Methodological appendix I (1992)

The material presented in this book is loosely based on doctoral research. The aim of the research was to study the relationship between the quality of nursing and the ward as a learning environment for student nurses. I used a variety of research methods and tools in the study (Smith, 1987). My main finding was that the relationship between quality of nursing and ward learning is articulated through the sister’s emotional style of management. In the book I concentrate on the nature of the relationship and the emotional components of care and learning to care.

In this appendix I describe only those methods I used to re-experience the world of the student nurse and construct their training trajectories. My key research perspectives were participant observation, grounded theory and feminist sociology. I chose qualitative sociological methods because of their flexibility for data handling, hypothesis formulation and exploration of complex social phenomena.

Participant observation

The classification of the participant observer role is well documented in the literature (Gold, 1969, Denzin, 1970, Pearsall, 1970). The complete participant role is theoretically inspired by qualitative, interpretivist research traditions, whereas the complete observer role tends towards positivism and quantification common in the natural and medical sciences. Collins (1984) proposes an alternative classification in which he describes the complete observer role as ‘unobtrusive observation’ and the complete participant as ‘participant comprehension’ in which the act of participating is central and essential to the method. The researcher enters the research setting seeking to maximize rather than minimize her interaction so as to grow both in competence and comprehension of the ‘native culture’. I aimed to emulate this approach during participant observation on the wards. In the classroom I was a complete observer during the lectures, but in the breaks I interacted with the students and teachers as an active participant.

I adopted Melia’s application of the participant observer role during interview with students and their teachers. Melia (1982) contends that ‘the close involvement of the researcher in the production of the data is as true of the informal
Not only was Melia familiar with the social setting from which her subjects originated, but she used the interview as a forum through which to interact with them in the production of data.

**Grounded theory**

Grounded theory is an integrated, qualitative research approach promoted by Glaser and Strauss (1967). They describe how grounded theory can be used for the gathering, handling and analysis of data in order to generate ‘modes of conceptualization for describing and explaining’. Glaser and Strauss emphasize that the aim of their research approach is to generate rather than to verify theory through ‘theoretical sampling’. Theoretical sampling is described as the joint collection, coding and analysis of data whereby the researcher decides what further data to collect and where to find them on the basis of data already collected, coded and analysed. Thus, theory is seen as ‘a process and ever developing entity’ through the creation of conceptual categories and their properties and hypotheses or general relations among them.

**Feminist sociology**

The development of feminist sociology has made a significant contribution to both sociological and nursing research. Bell and Roberts (1984) draw attention to the emergence of a ‘strong programme’ of feminist sociology since the late 1970s. Feminist sociology is concerned not only with raising gender issues in the formulation of research problems, methods and analyses, but also takes account of the ‘differences in the way that research is organized, carried out and written up as being based on the gender of the researcher’ (Bell and Roberts, 1984, p. 3).

Oakley (1981) challenges conventional ‘male paradigms’ which mystify ‘the researcher and the researched as objective instruments of data production’ and condemn ‘personal involvement’ as ‘dangerous bias’ (p. 58). Oakley sees the use of subjectivity as essential to both the interviewing process and production of data.

Indeed, feminist researchers highlight the vulnerability of research subjects especially during interview, in which traditionally the researcher ‘takes’ all the information on offer without reciprocity or responsibility (Stanley and Wise, 1983). These observations are particularly relevant to the study of nursing since nurses are especially vulnerable to external authority structures. The researcher has a responsibility to protect the vulnerability of persons under study. James, for example, periodically made outrageous statements to remind people that there was a researcher in their midst (James, 1984).
Webb (1984) has explicitly put feminist sociology on the nursing research agenda. Drawing on the writings of feminist sociologists, she describes feminist research ‘as critique’ which,

aims specifically to work towards defining alternatives and understanding everyday experience in order to bring about change. Analysis and critique of research methods leads on to analysis and critique in the research context through consciousness raising both for researcher and researched. (p. 250)

The contribution of feminist perspectives to nursing research is particularly pertinent, given that it is a predominantly female occupation and nurses are involved in traditionally female roles and work activities prescribed by the predominantly male medical profession. Feminist research can be seen to value yet develop qualitative research traditions by making gender relations visible at the level of both researcher and researched.

Organization of the research

The study was organized in four phases. For clarity, they are categorized and described as if they were distinct and took place sequentially. However, in practice, there was some degree of overlap between each phase.

