as good, but a number of participants qualified this by stating that they did not always have access to lecturers, and that responses to their emails could be very slow. Conversely, however, support from placement staff was usually discussed in terms of how welcome students were made to feel in placement areas. When students made negative comments about placement areas, they often related to how they were treated personally by staff. Furthermore, students often spoke of relationships with mentors as being a problematic area. Gibbons (2010) has highlighted student-staff relationships on placement as a stressor experienced by many student nurses. Many students considered that having a 'good' mentor was a matter of luck, and a small proportion of the sample emphasised the negative consequences of having a 'bad' mentor. Particularly negative experiences, when described, were sometimes thought to cause a student to reconsider whether they wanted to continue in their chosen profession. By contrast, the vast majority of students described peer support in positive terms, with only a few stating that they had not found fellow students to be very supportive. The positive assessment of peer support were generally in concordance with the findings of study 1, as well as those of published work (e.g. Christiansen and Bell, 2010; Sheperd, 2008; Urwin et al, 2010). By contrast, family members were often described as limited in their ability to offer support due to the lack of shared experiences and knowledge of the work context. A small number of social work students reported negative experiences with friends or family. These were often related by the student to negative media portrayals and negative public perceptions of the social work profession.

Although social work students were more likely to report negative experiences resulting from poor public perceptions of their chosen profession, students training for all three professions included in the research programme (midwifery, nursing and social work) stated that representations of their profession by the news media were negative and inaccurate. Although these negative portrayals were sometimes considered to have a negative impact on motivation – for example by suggesting that a “thankless” career lay ahead – many participants stated that they also felt motivated to ‘prove’ these negative portrayals wrong. Previous published work (e.g. Social Work Task Force, 2009b) has claimed that negative media portrayals deter individuals from seeking entry into the social work profession. However, for some, it appears that negative public perceptions may be seen as a challenge that spurs further effort. This issue should be further examined in future work.

Chapter 4 reported the third study in this programme of research which utilised a mixed-method survey. The aim of this study was to examine the relationship between three commitment mindsets with variables of interest that emerged from study 1 and study 2, such as perceived support, identification, satisfaction with training experiences, help-seeking behaviours, and turnover intentions. A pilot study was conducted with 46 student nurses in order to validate measures developed for study 3. Following the pilot study, 215 student nurses were drawn from 21 HE institutions in the UK. The survey used quantitative measures of commitment (i.e. affective, continuance and normative), identification (i.e. professional, student and customer) as well as perceived support and job-related wellbeing. Other scales assessed levels of satisfaction with the course and placement experiences, course-related and emotion-related help-seeking and help-giving behaviours, satisfaction with both academic and clinical performance, and turnover intentions. Qualitative items solicited student nurses’ opinions on events that had resulted in an increase or decrease in their level of commitment, as well as their views on ways in which support to student nurses might be enhanced. Bi-variate correlation analysis was used to analyse the relationships between quantitative variables. Qualitative responses were selected for inclusion

based upon student nurses' affective commitment scores distance from the sample mean and subsequently thematically analysed.

Results indicated that support was crucial in understanding student satisfaction with training and help-seeking behaviour, as well as student commitment to nursing. Affective commitment was shown to be positively related with seeking help, as was perceived support. Affective commitment was positively related to job-related wellbeing, albeit more strongly associated with depression-enthusiasm than anxiety-contentment. Panaccio and Vandenberghe (2009) found evidence supporting the causal influence of commitment on wellbeing. However, by using Warr's (1990) measure of wellbeing, study 3 was able to distinguish between different aspects of wellbeing, suggesting that commitment is more associated with active positive affect rather than the absence of negative affective states. Affective commitment was negatively related to turnover intentions, supporting the argument that commitment represents a useful way to address student nurse retention. Similarly, Meyer et al (1993) found that affective commitment was positively associated with intent to continue in nursing amongst student nurses. Affective commitment was shown to correlate only weakly with help-giving attitudes, as was perceived support. This weak relationship was unexpected, given the stronger associations typically found between affective commitment and citizenship behaviours (Meyer et al, 2002). However, help-seeking behaviours were shown to correlate more strongly, and positively, with attitudes towards help-giving, which suggests that those seeking help are also likely to offer support to fellow students. Of all self-concepts measured, only professional identification appeared to be related to commitment, suggesting that it is important to encourage student nurses to see themselves as professionals rather than primarily as students or as customers of HE institutions. In qualitative responses, placement experiences were frequently discussed in terms of support offered to student nurses. Common themes identified were poor support from HE institutions for students while they were on placement, poor communication and organisation, and being made to feel 'part of the team.' Overall, study 3 continued to show the importance of support to student commitment and to student satisfaction with training experiences. Study 3 also continued to highlight the importance of placement experiences and support to student nurses'

commitment to the profession. However, this study was not able to establish cause and effect relationships between variables.

Chapter 5 reported study 4 in this programme of research. The aim of this study was to examine longitudinally the relationships identified in study 3, such as between support and affective commitment, placement satisfaction and affective commitment, and between affective commitment and help-seeking behaviours, wellbeing and turnover intentions. This study was also undertaken in order to examine changes in variables such as commitment and wellbeing over a time period marked by participants' attendance of a placement experience. This study utilised a longitudinal design using the same measures as study 3. Following the recommendations of Jaros (1997), an approximate two month time-lag was used between data points, Student nurses were recruited prior to, and following, a clinical placement experience. Thirty-five student nurses participated at time 1, and 27 of these provided follow up data at time 2. Correlational analysis of data obtained at times 1 and 2 indicated that results were frequently inconsistent with those obtained in study 3. In accordance with previous research (Meyer et al, 2002), positive relationships were found between perceived support and normative commitment, but not affective commitment. However, perceived support has typically been associated with both affective commitment and normative commitment (Meyer and Parfyonova, 2010). The relationship between affective commitment and help-seeking was only partially supported, with the KUT commitment measure correlating positively with emotion-related help-seeking at time 2. Both professional and student identification were found to correlate with affective commitment at time 2, despite student identification not correlating significantly with affective commitment in study 3. Where affective commitment had correlated positively with wellbeing in study 3, it did not in study 4. Qualitative responses were identified by examining changes in affective commitment over time. Analysis of the data supported the importance of placement experiences, and student experiences of support, in influencing the student commitment to nursing.

Longitudinal analysis of the data obtained at times 1 and 2 suggested that support causally influenced levels of normative commitment and turnover intentions. Satisfaction with placement experiences appeared to causally influence affective commitment and strongly negatively with subsequent turnover intentions. Levels of affective commitment and job-related depression-enthusiasm decreased significantly between time 1 and time 2, while turnover intentions had increased significantly. These findings provided further support to the argument that placement experiences influence student commitment, well-being and turnover intentions.

6.4 Conclusions

6.4.1 The experience of commitment by students

This research programme has provided an opportunity to examine work commitment as it is experienced by students training for the helping professions, with particular focus placed on nursing. Similar to Klein et al's (2012) proposed reduction of the conceptualisation of work commitment, both lecturers and students who participated in the studies reported in this thesis primarily discussed commitment in terms that reflected affective commitment or dedication. Similarly, in study 3 affective commitment showed the strongest relationship with the variables of interest, such as turnover intentions and satisfaction with performance, compared with normative or continuance commitment. It is therefore concluded that student nurses typically perceive and experience commitment as a dedication towards a goal or target, such as the nursing profession.

Student participants in study 2 made frequent comparisons between themselves and fellow students when discussing commitment. This was often a consequence of being asked what behaviours indicated commitment, or what consequences might arise from commitment. In Festinger's (1954) social

comparison theory, such comparisons are made in order to make judgements about one's relative abilities and traits. However, students frequently stated that they were themselves committed, and judged the commitment of others in contrast to themselves. Typically, portrayals of those lacking commitment focused upon a lack of effort and an absence of respect indicated by being late to class and talking during class. Some participants reported being dismayed by the values expressed by a small number of fellow students. Those who were seen as committed, by contrast, were seen as more engaged with learning, putting more effort in, and more committed to professional values. Reasons for joining the programme of study were also sometimes related to commitment. A small number of students claimed that those who sought qualification solely in order to advance their careers lacked the right kind of commitment. By contrast, those who described themselves as training in order to advance within their career emphasised their experience and dedication, and the necessity of qualification in order to make further progress in their chosen profession. Therefore it is argued that students judge the commitment of others based upon expressed behaviours and attitudes in comparison with their own behaviours and beliefs.

Support made an important contribution to how students make sense of their own commitment. As discussed previously, students who participated in studies 2, 3 and 4 referred to poor support as influencing decreased levels of commitment, while positive experiences – such as being made to feel a part of the team – increased their sense of commitment to their chosen profession. The relationship between perceived support and commitment has already been well established (e.g. Guerrero and Herrbach, 2009; Panaccio and Vandenberghe, 2009). This was also further demonstrated by the relationships emerging from study 3. However, the findings of this study extended understanding of the link between support and commitment, by showing that both perceived support and affective commitment were related to or were strong predictors of help-seeking behaviours. This suggests that both perceived support and dedication towards a target or goal, such as qualification as a nurse, promotes engagement with support structures. However, given the correlation design of study 3, any causal interpretations remain speculative.

As was discussed previously, students participating in study 2 were most positive in describing the benefits of peer support. Although many students referred to support from faculty as positive, a few participants noted that support could be difficult to access due to the poor availability of faculty staff, or due to slow responses to emails requesting help. By contrast, problems with availability were not ascribed to peer-support. Furthermore, peer-support was seen as beneficial by students due to the sense of shared experiences. Therefore findings from the present research programme suggest that peer-support is likely to be beneficial to student nurses. Student commitment may promote seeking help from peers, although this speculation requires further longitudinal research.

6.4.2 The social identities of students

As described previously, some preliminary research contacts and some lecturers participating in study 1 questioned whether students would experience commitment to organisations, or whether students would identify more strongly as professionals rather than students. McNally and Irving (2010) note that there has been disagreement amongst scholars regarding whether students should be considered as organisational members, customers, or products. However, students participating in study 2 generally emphasised their professional identities, or described self-concepts that incorporated professional and student identities. Supporting these findings, student nurses participating in study 3 and study 4 tended to identify as both professionals and students, but not as customers of the university at which they are training. Further emphasising the role played by professional identification, this was the only form of identification that was significantly related to affective commitment in study 3. The findings presented in this thesis therefore support the importance of identification to student commitment. Furthermore, it is demonstrated that it matters *how* student nurses identify themselves. While it is clear that professional identification is associated with commitment towards nursing, findings from studies 3 and 4 are less consistent on whether identification as a student is associated with stronger

commitment to the profession. This implies that emphasis should be placed upon ensuring that students identify as professionals.

Study 3 provided further insight into professional identification by finding that this was strongly associated with satisfaction with placement experiences. This may well be because of the saliency of placement experiences to the context specific domain of professional identification. The influence of placement experiences on professional identification highlights the importance of managing student nurse experiences of clinical placements. One key element of clinical placements identified as influencing the experiences of student nurses was the way some members of placement staff were perceived as treating students. It is possible that the behaviours of some staff towards student nurses may represent threats to their social identity. In her review, Petriglieri (2011) notes that threats to social identity have been conceptualised in several ways, but the most widely used definition views social identity threat as the reduction of value to the self-identity compromised. In other words, holding the particular identity is no longer as rewarding as it once was. Petriglieri, drawing upon a range of conceptualisations, defines social identity threat more broadly, as experiences that are appraised as representing potential harm to the value, meaning, or enactment of social identities. Kiger (1993) noted that student nurses sometimes referred to nursing as 'just a job' whilst working in wards that are perceived as having a negative work climate. Student nurses, when faced with nursing staff that they perceive consider them to be nuisances rather than valuable individuals and future members of the profession, may react by distancing themselves from their professional identities.

Consequently, perceptions of negative treatment can influence self-concepts through the process of sense-making of experiences. When students training for a profession believe that they are treated as nuisances, or as at the bottom of the hierarchy, this may reinforce their identity as students, as they may not believe that they are accepted as a professional. This may represent a threat to social identity by restricting the ability of student nurses to enact their professional identity, and making that identity less salient.

6.4.3 How commitment might be enhanced

As discussed, experiences of training have been found to be related to student nurses identification as professionals as well as the extent to which they are committed to nursing. It is therefore argued that the management of commitment in student nurses should be seen as a priority for nurse educators and a vital component of nurse training programmes. The findings from the present programme of research demonstrate that support has strong implications for student satisfaction with training experiences, with levels of affective commitment, and with the propensity to engage with available sources of support by seeking help. It has also been shown in this research that placement experiences are significantly and positively related to subsequent reports of affective commitment. Furthermore, levels of affective commitment and job-related depression-enthusiasm were shown to have decreased significantly, and turnover intentions increased significantly, after a placement. It is therefore argued that the potential threat of placement experiences to affective commitment and wellbeing experienced by student nurses should be recognised and attempts made to manage the risks.

In study 1, two nursing lecturers reported that it was difficult to provide support to student nurses on placement, due to the lack of time available and poor links between the university and clinical areas. Several student nurses participating in this programme of research noted that the level of support offered by qualified nurses during placement was often influenced by their workloads. Heavy workloads often meant nursing staff had little time available to offer mentoring, or this could cause student nurses to be treated as healthcare assistants. Consequently, it is argued that the support students receive is in part dependent on adequate levels of support being available to those involved in their education. Improving the resources available to those involved in the education of student nurses, whether faculty or clinical staff, should therefore have positive outcomes for student nurse experiences.

Previous research has supported the benefits of peer support amongst student nurses (Christiansen and Bell, 2010; Shepherd, 2008; Urwin et al, 2010). This may be because individuals are more likely to seek help from each other when status is equal than when it is unequal (Lee, 1997). Students participating in study 2 were frequently positive in describing support they received from fellow students, this was considered particularly useful in helping them cope with the demands of training. Therefore, interventions that aim to improve student commitment should make use of peer support initiatives. Given that commitment was found to decrease over the course of a placement in study 4, it is argued that an intervention could be implemented immediately following placement experiences when student nurses return to university. Such interventions should specifically address negative as well as positive placement experiences, in order to assist in re-establishing commitment when it has been threatened. Dedicating one class session to reflecting upon experiences after each clinical placement could provide student nurses with the opportunity to express negative and positive feelings, and to solicit advice from their peers on how to approach similar situations in future. Such an intervention could also provide benefits to the personal development of student nurses as professionals. Future work should design such an intervention and test its impact following placement in order to assess the validity of such an approach.

6.5 Work commitment: a return to the problem of consensus

As has been discussed in chapter 1, many scholars have identified the commitment literature as suffering from a lack of consensus (Becker, 1960; Klein et al, 2006; Meyer and Herscovitch, 2001; Meyer et al, 2006; O'Reilly and Chatman, 1986; Scholl, 1981). The problem of consensus has largely been the consequence of insufficient construct clarity. Commitment was originally of interest to scholars as a way of explaining why individuals remain within organisations (Becker, 1960; Klein et al, 2012). Consequently commitment was 'born' a murky construct, overlapping concepts such as retention at an early stage. Becker (1960) noted that early work frequently did not provide a definition

for commitment, or otherwise treated the construct as having an obvious meaning. Becker stated that this led to a number of widely varying usages of the term. Morrow's (1983) influential paper noted that there was a proliferation of commitment concepts, many of which overlapped. Work by Morrow (1983) identified themes in the targets of commitment, while Meyer and Allen (1991) produced a model of commitment that incorporated different approaches to commitment such as side-bet theory (Becker, 1960) and attitudinal commitment (Mowday et al, 1979). However, the three component model has not brought an end to the murky status of the commitment construct. There have been difficulties in distinguishing commitment from motivation (Meyer et al, 2004; Scholl, 1981) from identification (Meyer et al, 2006). Solinger et al (2008) have argued that the three component model is essentially a specific model of turnover.

There has also been disagreement to the extent that affective commitment and normative commitment can be distinguished from each other (e.g. Bergman, 2006; Ko et al, 1997; González and Guillén, 2008; Meyer and Parfyonova, 2010). Meyer and Parfyonova have argued that normative commitment has a dual nature, and may manifest as moral duty or as indebtedness depending on whether affective commitment or continuance commitment dominate. Where Meyer and colleagues have argued that commitment must be clearly delineated from other constructs (Meyer et al, 2004; Meyer et al, 2006), the three commitment mindsets are seen as inter-related (Meyer and Allen, 1991; Meyer, Stanley, and Parfyonova, 2011). In any case, it appears that the three component model suffers from blurred internal, as well as external, boundaries.

The stress and coping literature previously suffered from similar problems relating to construct clarity. Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) noted that definitions of coping often focused upon the outcome, creating a tautology in which the construct of coping was defined by the processes it was developed to explain. As described above, commitment entered the organisational literature as an explanation for employee retention and has subsequently been confounded with other concepts, such as identification and

motivation. Osigweh (1989) has argued that organisational scholarship often creates loosely defined concepts which are thereby difficult to study through specific hypotheses. As with the stress literature, it may be necessary to create a stronger conceptual boundary between commitment and the constructs (i.e. antecedents, correlates and consequences) which are related.

While Klein and colleagues (Klein et al, 2006) previously favoured an open approach to commitment in which rationale and strength were seen as distinct; their more recent critical review (Klein et al, 2012) argues for a reduction in the concept of commitment. Klein et al claim that basic issues such as whether commitment is a behaviour, psychological state or attitude, and whether commitment is volitional or not prevent systematic progress and leads increasingly to questions regarding the uniqueness and relevance of commitment. For example, work has previously been published examining whether it is worthwhile to retain both commitment and motivation (Meyer et al, 2004; Scholl, 1981) as concepts in organisational research. Klein et al (2012) argues that early implicit expectations in commitment theory – particularly that turnover is the outcome of interest – remain embedded within the three component model. Klein et al argues that the inclusive approach of the three component model only makes sense if commitment is synonymous with retention, as this would make all bonds between the individual and a target (e.g. an organisation) a form of commitment. However, if commitment is not synonymous with retention, Klein et al note, then not all bonds tying an individual to a target are commitment. They further argue that treating all bonds (such as side-bets as well as emotional attachment) has resulted in “amorphous [conceptualisations] that lack construct clarity” (Klein et al, 2012: 133). Instead, Klein et al argue that commitment rests within a continuum of bonds ranging from acquiescence (resulting from a perceived lack of alternatives) to instrumental bonds (relating to side-bets), commitment and finally identification with the bond target. For Klein and colleagues, what makes commitment distinctive is that it is volitional and reflects dedication. It remains conceptually distinct from identification because commitment does not involve internalising the target into one’s self-concept (Klein et al, 2012). Klein and colleagues propose that a bond cannot be called commitment unless individuals are aware of the bond, and

choose to dedicate themselves to the target. Klein et al also assert that commitment is a psychological state, rather than an attitude, and is both dynamic and socially constructed within individuals.