Phase one: January–June of Year I

Exploratory work on a variety of hospital wards. Three months were spent on one medical ward participating and observing the practice and learning of nursing. A variety of research tools and methods were tried out in order to explore ways of conceptualizing the variables (quality of nursing and the ward learning environment) and to select appropriate techniques, settings and subjects for describing and explaining their interrelationship.

Phase two: April of Year I–June of Year II

The school of nursing. During the first few weeks of this phase of the research, volunteer groups of students were interviewed and discussion groups held to identify topics to be addressed during interview. Teachers were also interviewed. The Fretwell rating questionnaire on the ward learning environment was tried out with four groups of students at different stages of training. All the students were undertaking medical nursing on their first or third ward (first-years) and at the beginning or end of their third year. Preliminary analysis of questionnaire data

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yielded valuable findings, and confirmed the usefulness of the instrument as a measure of students’ perceptions of the ward learning environment. It was decided therefore to continue using the questionnaire as a method of data collection.

Classes were observed and decisions made about which ones to select to observe in depth. The content of timetables for the medical modules was recorded and analysed. A first- and third-year group of students was selected for observation (sets A and B respectively) and a random sample from each was recruited for interview.

Phase three: November of Year I–June of Year II

Three in-depth study periods on selected medical wards of eight weeks, during which the researcher participated in and observed the practice and learning of nursing using instruments and methods from the exploratory phase of the study.

Phase four: July of Year II–July of Year IV

In-depth analysis and writing up.

Details of subjects studied

Details of the subjects studied are given, according to the research techniques for which they were recruited.

Questionnaires on the ward learning environment

Five hundred and twenty-four rating questionnaires were completed by 392 learners from 19 sets, with respect to 12 medical wards, i.e. 132 learners completed the questionnaire twice during their week in school following their allocation. In all, questionnaires were completed by a total of 188 first-year students and 204 third-year students. Response rates in the first year and junior third years were almost 100 per cent. The non-response rate for senior third-years was 25 per cent. One reason for the drop in response rates at the end of training was that classroom sessions were no longer compulsory.

The majority of the respondents were female, representing the composition of the students at City. The maximum number of male students who could have filled in the questionnaire at least once was ten.

The data yielded from the open-ended questions at the end of the question-naire (questions 37–41) were based on the stratified random sampling of students’
comments. A baseline of ten comments per ward from students at each stage of training was sought. A total of 79 respondents were selected, which yielded approximately 20 replies from each group.

**Interviews**

The student sample comprised 18 volunteers, 8 students who had been approached by me, and 15 students who had been randomly selected from the first and third year of training.

In summary a total of 16 first-year students were interviewed, in groups, in pairs or individually. Four students were interviewed three times, one twice and eleven once. The interviews were conducted during modules 1, 3 and 4. Four students in the random sample from set A were involved in one discussion group. In addition, a total of 12 students (two of whom were also interviewed) from another set took part in three group discussions during their first-year medical ward allocation.

A total of 15 third-years were interviewed. Ten were interviewed once and five three times. Ten interviews were conducted at the beginning and end of module 12, and 15 interviews during module 15 at the end of training.

The majority of the students were women. There were only four male students in the population from which the sample was drawn, one of whom was selected. The age range of the group was 18–24 for first-years and 20–28 for third-years.

Details of parents’ occupations were not available for all students, but they included a number of fathers who were doctors, an accountant, a managing director, a press officer and a print worker. A number of mothers were nurses. All students were British, and only one was non-white.

All the students had the minimal educational qualifications for entry to the City school of nursing of five O levels and at least one A level pass. Four of the students were also university graduates.

The sisters on all four study wards agreed to be interviewed. Their ages ranged from 28–38 years. One of them had been in her post for three years, two for four years, and one for ten years. Three out of the four sisters had undertaken post-basic nurse education in intensive care nursing. One had a degree, and two had trained at the City Hospital. The two other sisters had also trained in London teaching hospitals.

In total, five tutors from Year I were interviewed and four tutors from Year III. One clinical teacher was interviewed. One psychiatric tutor was interviewed. Thus a total of 11 nurse teachers were interviewed. Three had degrees, two had trained at City Hospital and all had undertaken post-basic nurse education in addition to nurse teacher training. Their ages ranged from 30–50 years.

The biographical details of the patients are given according to the wards on which they were interviewed and from where they were discharged. On Kinder ward, only three patients were interviewed. All were male. Two were over 75 and the
other interviewee was 36. Ten patients were interviewed on Ronda ward. All were female. Their ages ranged from 41–81. On Windermere ward, eight patients were interviewed. Seven were men and one a woman. Their ages ranged from 26–86. On Edale ward, ten female patients were interviewed. Their ages ranged from 30–85.

In summary, a total of 31 patients were interviewed. They could be characterized as white, lower middle- and middle-class, based on their occupations. A number of the older respondents were retired. Only two of the respondents were non-British. Their length of hospitalization varied from two days to eight weeks, and they suffered from a variety of acute and chronic conditions. Some patients were suffering from life-threatening conditions such as lymphoma and advanced coronary artery disease. Others were at the beginning of their illness trajectory and had been admitted for investigations.

Non-participant observation in the school of nursing

During non-participant observation in the school of set A’s Foundation Unit, modules 1 and 3, a total of 26 from a potential 238 sessions were observed. A total of six nurse tutors were observed. The majority of them were Year 1 tutors.

Examination of biographical information for the first-year students yields the following data: 20 students in the group, including one male student, with an average of eight O level and 1.8 A level subjects passed. Their ages ranged from 18–22. By module 3, three students had left.

Non-participant observation in the school for the third-year group included 39 sessions out of a potential 124. A total of five different nurse teachers were observed. The majority of them were Year 3 tutors.

Examination of biographical information for the third-years yields the following data: a total of 29 students, including three male students, with an average of 7.5 O levels and 1.7 A levels. They included two graduates. The students had an age range of 20–28 years, and were generally regarded as having an above average age range for a group of student nurses; the majority of the set were not direct entrants to nursing from secondary school. They were therefore not regarded as a representative group of students for City school of nursing, most of whom had come directly from secondary school to start training.

Observer participation

On each of the four study wards, the ward establishment of trained staff in addition to the sister varied from eight staff nurses on Edale ward to six on Windermere ward and five each on Kinder and Ronda wards.

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Each ward had an average allocation of ten student nurses during their first- and third-year medical placements. Numbers varied in each module according to size of the set, from zero in some instances to three in others. In an eight-week observation period, I would expect to have contact with an average of 17 nurses at different stages of training.

A number of students featured in all data sets described above, i.e. survey interviewing, document analysis, direct observation and observer participation. Others appeared in one to three of the sets. The choice of techniques, settings and subjects permitted the students as the principal actors to be well represented in the study.

**Methods of data collection**

I applied the notion of ‘triangulation’ or a multi-method research approach to my study (Denzin, 1970). These methods are described in the following subsections.

**Ward learning environment rating questionnaire**

Fretwell’s questionnaire on the ward learning environment was given to students at the end of their medical ward allocation (Fretwell, 1985).

Thirty-six items were grouped in six sections, A, B, C, D, E and F. Each section looked at different characteristics of the ward learning environment. Section A contained seven items which asked respondents to rate the ward learning environment in terms of workload, staffing levels and mix (items 4, 6 and 7). Items 1, 3 and 5 rated the respondent’s perception of potential and actual learning on the ward. Item 2 rated the extent to which students felt happy with their ward experience. As such it could be seen as an indicator of their general feeling of well-being whilst on the ward.

Section B rated ‘Ward Atmosphere/Staff Relations’ on seven items. Section C rated ‘Ward Teaching’ on ten items. Section D rated ‘Provision of Learning Opportunities’ on six items. Section E related to ‘Patient Care’ and contained five items.

Responses to each statement on items 1–35 were on a five-point Likert scale from ‘strongly agree’ (5) to ‘strongly disagree’ (1). Section F, on ‘Anxiety and Stress’, asked students to tick whether they experienced anxiety or stress: ‘Frequently’, ‘Occasionally’, ‘Not very often’, or ‘Never’ whilst working on the ward. Students were awarded a score according to the frequency with which they experienced stress or anxiety from 3 (Frequently) to 0 (Never).

There were also five open-ended questions at the end of the questionnaire which asked students for general comments on ward learning. They included questions on causes of stress or anxiety, identification of most valuable and least
valuable educational experiences, suggestions for improving teaching and learning and an opportunity to make any additional comments about the ward.