Although it has been argued in chapter one that it may be premature to reduce the commitment concept in this way, it is acknowledged that Klein et al's proposals would serve to bring a greater degree of clarity to commitment theory. Furthermore, continuance commitment and normative commitment could be re-labelled to more accurately capture the concepts they represent, while retaining the knowledge that has been gathered regarding these constructs. Reducing the concept of commitment as Klein et al recommend is also likely to correspond with non-scholarly concepts of commitment, which may aid in the communication of research findings. As studies 1 and 2 have shown, lecturers and students typically spoke of commitment in terms indicative of dedication or emotional attachment. Therefore it could be concluded that it would be of benefit to restrict the definition of commitment to one reflecting a psychological state in which individuals are voluntarily dedicated to a target.

Affective commitment was earlier identified as the form of commitment of most importance in the findings presented in this thesis. Affective commitment has also been identified as the basis for the reduced concept of commitment proposed by Klein et al (2012). This chapter will now discuss the management of affective commitment, and the final implications of the present thesis.

6.6 Managing affective commitment

While affective commitment has attracted much research, very few have investigated the antecedents of affective commitment (Morrow, 2011). Morrow reported finding only 58 papers that reported longitudinal studies investigating affective commitment as an outcome. Considering existing evidence that shows affective commitment is associated with many important work outcomes such as job satisfaction (Neininger et al, 2010; Wu and Norman, 2006), job performance

(e.g. Riketta, 2008; Snape and Redman, 2003), and organisational citizenship behaviour (Bentein et al, 2002; Dalal, 2005; LePine et al, 2002) and employee well-being (Study 3 of this programme of research; Panaccio and Vandenberghe; 2009), it is surprising that more attention has not been given to understanding how affective commitment can be managed. Morrow (2011) identified most studies involving commitment as an outcome examined the socialisation of newcomers to an organisation and organisational change (such as internal restructuring or downsizing). Morrow reported that socialisation tactics focusing on social support and mentoring activities showed the most promise in promoting affective commitment. Findings from the present programme of research suggest that attempts to promote peer-support networks might be particularly beneficial.

Approximately half the sample in both study 3 and study 4 reported having no prior experience. Consequently the training programme itself – and in particular the beginning of nurse training – is arguably of the earliest point of socialisation into the nursing profession for a large number of students. Morrow (2011) asserts that individuals enter job roles with the intent of having positive experiences, and that there are no second chances for socialisation to occur. In accordance with the main conclusions discussed earlier in this chapter, it is therefore argued that nurse training programmes should be treated much like an extended socialisation period; and that, where possible, those involved in training student nurses should seek to promote positive experiences that will encourage long-term commitment to the profession.

6.7 Questions raised

This chapter has discussed the findings of this research programme and how these findings may inform future interventions and approaches to commitment theory. However, in the process of conducting this programme of research, some areas for potentially fruitful research have been identified.

Inconsistencies between study 3 and study 4

As has been described previously, some inconsistencies were found between the findings of study 3 and study 4, despite using identical measures on a similar sample of student nurses. Furthermore, while some of these inconsistencies, such as the failure of affective commitment to correlate significantly with perceived support, may be the result of the small sample size in study 4 other findings are more puzzling. For example, while normative commitment did not correlate significantly with perceived support in study 3, commitment significant relationship emerged between these variables at time 1 and time 2 in study 4. Furthermore, the findings of the longitudinal analysis suggested that perceived support causally influenced normative commitment. In study 3, while affective commitment was positively related to both measures of help-seeking, the findings of study 4 highlighted a relationship between affective commitment (using the KUT measure) and emotional help-seeking at time 2 only. Given the wide ranging differences between findings of study 3 and study 4, the conflicting findings must be interpreted with caution. While greater confidence may be placed in the findings of study 3 due to the larger sample and the broad range of HE institutions that were represented, the results of study 4 should not be dismissed. Future work should expand the longitudinal sample in order to examine whether the conflicting findings are related to demographic, attitudinal and psycho-social differences between student nurses recruited in study 3 and those recruited in study 4.

The relationship between continuance commitment and normative commitment

It has been previously argued that commitment should be seen in terms of dedication, (Klein et al, 2012). This would necessitate the conceptualisation of continuance commitment and normative commitment as different kinds of bonds, following a review of what is currently known about these constructs.

As has been reported previously in this thesis, findings regarding the relationship between continuance commitment and normative commitment differ somewhat from the findings reported in other studies. In study 3, continuance commitment

and normative commitment were strongly related. Study 4 replicated this finding cross sectionally at time 1, but not at time 2. As previously noted, where a relationship between continuance commitment and normative commitment is found, the correlation is typically weak (e.g. Lee et al, 2001; Meyer et al, 1993). It has been suggested that normative commitment may have two possible meanings, reflecting moral duty or indebted necessity (Meyer and Parfyonova, 2010). It is possible that both economic necessities referenced in continuance commitment and the sense of duty or reciprocation involved in normative commitment may both be experienced by student nurses as a form of involuntary obligation. This would serve to explain the relationship, but requires testing empirically. Future work should explicitly explore student nurses' perception of involuntary bonds between themselves and the nursing profession. Furthermore, longitudinal surveys could be utilised with student samples across their entire period of training, examining how different bonds with nursing may change in dominance over time and the antecedents and outcomes of any changes observed.

Continuance commitment and turnover intentions

While continuance commitment was not found to be significantly related to turnover intentions in study 4, a significant positive association between these two variables was found in study 3. Such a relationship has been found in previous research on occasion (e.g. Meyer et al, 1993), but it is more typical for continuance commitment to correlate weakly and negatively with turnover intentions (Meyer et al, 2002). It is possible that continuance commitment correlates positively in student nurses due to their status as nurses-in-training rather than qualified nurses, who presumably have a stronger 'stake' in their profession. Schaufeli et al (1996) have argued that student nurses are not yet too invested in the nursing profession to be able to leave. Student nurses, for whom continuance commitment has become salient (representing an awareness of the relative costs of leaving their chosen profession), may be more likely to contemplate leaving their profession at a stage when alternative career choices may remain realistic. Future work could follow students through the transition to early-career nursing to examine whether the relationship of continuance commitment to turnover intentions alters with qualification or the commencement

of one's first nursing post. Qualitative research could also explore student assessments of the costs and benefits of remaining in training. Such work could compare different rationales and arguments to stay and go presented by student nurses at different stages of their training programme.

Images of nursing: theory versus practice

A lack of research examining the possible negative outcomes of commitment has been identified (Becker et al, 2009; Klein et al, 2012; Morrow, 2011). In this thesis it has been suggested that commitment arises from a sense-making process. It has been shown that student nurses draw upon their experiences when developing their commitment. As Klein et al (2012) claim, the psychological bond of commitment rests within the individual. The commitment of an individual to a target is based upon their perceptions of that target, and perceptions of experiences relating to that target (Klein et al, 2006; Meyer and Allen, 1991). In addition to gathering information that allows an individual to determine what their relationship with a commitment target is, the individual also develops and maintains ideas about what the target of commitment *is*. Therefore individuals committed to the same target are likely to differ in their commitment to that target, in part due to the differences in how they perceive the commitment target. For example, one employee may be high in commitment because they perceive their employing organisation to be benevolent and interested in their wellbeing, while another might perceive the same organisation as controlling, and therefore experience low commitment. It has been previously argued that how student nurses see themselves is important. It is arguably even more important how they perceive the nursing profession.

Some participants in study 2 argued that their training programme contained too much theory compared to their more 'hands on' image of the profession. Indeed, two participants identified specific topics that they considered to be inappropriate for nurse training (e.g. sanitation legislation). Some nursing lecturers also expressed concerns about the relative quantity of theory versus practical elements to the training. Kiger (1993) noted that when students perceived a mismatch or lack of fit between their expectations of nurse training and the reality

they encountered, they either adjusted their perceptions or performed a rejection – whether of an element of the training or of the profession as a whole, such as by withdrawing from the training programme. Similarly, some student nurses may be rejecting elements of their training that occurs within the university, and only accepting placement-related experiences as ‘valid.’ A minority of participants throughout this research programme commented that professional practice as taught often differed from what actually happened in the workplace. The unspoken assumption often appears to be that what is taught in an academic setting should conform to what happens in the workplace.

As mentioned earlier in this thesis, the behaviour of educators and placement staff can be a source of information to the sense-making process. This has previously been discussed in the context of social identity, and threats to social identity. However, educators and members of the profession encountered by students can also be powerful role models for developing ideas about what the profession is, or should be, like. This may influence student nurses to become committed to an image of nursing that does not necessarily match the reality – which could have later implications for retention – or which does not meet the changing needs of healthcare provision. However, this potential negative outcome has not been the focus of the present thesis. Future work could explicitly explore possible negative consequences of commitment. For example, student nurses and qualified nurses could be asked to provide examples of what they see as valid or invalid concepts of nursing.

6.8 Strengths and weaknesses

A primary strength of the present thesis was the use of a mixed-method approach. The majority of previous research into commitment has used purely quantitative designs (e.g. Meyer et al, 1993; Panaccio and Vandenberghe, 2009). Becker et al (2009) suggested that qualitative methodologies may be particularly effective means through which to investigate how commitment is actually experienced by individuals, rather than adopting an a priori approach. Further,

qualitative research enables a richer understanding of 'how things work' in a particular context (Mason, 2002). Howie (1988) noted that scholars have often treated quantitative and qualitative approaches as incompatible. Instead, a mixture of methods allows the use of different data to complement each other, and to improve both validity and meaningfulness (Greene et al, 2008). A mixture of methods also allows data drawn from one method to inform decisions about the appropriateness of other research methods (ibid). In the present thesis, data gathered through semi-structured interviews informed the selection of variables to be measured subsequently through quantitative measures and qualitative items. Furthermore, the gathering of qualitative data enabled a richer discussion of the associations between variables that were identified through quantitative methods.

The design of this research programme emphasised the seeking of expert opinion. In the first study, several senior lecturers were interviewed in order to develop a deeper understanding of the professions of interest as well as the training that students undertake. In the second study, students were asked to describe their experiences of training and support, and how these influenced their commitment towards their chosen profession. Participants in study 1 and study 2 were treated as experts from whom the researcher could learn. This qualitative phase provided the rationale for the selection of variables for study 3 and study 4, allowing the quantitative analysis of patterns identified through qualitative work. The use of both qualitative and quantitative approaches enabled a triangulation of data which serves to enhance confidence in the findings presented. While the quantitative methodology provided the ability to recruit large samples and to suggest generalisation of the findings, qualitative data has provided a richer understanding of the context in which commitment develops and is maintained.

This thesis differs from much previous work in its assumption of who should benefit from the research conducted. As Meyer and Maltin (2010) state, most commitment research has focused upon the interests of organisations. The emphasis in much research is placed on identifying (or justifying) the benefits of work commitment to employers. Martin (2002) has argued that much organisational research is undertaken in the interests of manipulating the work

environment to produce outcomes favourable to the management. By contrast, although the present research may have benefits for organisations such as the NHS, it was undertaken with the aim to improve the experiences of training for student nurses, and other students training for caring professions. Hence it is argued that support for students should be increased not only to foster positive outcomes for organisations, but also for the students themselves. In particular this thesis identifies ways in which support might be improved to the benefit of future student nurses.

An area for future growth in the research programme is the breadth of participants recruited for this programme of research. Although the majority of student nurses participating in study 3 were recruited from the University of Bedfordshire, some participants were recruited from other HE institutions. Future work could expand the numbers of participants recruited at other institutions, through data collection in person, in order to provide greater confidence in the application of data to student nurses in general. The ability of the present work to discuss faculty perspectives could also be enhanced by additional interviews conducted with lecturers involved in the education of student nurses at other HE institutions.

The measures used in study 3 and study 4 provide strengths, such as the context specific nature of some scales, but also had weaknesses. They provided the advantage of exploring themes identified through qualitative research, and were designed to be appropriate for the student nurse sample. Furthermore, support and help-seeking measures acknowledged that there were many potential sources of supports for student nurses. However, although these measures were useful in obtaining broad perceptions of support and the propensity of student nurses to seek help, the measures were worded in general terms. Consequently student perceptions of specific forms of support were not measured, nor were different ways students might seek help. Similarly, although satisfaction with experiences of placement and the course was measured, these measures did not address specific facets of experiences of clinical or academic environments. Future work could address this limitation by constructing a more detailed

measure including specific facets of placement or academic experiences. For example, a measure of placement experience should be designed that could address workload, staff behaviours, and opportunities for learning.

Although the present programme of research recruited both senior lecturers and students, it is arguable that the absence of interviews with nurses working in clinical areas may represent a gap in the qualitative data. Given that placement experiences were identified as important to student nurses' commitment and identification as professionals, the perceptions of qualified nurses regarding student nurses and their experiences of mentoring student nurses could provide useful insight. This could also represent an initial stage in designing interventions to improve commitment that could be utilised while student nurses are on placement. Further work could also explore student nurses' perceptions that they are treated as nuisances.

The longitudinal survey used in study 4 suffered from some important limitations. Firstly, the study did not utilise a full-panel design, with the consequence that professional identification could not be tested as a causal influence on affective commitment. Secondly, the sample obtained on the two occasions was limited in size, and this might have resulted in a failure to identify relationships between variables that may have been present in a larger groups. Furthermore, those relationships that were identified should be treated with some caution due to the sample size. The small sample also prevented the use of more sophisticated ways of testing causal models, such as SEM. Further longitudinal studies with larger samples will offer the opportunity to explicitly test alternative models that examine the relationships between commitment and other variables over time, which will assist in clarifying the relationship between perceived support, placement experiences, professional identification, and affective commitment towards the profession and their impact on retention and wellbeing.

6.9 Conclusion

By using a mixed-method approach, and by inductively developing the research based upon participant perspectives, this thesis has offered a novel approach to commitment. Mixed-method approaches enable the use of different methodological approaches to gather different data that complement each other and inform the development of a programme of research (Greene et al, 2008).

The findings from this programme of research indicated that commitment is primarily seen by lecturers and students alike in terms of dedication. Furthermore affective commitment was found to be more strongly related to important variables than was either continuance commitment or normative commitment. Klein et al (2012) have strongly argued that the commitment construct would enjoy greater clarity if the definition of commitment was reduced to a psychological bond reflecting voluntary dedication. Therefore the present author agrees that it is time to reduce the concept of commitment, and to reconceptualise those constructs that are presently referred to as continuance commitment and normative commitment.

While this thesis shows that experiences related to the workplace appear to have the greatest impact on professional identification and affective commitment, this thesis also highlights the importance of support. In particular a 'chain of support' is suggested, in which a lack of resources, primarily time, leads to those involved in the education of student nurses having fewer opportunities to offer support to students. It has been suggested that commitment might be fostered by encouraging peer-support, particularly through reflective sessions addressing placement experiences. Given the greater availability of peers, such interventions have the potential to improve the training experiences of student nurses, and thus improve commitment to the nursing profession.

The primary contribution of this thesis to nurse training is the identification of student commitment as a goal worthy of management in its own right. Commitment has been associated with intentions to remain in training, as well as with seeking help and providing support to fellow students. Consequently, fostering and maintaining commitment to nursing should be explicitly targeted in training programmes. This thesis has also identified that a professional identity is central to students understanding of their commitment and their experiences of training. Consequently this thesis indicates that interventions should take this into account, and encourage students to view themselves as professionals. Finally, through the use of a longitudinal survey, this thesis suggests that the period of a placement provides a rational time lag for the analysis of changes in commitment.

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Appendix 1.1: Information sheet for interview participants

Thank you for your interest in taking part in my research.

I am a PhD research student in the Department of Psychology at the University of Bedfordshire. I am interested in studying the commitment of vocational students for their studies and future career. I am particularly interested in examining how their commitment relates to their experiences on placement, to their reasons for selecting their course, and their perception of their role. How these relate to different kinds of commitment, such as commitment resulting from attachment to an organisation, commitment resulting from a feeling of moral obligation and commitment resulting from necessity (such as economic factors) will also be examined.

While I am interested in student perspectives with regard to these issues, I would like to explore these issues with members of academic staff who teach vocational students. During this interview I will ask you about your experiences in your role and your perceptions of how this may have changed. We will also explore your opinions about the motivation and commitment of current students relating to their training.

The interview should take no more than one hour, and your responses will be kept confidential. The transcript of the interview will not be seen by anyone other than me or my supervisors (Professor Guppy and Professor Kinman). Transcripts will be kept safe in a locked filing cabinet. You will not be identified by name in any work resulting from this session, published or otherwise. Care will be taken in using quotations in written work so that you will not be identifiable.

You have the right to withdraw from this study at any point, for any reason. If you decide at a later time that you wish to withdraw please contact me by email (Andrew.clements@beds.ac.uk) and I will remove your responses from the study.

If you would like to see your transcript and/or a summary of findings of the study, please let me know.

Do you have any questions?

Consent

To indicate your consent to take part in this study, please tick the boxes below as appropriate.