The questionnaire was self-administered and had been tested for reliability and validity. In terms of validity of the questionnaire, Fretwell (1985) argued that it had ‘content validity’ because it was based on previous research findings (Fretwell, 1982). Items on the questionnaire which were said to be indicators of a ‘good’ learning environment were validated by other researchers (Orton, 1981, Ogier, 1982). Fretwell also found that comments made in questionnaires and during informal conversation with trained and student nurses confirmed its validity as a tool for evaluating the ward learning environment. Fretwell ran a number of reliability tests on the questionnaire, and on a shortened version of it, which was used in the present study (reported in Fretwell, 1985).

Semi-structured interviews with sisters and patients

The ward sister interview schedule was organized around questions rather than topics and aimed at finding out about the ward sister’s resources and how she organized nursing on ‘a typical day’, allocated the work, and received feedback on what had been done (Pembrey, 1980). These questions gave insights into the ward sister’s interpretation of the nursing process and supervision of students. Additional topics included student nurse teaching and learning, role of and contact with the school of nursing and nature of the work and the learning material on the ward.

Coser’s (1962) patient interview guide was used to explore patients’ perceptions of quality of nursing. Patients were asked to describe their ‘ideal’ doctor, nurse or patient, also their experience of hospitalization from the point of view of resources and contact with personnel. Communication and interpersonal skills and the role of student nurses as care givers emerged as important topics for further discussion.

Observer participation: participant observation on four wards and interviews with students and teachers

The student nurse interview agenda was organized around the following topics: general overview of training; integration of classroom teaching and ward practice; teaching and learning: identification of key people and incidents; the wards: nature of the work and quality of nursing; formal training requirements; and the role of the school of nursing. A similar agenda was used during student discussion groups.

The nurse tutor interview agenda was organized around the following topics: background prior to and reasons for becoming a nurse teacher; the school-ward
contact; theoretical content of training; student nurses’ personal and learning needs; and the role of the school of nursing.

The nursing process, patterns of ward allocation and the teaching and learning of interpersonal skills and communication were added to the schedule of topics for both students and teachers as the research progressed.

**Direct observation**

**Non-participant observation of selected classes in the school of nursing**

The field notes from participant observation on the wards and non-participant observation in the classroom were analysed concurrently with data collection as were the content of the plan of training and medical module timetables. The findings thus obtained were used as evidence to illustrate emergent concepts.

**Document analysis**

Student biographical data, plan of student nurse training, timetables, prospectus, school progress reports and national recruitment campaign literature.

**Data analysis**

The ward learning environment questionnaires were prepared for computer analysis. A random sample of open-ended comments was analysed manually.

Fretwell’s system of analysis was used. A mean score was calculated for each item by allotting scores of 5, 4, 3, 2, 1 for most to least favourable responses. A mean score for each section (A, B, C, D, E) was derived from the sum of individual item scores for that section. Overall mean scores were also calculated. These scores represented the mean of the sum of item scores 1–35. Wards were ranked on the basis of these scores.

An anxiety and stress rating for each ward was obtained by calculating a mean score from the number of times that students allotted scores of 3, 2, 1 or 0 for the frequency with which they experienced these emotions on the ward. The rating was from 3.0 (frequently experienced) to 0 (never experienced). It is possible that students had difficulties in distinguishing between the intermediate categories of ‘occasionally’ experienced and ‘not very often’. In retrospect it might have been more appropriate to re-classify the categories as ‘sometimes’ and ‘seldom’.

The overall ward ratings represented the students’ perceptions of a ward’s overall rating as a learning environment. Section scores B, C, D and E represented a
measure of the students’ perception of the ward atmosphere/staff relations. Scores C and D are measures of the students’ perceptions of ward teaching and the provision of learning opportunities, respectively. Item score 36 is an indicator of students’ perception of stress or anxiety experienced on a ward.

Items 1–7 contained in section A of the questionnaire do not form an index of a discrete dimension of the ward learning environment. Rather they are related to individual items associated with their perceptions of the ward learning environment, such as feelings of happiness, staffing levels, workload, potential and actual learning.

Glaser and Strauss (1967) illustrate the potential overlap between qualitative and quantitative data analysis which I applied to the analysis of the Fretwell questionnaires. Thus data may be collected using a quantitative instrument but analysed in a qualitative way. For example, single items and/or indices of concepts on a questionnaire may in their view be used in bivariate analysis. In this way, ‘general relationships between the items and/or indices are established which suggest hypotheses for an emerging theory’ (p. 190). Glaser and Strauss suggest that if relationships between variables consistently appear and can be integrated into a coherent theory, then the items and indices achieve their own validation. As with data obtained using qualitative methods, researchers are urged to be flexible in the way they handle it to ‘maintain a sensitivity to all possible theoretical relevances’ (p. 194).