I understand that my participation is voluntary, and that I will experience no consequences if I choose not to participate:

I understand that I have the right to withdraw from this study at any time:

I understand that my anonymity will be preserved, and that I will not be identified in any work derived from this interview:

Signed:

Appendix 1.2: Study 1 Semi-structured Interview Questions

- 1) What is your current occupation?
- 2) What is your background in nursing?
- 3) What motivated you to choose your career?
 - To what extent did nursing live up to your expectation?
 - To what extent did you achieve what you wanted to as a nurse?
- 4) What do you think the role of a nurse is today?
 - Do you think the role has changed? How so?
- 5) What do you see the key changes in training, compared to when you trained?
- 6) Do you think that there have been changes in student nurses?
E.g.: demographics, skills, attitudes, motivation
 - Do you think that students are more committed, less committed, or about the same committed to their studies?
 - Do you think that students are more committed, less committed, or about the same committed their future careers?
 - Are they committed in a different way than past nursing students?
 - How do they show their commitment?
 - What do you see as the differences and similarities between current students, and yourself and your peers when you were in training?
 - What motivations do you perceive current students as having for choosing their careers?
 - How might the motivators of current students be different?
 - To what extent do you think student motivations impacts patient care?
- 7) What experiences of the workplace, i.e. through placement, do you think have the greatest meaning and impact for students in terms of their commitment (to nursing) and retention?
- 8) What qualities and skills do you think students need to succeed in training to be a nurse? How about for their future career?

- 9) Do you think that any changes are needed to improve training and/or retention? If you had complete freedom to implement up to *three* changes to the course/ training programme, what would you do?
- 10) [Show Lee et al (2001) organisational commitment measure] These are some items that I may use in a future survey of nursing students. Do you think that these questions are applicable to students? What do you feel may be appropriate or inappropriate about these items?
- 11) Are there any other types of commitment that you think are relevant to student nurses today?
- 12) Are there any ways in which the training process (academic and on the job) might enhance the type of commitment to the job that you believe will enhance performance and job satisfaction?

Appendix 1.3: Lee et al (2001) measure of organisational commitment

Affective commitment

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
I really feel as if this organization's problems are my own							
I do not feel a strong sense of belongingness to my organization							
I do not feel emotionally attached to the organization							
I do not feel like part of the family at my organization							
This organization has a great deal of personal meaning for me							

Continuance commitment

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
I feel that I have too few options to consider leaving this organization							
One of the few consequences of leaving this organization would be the scarcity of alternatives.							
For me personally, the costs of leaving this organization would be far greater than the benefit.							
I would not leave this organization because of what I would stand to lose.							
If I decided to leave this organization, too much of my life would be disrupted.							

Normative commitment

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
I do not have any obligation to remain with my current employer							
Even if it were to my advantage, I do not think that it would be right to leave my organization now.							
I would not feel guilt if I left this organization now							
If I got another offer for a better job elsewhere I do not think that it would be right to leave my organization							
I would violate a trust if I quit my job with this organization now							

Appendix 1.4 Thematic Analysis Codebook

This codebook presents a list of the themes identified in thematic analysis. Each theme is named and described, along with a guide to assist in identifying when a theme occurs in the transcript.

Commitment

This theme covers discussion of commitments themselves. What participants feel themselves to be committed to and why, how they feel about the targets of these commitments, and how they balance out commitments.

This theme occurs when participants discuss whether, and to what extent, they consider themselves and others to be committed, the impact and effects of commitment, and occasions where competing demands are made upon them. For example, any time when a participant discusses the impact of training on family life would be an example.

Examples:

“I mean if you look at the cohort that I trained with, we were all between 18 and 21. None of us were married, none of us had children. Whereas now we get students straight from sixth form or straight from college at 18, up to 50 years of age, we have single mothers, we have people travelling huge amounts of miles... we have students living in London, in Kent... they have other commitments so they're juggling [training] and family life.”

“I would say...commitment is very high in year 1. And those who’ve made it to year 3, which is most of them, have commitment, is high in year 3. It tends to drop a bit in year 2.”

“We have students that arrive on placement and say they can’t work shift patterns because they’re single parents, got to get home to their children...”

“They need to be committed, they need commitment. Both to, um, their, their course of study they’re about to engage on, but to the profession. And that involves being committed to the professional values.”

Joining the Profession

This theme relates to the motivations that participants give for wishing to join their prospective profession. This theme will also encompass the perceived motivations participants give for others wishing to join the profession. An ambiguous or negative example of this theme may occur if participants explicitly refer to a lack of reason for their decision.

Examples:

“My sister had started her nurse training, so I thought I’d give it a go. So I trained to become a nurse and... and... the rest is history as they say.”

“I suppose the motivation is um, an interest which ... amounts to nosiness really about what makes other people tick and about their lives... and what goes wrong and right in their lives – particularly what goes wrong in peoples’ lives, it’s fascinating to me. Um... and that’s kind of kept me going, you know... working with people with learning disabilities... it’s a fascinating area.”

Enjoyment

This refers to enjoyment relating to the profession itself, or the environment in which the work is undertaken. This theme also includes 'fun,' although this may be a sub-theme. This theme may also be thought of as job satisfaction. The theme can also relate to enjoyment of university/ the training itself.

This theme occurs where participants discuss enjoying their work, having fun at work or with colleagues, and when they discuss what about work they find satisfying or enjoyable. Negative examples of this theme occur when participants discuss things they do not enjoy or distressing events.

Examples:

"Um...patients are patients, and, patients never change. They are now what they were in the seventies. And that's the side of the job that I really enjoy. And that's living up to expectations."

Negative example:

"Well...we used to have shed loads of fun really. Frivolities and stupidity. But you're not allowed to do now, because A) they don't have the time..."

Negative example:

"...the large proportion of our students are mature students. Which makes a difference to their experience of university life. Most of them pack up at the end of the day and go home. They don't hang about and enjoy... university life, like the... 18-21 year olds probably do. So it's a different experience for them... and I think that, to an extent... their commitment to the university, and the experience

of studying... is diluted by their outside life, and their commitment to their outside life.”

(Note: the above example could also be included within ‘balancing commitments’)

Defining the Profession

Refers to parts of the transcript in which the interviewee is describing how they see the profession. This will encompass the purpose of the role as well as professional values which the participant considers to be part of the profession.

This theme may also be apparent when participants express a concern over the profession changing from what they think it *should* be, or moving the profession further towards what they think it should be.

Examples:

“The role of a nurse is...the nurses when I train, I think in terms of ‘who are your patients?’ the best care that you can... the provision of healthcare”

“They need to be committed... Both to... their course of study they’re about to engage on [and] to the profession. And that involves being committed to the professional values. ...The profession has a very... strong identity... It has... very clearly defined values and codes, which social workers must abide by. And some of those relate to personal beliefs. So right at the beginning we have to check out things relating to personal belief systems, because...you cannot be a social worker and... be... discriminatory or oppressive.”

“I’d agree that the situation nowadays in terms of staffing levels etc. um...prevents nurses from really doing what they went into the career to do in terms of hands on patient care.”

“...we have a lot of students, which is not anything ever happened in [the Seventies] that tend to want to do the managerial things like drug rounds, doctors rounds... [not the] hands on care which are the essential skills.”

Stories of the Profession

This refers to presentations of the profession in various forms. Principally this refers to portrayals in media stories and stories told by individuals to each other. Stories relating the profession might originate within the profession (e.g.: from workers, lecturers, and students) or from without (such as members of the public and the media).

This theme occurs when participants discuss how the profession is presented in stories, as well as aspects of the profession and organisations associated with the profession (such as hospitals in healthcare). Occurrences may be distinguished from ‘defining the profession’ in that defining extracts will relate to what the profession is ‘about’, whereas stories of the profession may relate to what it is like doing the work, or about well known incidents.

Examples:

“...if you think about... high profile scandals in the last... ten years or so, particularly in the child protection line... The latest being ‘Baby P.’ Before that Victoria Climbié, and back into history... People who apply to be social workers are not put off by... the bad press that social workers get. You’d think nobody

would want to be a social worker again, because social workers always get blamed...”

Student identity and belonging

This theme refers to the ways in which students see their own identity or ‘where’ they belong. Do students primarily see themselves as belonging to the university, or to the placement? Do they place emphasis on the academic or the ‘practical’ elements of training?

Examples:

“[Students are] allied to the university. They’re not really allied to any health organization...”

I think they see themselves as belonging to where they are, sometimes, at the time. But they don’t have that sense of... hospital loyalty that we had when we trained. Because we worked for the hospital, in the hospital. We lived in the hospital. ...Um...so...I don’t, I don’t know. I’ve never asked students where they feel their loyalty...do they see themselves as healthcare workers linked to the hospital that is their key training hospital?”

Support

This refers to the support students receive from a variety of sources, including faculty, organizations and staff, friends and family, and other students. This theme occurs whenever participants discuss the support received, how much there is, and how effective it is. This theme can also be used to describe those who have newly qualified, for example in discussing how prepared they are for their new occupations. Although many extracts will be drawn from student

interviewees, faculty interviewees will also comment on support given to students.

Positive examples occur when participants describe effective support or provision of support. Negative examples occur when participants describe support as lacking or maladaptive. Other negative examples may include 'the system' itself being responsible for stress or strain (this example may also be included in the prevention of work theme if 'the system' is described as making core work more difficult/ providing work that is not a core task). Examples of being treated poorly or being bullied will also be treated as negative examples.

Note: if a participant describes themselves as not requiring support, this theme may also be said to occur.

Examples:

"I think a good practice assessor, who can teach as well as assess, um...and who makes the most of the experiences that are available on a placement...make a difference."

"...we do pride ourselves on... giving a huge, giving a huge amount of support. We make very personal relationships with our tutees. And we do give them a huge amount of support. That's partly because...that the stakes are very high. Students have to pass every single element of the social work course."

Appendix 1.5: Study 1 summary for participants

Eight senior lecturers from three faculties (nursing, social work, and teacher education) were interviewed regarding their perceptions of the professional role for which their students are training, the training itself, and issues relating to student commitment.

The choice of qualitative methods was a response to a review of the literature suggesting that the commitment measures originally selected for a survey would not be relevant to the student samples. Research contacts also suggested that it was not certain that students were necessarily committed to workplaces due to the nature of their roles. Therefore this study has been exploratory in nature.

Eight groups were developed to organise the themes arising in the interviews:

- Role
- Allegiance
- Balancing Commitments
- Hard Work
- Standards
- Support
- Outsider Perceptions
- Enjoyment

Some themes were driven more by particular groups (Outsider Perceptions was associated with extracts from members of the Social Work faculty; Enjoyment had much of its unique content provided by members of the Nursing faculty). This is not to say that these themes do not relate to other professions, only to acknowledge their source in this particular study.

In order to be 'reader-friendly' I will restrict myself to making a few comments on each theme, before making a short conclusion. If you wish to ask specific questions, or would like further detail, please contact me at andrew.clements@beds.ac.uk

Role:

- The nursing role was understood in terms of healthcare provision, unsurprisingly. Changes in the role were noted as relating to increased administrative work, and in opportunities for specialising.
- Social work was spoken of in terms of social justice and achieving change, by empowering individuals and families.
- Teaching was spoken of as 'facilitating' learning, but also as having a 'performance' aspect. For example, teachers may be required to portray enthusiasm for an activity that they do not enjoy in order to engage pupils.

Allegiance:

- Nursing participants disagreed over whether students would be more allied to the hospital or the university. Two participants expressed concern that students no longer identified with the hospital/s.
- Social work participants generally saw the profession, rather than organizations, as the focus of their commitment. Two participants said that they had left organizations because of a conflict with professional values.

Balancing Commitments:

- 'Juggling' family life with the training and classroom commitments was considered a major issue.
- Changing demographics (i.e.: more mature students) closely linked to this theme, as they were more likely to have problems with work-life balance.

- Some participants suggested that demands on time from course and family commitments made the students 'unlike' other students.

Hard Work:

- Nursing and social work participants both noted that the workload could 'wear down' those who had qualified.
- One social work participant noted that high workload could detract from learning on placement (i.e.: no time to understand tasks, etc).
- Nursing participants noted that patients no longer recover in hospital. All the patients on ward require intensive care, thus increasing the workload.
- One teaching participant suggested 'burdensome' workload made teachers less likely to embrace new pedagogies.

Emotional labour was also described:

- Potential for traumatic events in occupations: e.g.: deaths, tragedies, etc. (e.g.: patient deaths in nursing, Baby P for social workers).
- Could also be a positive: 'powerful' events that aid the development of students and professionals.
- One teaching participant noted that the role had a 'performance' aspect, e.g.: having to demonstrate enthusiasm which might not necessarily be felt, and convey this to pupils.

Standards:

- A number of participants remarked that paperwork was burdensome. Some argued that paperwork stopped people from doing their jobs.
- Two social work participants noted that tick boxes etc. did not always prevent tragedies. One noted that paperwork could be used to obfuscate mistakes.
- One teaching participant noted while demands could be excessive (e.g.: tick boxes) suggested that there was a need for standards, and that there was a move back towards greater freedom (to an extent).

- Participants noted that there was less teaching time, so what was taught was 'diminished.' One social work participant noted that the 'diminishment' of teaching was a result of having to focus on reaching targets.
- Nursing participants noted that the training used to involve more practice hours.
- Social Work participants tended to be more concerned about the depth of teaching given.
- Participants from social work and nursing noted that 'keeping practice up' was important for faculty, so that they would be teaching from experience.
- One social work participant noted that they went into teaching in order to pass on values, to fight finance-led/ discriminatory decision making by organizations.
- Social work participants as explicitly discussed values as being important.
- Some concerns by social work and nursing participants that raising academic requirements might keep out good workers.
- One nursing participant was concerned that this would 'reinforce' managerial expectations by nursing students, i.e.: that hands on care was HCA work.
- However, there was also ambivalence. Many of those concerned about keeping out good workers were also keen on having 'better' students.

Support:

- One teaching participant noted that support for needs (e.g.: learning difficulties) was important.
- Mentors were frequently cited as the most important element in a successful placement: for teaching, but also to make sense of tasks and how they relate to the role, etc.
- Support for emotional events (e.g.: a death) was considered important.
- Some nursing participants noted that relationships between students and ward staff, consultants etc. was not always what it should be.

- Support role of faculty was noted by several participants, such as providing emotional support and motivation for students after they did poorly on an assignment.
- Some participants noted that students did not always seek the help that they needed. Conversely, one nursing participant suggested that students sometimes sought help for problems they should resolve themselves, as part of their development. This may suggest a conflict of expectations on the part of students and those who train them.
- Some participants from both the nursing and social work faculties suggested that newly qualified workers were not always confident in their skills/ prepared for the work, and that support for the newly qualified may be helpful.

One problem area in support was that groups involved in the training of students (or in setting guidelines and standards) sometimes conflicted:

- Government: e.g.: one SW participant noted that government demanded target driven approach to teaching.
- Both social work and nursing participants noted that university expectations of how things should be run clashed with what was relevant/ useful etc. to the profession. This seemed to have major presence in the theme. This is largely the result of universities being oriented toward an academic model which fits the majority of courses, but interacts awkwardly with professional courses which have different structures and requirements.
- One nursing participant noted that clinical assessors would often not fail students until final placements. It was reported that these assessors would often 'pass the buck' by giving passes to students who had not demonstrated their competences. As a consequence weaknesses in skills can go unnoticed until students are soon to qualify.
- The same nursing participant claimed ward staff sometimes saw link visits as faculty spying on them.

Outsider Perceptions:

- Mostly reflects media portrayal, but also encompasses public opinion.
- One social work participant noted that social workers don't always tell people what their job is, as a consequence of negative reactions from members of the public.
- One argued that sensationalist media could play an 'undermining' role.
- Another remarked that some were probably put off social work, but that those who embarked on training may well see themselves as able to 'do better' than those involved in the scandals.

Enjoyment:

- Participants from all faculties noted satisfaction gained from job itself.
- Two nursing participants commented that the 'fun' was gone. Examples provided referenced food and drink on special occasions and harmless mischief.

Future Research

In order to compare perspectives provided by faculty, students will be asked to take part in focus groups and individual interviews. Of interest will be how they perceive commitment as developing and changing over time, but also their perspectives on issues raised by members of faculty.

Conclusion

I regard the themes of this initial study as generally relating to support for students in training, as well as qualified workers, and demands or standards which students and qualified workers are expected to meet. Mentors were identified by participants as being one of the key forms of support for students training for professional qualifications. While there are heavy demands on

students in terms of workload, the greatest threats to their performance and commitment may take the form of support structures that need improvements. In light of this, students will be asked to discuss what supports they value, whether they feel that the support systems work, and what demands they experience most pressingly.

Appendix 2.1 Information sheet for interview participants

Thank you for your interest in taking part in my research.

I am a PhD research student in the Department of Psychology at the University of Bedfordshire. I am interested in studying the commitment of vocational students for their studies and future career. I am particularly interested in examining how their commitment relates to their experiences on placement, to their reasons for selecting their course, and their perception of their role.

I would like to invite you to take part in a group interview. During this interview I will ask you about your training experiences, both in the classroom and on placement. I will also ask you about your opinions on the support you receive from the university, members of faculty, and organisations where you have practice placements.

The interview should take no more than one hour, and your responses will be kept confidential. The transcript of the interview will not be seen by anyone other than me or my supervisors (Professor Guppy and Professor Kinman). Transcripts will be kept safe in a locked filing cabinet. You will not be identified by name in any work resulting from this session, published or otherwise. Care will be taken in using quotations in written work so that you will not be identifiable.

You have the right to withdraw from this study at any point, for any reason. If you decide at a later time that you wish to withdraw please contact me by email (Andrew.clements@beds.ac.uk) and I will remove your responses from the study.

If you would like to see your transcript and/or a summary of findings of the study, please let me know.

Do you have any questions?

Consent Form

To indicate your consent to take part in this study, please tick the boxes below as appropriate.

I understand that my participation is voluntary, and that I will experience no consequences if I choose not to participate:

I understand that I have the right to withdraw from this study at any time:

I understand that my anonymity will be preserved, and that I will not be identified in any work derived from this interview:

Signed:

Appendix 2.2 Semi-structured interview questions

- 1) Tell me about how you are finding your course?
 - What do you enjoy about your course?
 - What do you find difficult about your course?

- 2) What would you say attracted you to your course?
 - What influenced you?
 - Were you inspired by a role-model, a previous experience, personal values, etc?

- 3) Students training for nursing/ midwifery spend time in both university and places of work. Some may identify more with the university as a student, while others may identify more with organizations where they have been on placement. To what extent do you see yourself as 'belonging to' any particular group?
 - Do you see any one as more important?
 - Do you see yourself as belonging to multiple groups?

- 4) Very briefly, and in your own words, what do you think it means to be a nurse/midwife? How do you see yourself in relationship to what it means to be a nurse/midwife?
 - In terms of the role, your identity as a nurse/midwife.