Thus theoretical rather than statistical sampling guided the analysis of quantitative as well as qualitative data collecting instruments and techniques. Two variable relationships were sought from the item and section questionnaire scores. The theoretical ordering and interaction between variables were suggested by the qualitative data analysis.

Applying these principles, item and section scores were selected from the Fretwell questionnaires for bivariate analysis which had theoretical relevance to the research question under study and to confirm working hypotheses. Differences between wards and stage of training according to module were also examined.

**Statistical methods**

Comparisons of mean scores derived from the Fretwell questionnaire between pairs of wards were conducted using Gabriel’s test. This is a multiple comparison procedure for unequal sized groups similar to Tukey’s range test for equal sized groups (Kendall and Stuart, 1968).

Relationships between the scores on different scales across the 12 wards were tested using Pearson’s correlation coefficient. As the mean score for each ward was the sum of many observations, it was possible to treat these means as continuous. Since for the testing of the null hypothesis of no relationship only one variable need be normal and the test is fairly robust, the data were well suited to this method.
In addition, a random sample of students’ responses to the open-ended questions at the end of the questionnaire was also analysed for consistent themes. These themes were used to form categories. Comments were then classified under the appropriate categories. For example, replies to question 37 on causes of stress and anxiety were classified under the following categories: nature of the work, staffing levels, staff relations and feelings about self/work/staff relations. Replies to question 38 on work and other experiences valuable to learning were classified under the following categories: nature of the work according to patient characteristics – basic, technical and affective nursing required (Goddard, 1953); specialist medical knowledge, investigations and treatment; formal teaching; staff relations; and effects on feelings. The inferences drawn from the replies to the open-ended questions on the questionnaire are tentative, since, with the exception of question 38, they are based on a small number of replies. The comments are used to complement data obtained from the rating sections of the questionnaire, interviews and field observations.

Data yielded from the interviews and fieldwork observation were analysed as the research progressed in order to decide what further data to collect and where to find them in future fieldwork.

Analysis took place using theoretical sampling described above. Analysis was also comparative in that data collected from a variety of settings (wards, classroom) and groups (students, ward sisters, tutors, patients) were used to check out whether original evidence was correct. As Glaser and Strauss observe, ‘Facts are replicated with comparative evidence either internally (within a study) or externally (outside) or both.’

But for Glaser and Strauss the main goal of comparative analysis is to generate two kinds of theory defined as ‘substantive’ and ‘formal’. They define substantive theory in the following way: ‘that developed for a substantive, or empirical area of sociological inquiry’, e.g. patient care, professional education. Formal theory is defined as that ‘developed for a formal or conceptual area of sociological inquiry’, e.g. socialization, authority and power.

Substantive theory must precede formal theory, otherwise ‘the consequence is often a forcing of data, as well as a neglect of relevant concepts and hypotheses that may emerge’ (p. 34). Thus,

The constant comparing of many groups draws the sociologist’s attention to their many similarities and differences. Considering these leads him to generate abstract categories and their properties which since they emerge from the data, will clearly be important to a theory explaining the kind of behaviour under observation. (Glaser and Strauss 1967, p. 36)

It is suggested that, in order to avoid contamination of data at this early stage, the researcher should ‘ignore’ the existing literature relevant to the research problem. Bulmer (1983) notes the difficulty of doing this in order ‘to keep one’s mind altogether free from presuppositions or prior conceptualisations’ in areas that have been well researched. Thus, in my study it was impossible to ‘ignore’ those areas
of the literature which had been well researched and were of relevance to the research problem, such as ward learning.

Throughout the data collection and analysis the literature was regularly reviewed and used as Glaser and Strauss suggested to ascertain whether any existing formal theories might aid in the generation of substantive theories from the emergent conceptual categorizations and propositions. In the present study the definition and analysis of "emotional labour" (Hochschild, 1983), was identified and used in this way.

The validity and reliability of the data obtained using qualitative strategies are an integral part of an approach such as grounded theory, which seeks to generate, rather than verify, theory from the data. Thus validity is implicit when data are simultaneously collected, handled and analysed to shape ongoing data collection and to develop and confirm working hypotheses. Similarly, reliability is ascertained during the participant observer role in that the researcher, over time and with increasing familiarity, is able to check the accuracy and recurrence of the data in a number of settings and from a number of participants.