- 5) Can you please recall one or more incidents that have had an impact on your motivation for your course? These can come from experiences in the classroom or on placement. If possible, think of both positive and negative examples.

- 6) Some students appear to others to be very committed, whilst others appear to be less so – what are the qualities and behaviours of a committed student and a less committed one?
 - What is the likely impact on training experiences for a committed student?

- What aspect of the nursing/midwifery role do *you* think a typical student on your course would be most or least committed to?
- 7) To what extent are you happy with the support that you get in your development as a future member of your profession?
- How about the support you get for your academic development?
 - To what extent do you feel supported through difficult times in your training?
 - What additional support would help you (if any)? In which way would this help? What might help you feel more committed to your future profession? What might help your motivation?
- 8) When you imagine an ideal nurse/midwife, what qualities do you see them as having?
- What behaviours do they show?
 - What about their levels of commitment? What might strengthen or weaken this commitment?
 - How did you develop these ideas? What sources did you draw on (e.g. personal experience of care, media, reading, earlier educational experiences, etc?)
- 9) To what extent do stories about the profession (or members of the profession) matter to you? These stories might appear in news media, or might be told to you by friends or colleagues, for example. Can you think of any examples?
- Which sources are important to you?
 - Where do you get the most information? Which sources do you consider credible?
 - What kind of effect do positive and negative stories have upon you, if any?
- 10) Nursing/midwifery can be very enjoyable as well as demanding. To what extent do you expect to enjoy your job?
- What do you think would influence your job satisfaction?
 - To what extent do you expect to have fun/ enjoy your work?

- In which way would you like to have fun at work?
- Could you give an example of a time you had fun at work?
- How did that affect how you see the job?
- In what circumstances are you more likely to have fun? (e.g.: with particular people, in particular places, or doing particular activities?)
- To what extent does having/ not having fun impact on your commitment and motivation?

11) Finally, is there anything you are looking forward to when you qualify?

Thank you for your time. You have been very helpful!

Appendix 2.3: Study 2 research summary for participants

This study was the second part of a research programme examining commitment in students training for midwifery, nursing and social work. Sixteen students were interviewed in total. Of these, seven were social work students, four were midwifery students, and five were nursing students. Participants were in either their second or third academic year. Of the social work student participants, five (71.4%) were in their third academic year. Of the nine healthcare students, five (55.6%) participants were in their third academic year.

Whilst most participants were female, two were male. Transcripts from these interviews were analysed, and a number of common themes were developed. A brief summary of the main issues are provided for each of the themes below. If you have any questions, the main researcher can be contacted at Andrew.clements@beds.ac.uk.

If you were a participant in this study, I would appreciate it if you could let me have your comments about this summary of the findings; I am particularly interested in how accurately you feel this describes your experiences of training.

Commitment

- Commitment was usually discussed in terms of dedication to the chosen profession.
- Commitment is related to personal resources, such as time and energy. Those who reported having children, for example, referred to the impact of study and placement work on family life.
- Commitment as a 'front'. Some mentioned that a student could outwardly appear committed when this was not actually the case, or vice versa. Others referred to the external signs of commitment where it could be demonstrated by regulating appearance, for example by dressing professionally or displaying 'appropriate' emotions.

- Strength of commitment. Participants generally saw fellow students on the course as being highly committed. Those who were less committed were seen to be in the minority.
- Impact of lack of commitment. Participants were often worried about the lack of commitment in this minority. This often reflected concerns over the negative impact these individuals could have once they enter the profession.
- Responsibility for commitment. Participants usually emphasised that the individual was responsible for their own levels of commitment to the job. One participant, however, suggested that low commitment could be in part related to negative experiences in training.

Joining the Profession

- Values. When discussing their motivation for joining the profession, participants often referred to altruistic values/ wanting to work with people.
- Previous experience. Most participants had some prior exposure to their chosen profession. This experience involved working alongside qualified members of the profession, or being a 'client' (e.g.: patients/service users). Participants on healthcare courses often reported experiences of healthcare as influencing their choice of profession. Social work students reported experiences of working with social workers as influencing their career choice.
- Role models. A number of participants referred to particular role models who had inspired them with good practice. Some participants, however, noted that they had been motivated to join the profession by personal experience of bad practice and a wish to do better.
- Some healthcare participants noted that their choice of professional course had been relatively spontaneous. They had read about the course

in a prospectus or attended an open day, and found the course and profession appealing.

- A small number of participants referred to a need for a formal qualification in order to progress in their careers.

Enjoyment

- Enjoyment and having fun at work was described as a way of coping with aspects of the job that were challenging or unpleasant. Most participants anticipated enjoying their job, although some said that this would depend on where they were employed and what kind of work they did.
- Participants were divided on whether it was appropriate to have 'fun' at work. Some felt that this would not be professional, but others anticipated having fun through social interactions with colleagues.

Defining the profession

- Participants training for a career in social work emphasised the values of their profession such as empowering service users and the need for open-mindedness.
- Nursing and midwifery participants emphasised the importance of providing the best possible care to patients.
- A number of participants from midwifery said that they saw midwives as being more autonomous and having more responsibilities than nurses.

Stories of the Profession

- Stories told by fellow students, lecturers, and professionals were generally used to present an opportunity for learning or sharing information.
- Media outlet stories, or public perceptions of the profession, were generally said to be inaccurate or distorting, although some 'good' sources were noted.
- A number of participants from social work and healthcare, reported negative personal experiences which they attributed to media portrayals and public perceptions. These usually involved negative social interactions with friends and family, although some intimidating behaviours from members of the public were also mentioned.

Student identity and belonging

- The majority of participants tended to identify themselves as professionals rather than students.
- For several participants, a sense of identity was influenced by perceptions of their own competency. For example, some participants who felt that they did well in placement said that this strengthened their professional identity.
- A number of participants stated that they were more 'practical' than academic, and many noted that they enjoyed placements more than lectures, as they were actually doing the work they were being trained to do.
- A number of students drew a distinction between university and placement learning. While many participants valued the information covered in lectures, a few questioned the relevance of some of this material to the job itself

Support

- Participants varied in how they rated the support received from those involved in their training. While many felt that faculty were supportive, several participants were unhappy with the support they had received from the university or faculty.
- Some said that they had not received much support from faculty, but acknowledged that they had not actually needed it. Some participants reported feeling excluded by staff in placement areas. Some of these reported being more readily accepted in their final year of training.
- Many participants said that it could be a matter of luck whether they had good or bad mentors in placement.
- The majority of participants were very positive in describing the support they had received from fellow students on their course.
- Family and friends were usually described as providing emotional support, but many noted that their understanding of the experiences they went through in training was limited.
- Some social work students experienced a lack of support from friends or family regarding their choice of profession.

Conclusion

- High levels of commitment to their chosen profession were found amongst participants in this study.
- Participants strongly identified themselves as professionals.

- Perceptions of support from students and faculty were influenced by availability. Opinions about support from mentors or placement staff focused on the quality of social interactions.
- Students varied in how much influence they felt they had upon their training experiences. Displaying a professional attitude was the most common example of how a student could influence the way placement staff treated them.
- Negative public perceptions and media portrayals of professions had a negative impact upon the experiences of several participants. In a healthcare setting this was related to behaviour from patients or relatives of patients. Some social work participants experienced negative social interactions with friends, family, and members of the public.

Appendix 3.1: Factor loadings for help-giving measure (pilot study)

	Component 1	Component 2
I have too much work of my own to help fellow students	-.244	.695
I always make time to help out fellow students	.846	.311
I often help fellow students	.888	.123
I enjoy helping out others on the nursing course	.820	.100
Most students who ask me for help don't put enough effort in	-.379	.824
I feel that helping other students is the right thing to do	-.172	-.146
Other students ask me for help too often	.003	.702

Table 13: Factor loadings for help-giving measure (pilot study)

Appendix 3.2: Student Nurse Survey

Information Sheet

Thank you for taking part in this study. The aim of this study is to learn about the experiences and work-related thoughts of those training to become qualified nurses. You have been asked to take part because you are training for a nursing qualification.

Confidentiality:

The information that you provide will be kept entirely confidential. Although the results will be discussed within my thesis, and possibly in subsequent published work, **no** individual participants will be identified in any work arising from this survey. Furthermore, completed forms will be kept securely by me, and not made available to anyone outside of my supervisory team within the Department of Psychology. **Nobody who teaches you or assesses your work will have access to the information you provide.**

Your rights:

You are not obliged to participate in this survey. If you choose not to do so there will be no negative consequences. Furthermore, if you do decide to take part, you may withdraw at any time without consequence. If you do not wish to give the completed questionnaire to me, you may keep it instead.

Personal distress:

If any aspect of this study should cause you distress, the University of Bedfordshire provides a confidential counselling service. The counselling service contact details are provided below.

Bedford:

Telephone: 01234 793 333

Email: counsellingbedford@beds.ac.uk

Luton:

Telephone: 01582 489 338

Email: counselling@beds.ac.uk

Careers advice:

If you wish to gain professional career advice, the University careers service can be contacted at **01582 489293** or nextstep@beds.ac.uk.

If you have any questions about this study, you may contact me at Andrew.clements@beds.ac.uk

If you wish, you may tear off and keep this information sheet.

Consent Form

Please note that this consent form will be detached from your completed questionnaire. While I will be able to show that you took part in this study, your responses will not be associated with your identity.

Declaration of Consent

I have been informed about the aims and procedures involved in the experiment I am about to participate in.

I reserve the right to withdraw at any stage in the proceedings. If I do so I understand that any information that I have provided as part of the study will be destroyed and my identity removed unless I agree otherwise.

Name:

Signed:

Date:

Section One: General Details

I would be grateful if you could supply an email address. This will only be used to **contact** you for the second stage of this survey, and to link your two responses. All information you provide will be strictly confidential. **The email address does not need to be your university address.**

Email address:

Gender: Female **Male**

Age:

Course type (please tick as appropriate): Diploma **Degree**

Ethnicity: Please tick [] the option which best describes your ethnic group:

White	Asian or Asian British	Black or Black British
<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African
<input type="checkbox"/> Other White background	<input type="checkbox"/> Other Asian or Asian British background	<input type="checkbox"/> Other Black or Black British background
Please specify:	Please specify:	Please specify:

Mixed	Chinese	Any Other Background
<input type="checkbox"/> White and Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Ethnic Group
<input type="checkbox"/> White and Black Caribbean		Please Specify:
<input type="checkbox"/> White and Black African		
<input type="checkbox"/> Other Mixed background		
Please specify:		

When did you begin your current nurse training? (Please give month and year)

Do you have previous experience working in healthcare (paid or unpaid, circle the appropriate answer)? Yes No

If you answered 'Yes,' please briefly state below what kind of work you did (e.g.: healthcare assistant) and for how long:

Please tick this box if you would like to receive a summary of my research findings:

Section Two: Your Training and Profession

This section asks you a number of questions about how you feel about your training and the nursing profession in general. For each row, or item, please tick the column which you think most accurately represents your experience during your training.

Warr's (1990) work-related affective wellbeing measure

Thinking of the past few weeks, how much of your time has your training made you feel each of the following?(for each mood tick the one response that most applies to you)

	Never	Occasion-ally	Some of the time	Much of the time	Most of the time	All of the time
Tense						
Uneasy						
Worried						
Calm						
Contented						
Relaxed						
Depressed						
Gloomy						
Miserable						
Cheerful						
Enthusiastic						
Optimistic						

Klein et al's (2011) KUT commitment measure

	Not at all	Slightly	Moderately	Quite a bit	Extremely
How committed are you to nursing?					
To what extent do you care about nursing?					
How dedicated are you to nursing?					
To what extent have you chosen to be committed to nursing?					
How responsible do you feel for your profession?					

Meyer et al (1993) affective commitment scale

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
Nursing is important to my self-image							
I regret having entered the nursing profession							
I am proud to be in the nursing profession							
I dislike being a nurse							
I do not identify with the nursing profession							
I am enthusiastic about nursing							

Meyer et al (1993) continuance commitment scale

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
I have put too much into the nursing profession to consider changing now							
Changing professions now would be difficult for me to do							
Too much of my life would be disrupted if I were to change my profession							
It would be costly for me to change my profession now							
There are no pressures to keep me from changing professions							
Changing professions now would require considerable personal sacrifice							

Meyer et al (1993) normative commitment scale

	Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree
I believe people who have been trained in a profession have a responsibility to stay in that profession for a reasonable period of time							
I do not feel any obligation to remain in the nursing profession							
I feel a responsibility to the nursing profession to continue in it							
Even if it were to my advantage, I do not feel that it would be right to leave nursing now							
I would feel guilty if I left nursing							
I am in nursing because of a sense of loyalty to it							

How satisfied are you with your experiences of:

	Very dissatisfied	Dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Your course					
Working in clinical areas					

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I see myself as a professional					
I see myself as a student					
I see myself as a customer of the university					

Have you had any experiences in the last few months that made you feel more committed to nursing? If so, please briefly describe them below:

Have you had any experiences in the last few months that made you feel less committed to nursing? If so, please briefly describe them below:

Section Three: Support

To what extent do you are you satisfied with the support that you get from each of the following sources? For each source of support please tick the appropriate column.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Lectures					
Placement experiences					
Your personal tutor					
The nursing faculty in general					
Placement mentors					
Placement staff in general					
Other students on your course					
Your family					
Your friends (other than students on your course)					

If you were having trouble understanding something taught on your course or needed more general advice relating to the course, how likely would you be to seek help from each of the following? For **each** source of support please tick the appropriate column.

	Very unlikely	Unlikely	Somewhat likely	Likely	Very likely
Nursing faculty					
Fellow students					
Personal tutor					
Placement staff					
A friend who works in the profession					
Friends/family					

If you needed **emotional support** to cope with a troubling experience during your training, how likely would you be to seek each of the following for help? For each source of support please tick the appropriate column.

	Very unlikely	Unlikely	Somewhat likely	Likely	Very likely
Nursing faculty					
Fellow students					
Personal tutor					
Placement staff					
A friend who works in the profession					
Friends/family					

For each of the statements below please tick which column you feel represents the extent to which you agree or disagree with the statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I always make time to help out fellow students					
I often help fellow students					
I enjoy helping out others on the nursing course					
I feel that helping other students is the right thing to do					

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have too much work of my own to help fellow students					
Most students who ask me for help don't put enough effort in					
Other students ask me for help too often					

Do you think that support given to students on your course could be improved? If so, please briefly describe what improvements you think could be made.

Section Four: Final Questions

Please rate the extent to which you agree or disagree with the statements below:

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I no longer want to work in nursing					
Nursing no longer appeals to me					
I do not intend to work for long in nursing					
I regret starting to train for nursing					

Please rate how satisfied you are with your own performance:

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Performance on academic work					
Clinical performance					

Do you have any final comments in relation to your experiences of training that have not been addressed by the questions in this survey? I would be grateful to read your comments.

The survey is now complete. Thank you for participating!

Appendix 3.3: Study 3 participant ethnicity

Ethnicity	Participants	Percentage of sample
White British	131	60.9
White Irish	4	1.9
White Other	2	.9
Asian Indian	3	1.4
Asian Pakistani	4	1.9
Other Asian or Asian British	3	1.4
Black Caribbean	5	2.3
Black African	43	20
Other Black or Black British	2	.9
Mixed White and Asian	4	1.9
White and Black Caribbean	5	2.3
Other Mixed background	6	2.8
Chinese	1	.5
Other	2	.9

Table 14: Ethnicity of participants in study 3

Appendix 3.4 Higher education institutes attended by participants in study

3

HE Institute	Participants	Percentage of sample
University of Bedfordshire	126	58.6
King's College London	26	12.1
University of Nottingham	17	7.9
Middlesex University	12	5.6
Swansea University	10	4.7
University of Liverpool	6	2.8
University of the West of Scotland	2	.9
Edinburgh Napier University	2	.9
Anglia Ruskin University	1	.5
Cardiff University	1	.5
Coventry University	1	.5
De Montfort University	1	.5
Edge Hill University	1	.5
Kingston University London	1	.5
London South Bank University	1	.5
University Campus Suffolk	1	.5
University of Hertfordshire	1	.5
University of Leeds	1	.5
University of Northampton	1	.5
University of Northumbria	1	.5
University of York	1	.5

Table 15: Higher education institutions attended by participants in study 3

Appendix 4: Publications and presentations

Publications

Clements, A. (2010) When Research Plans Need to Adapt: An example in commitment research, *PsyPAG Quarterly*, 75, 46-50

Clements, A. (2011) Stress, Support and You, *PsyPAG Quarterly*, 78, 9-11

Kinman, G. & Clements, A. (2011) The Role of Demographic and Psychosocial Factors in Predicting SBS Symptoms in Workplaces, in S.A. Abdul-Wahab, *Sick Building Syndrome in Public Buildings and Workplaces*, Springer, pp393-404

Presentations

Clements, A., Guppy, A. & Kinman, G. (2012) Experiences of Training and Occupational Commitment in UK Student Nurses, poster presented at the European Academy of Occupational Health Psychology annual conference

Clements, A., Guppy, A. & Kinman, G. (2011) Students Training for Vocations: Student Perspectives on Commitment and Support, poster presented at the University of Bedfordshire annual conference

Clements, A., Guppy, A. & Kinman, G. (2011) Experiences of Commitment in Students Training for Nursing and Social Work, paper presented at the Postgraduate Occupational Psychology (POP) annual conference

Clements, A., Guppy, A. & Kinman, G. (2010) Commitment in Students Studying for a Vocation, paper presented at the PsyPAG (Psychology Postgraduate Affairs Group) annual conference

Clements, A., Guppy, A. & Kinman, G. (2010) Students Training for Vocations: Faculty Perspectives on Support, poster presented at University of Bedfordshire annual conference

Clements, A., Guppy, A. & Kinman, G. (2010) Commitment in Students Studying for a Vocation, paper presented at One-Day Research Symposium for Postgraduates (London and Home Counties Branch of the British Psychological Society)

Clements, A., Guppy, A. & Kinman, G. (2009) A Three-wave Longitudinal Study of the Relationship between Affect, Job-related Attitudes, and Job Performance, poster presented at the PsyPAG annual conference