**Patients’ interview guide (Coser, 1962)**

1. When you are sick, would you rather be at home or in hospital?
2. What do you miss most while you are in the hospital?
3. What is your idea of a good doctor?
4. What is your idea of a good nurse?
5. What is your idea of a good patient?
6. How do you like the rounds?
7. How do you like the wards?
8. Are there any suggestions that you would care to make for a possible improvement of the patients’ comfort?
9. Are you ever bored or restless while you are in the hospital?
10. What will be the first thing you will do when you get home?
Private and confidential

Ward learning environment rating questionnaire

Ward ..................

Student ☐ Pupil ☐ Trained Nurse ☐

(Please tick)

The following statements are concerned with nurse training in the ward. For each statement please indicate your opinion by placing a tick (√) in one of the five boxes. There are no right or wrong answers, but please try to avoid the ‘uncertain’ column unless you really cannot agree or disagree. If you wish to clarify or explain your choice, make your comments in the box provided.

Note: The term ‘learner’ is intended to include both student and pupil nurses. ‘Sister’ applies to charge nurses.

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1984: Permission given to P A Smith to use the questionnaire

Section A  (Questions 1 to 3 to be answered by student and pupil nurses only; remaining questions to be answered by everyone)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This was a good ward for student/pupil learning.</td>
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<td>2. I am happy with the experience I have had on this ward.</td>
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<td>3. I learnt very much on this ward.</td>
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<td>4. The number of staff is adequate for the workload.</td>
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<td>5. There is very much to learn on this ward.</td>
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<td>6. There are enough trained nurses in relation to learners and auxiliaries.</td>
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<td>7. The workload does not interfere with teaching or learning.</td>
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### Section B  Placement atmosphere/staff relations

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<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Comments</th>
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<tbody>
<tr>
<td>8.</td>
<td>Provide an atmosphere which is good to work in.</td>
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<td>9.</td>
<td>Are concerned about what a student is thinking or feeling.</td>
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<td>10.</td>
<td>Are available and approachable.</td>
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<td>12.</td>
<td>Praise and encourage the learner in her work.</td>
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<td>13.</td>
<td>Work as a team with learners.</td>
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<td>14.</td>
<td>Keep staff and learners well informed about placement activities.</td>
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### Section C  Placement teaching

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<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Comments</th>
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<tbody>
<tr>
<td>15.</td>
<td>Sister devotes a lot of her time to teaching learners.</td>
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<td>16.</td>
<td>Trained nurses on the ward teach regularly.</td>
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<td>17.</td>
<td>Clinical teachers teach regularly on the ward.</td>
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<td>18.</td>
<td>Consultants are interested in teaching.</td>
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<td>19.</td>
<td>There are regular sessions, in which trained nurses discuss the nursing care of patients.</td>
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<td>20.</td>
<td>The ward report is used as an occasion for teaching learners.</td>
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<td>21.</td>
<td>Trained nurses teach as they work with learners.</td>
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<td>22.</td>
<td>Sister initiates teaching.</td>
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<td>23.</td>
<td>Learning objectives are in use on this ward.</td>
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<td>24.</td>
<td>Sister accords teaching and learning activities a place in the routine.</td>
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</tbody>
</table>
## Section D Provision of learning opportunities

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>Trained and learner nurses work together giving a full range of care, e.g. bathing and dressing.</td>
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<tr>
<td>26.</td>
<td>Sister and trained nurses give learners an opportunity to watch or perform new procedures.</td>
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<tr>
<td>27.</td>
<td>Sister attaches great importance to the learning needs of student and pupil nurses.</td>
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<td>28.</td>
<td>Sister gives learners the opportunity to read case notes and text books.</td>
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<td>29.</td>
<td>Learners are given an opportunity to use their initiative and discretion.</td>
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<td>30.</td>
<td>Learners are taught on doctors’ rounds.</td>
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</tbody>
</table>

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Section E  Patient care

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.</td>
<td>Sister promotes ‘good staff/patient relationships.</td>
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<tr>
<td>32.</td>
<td>Patients receive the best attention and nursing care.</td>
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<tr>
<td>33.</td>
<td>Patients get plenty of opportunity to discuss their feelings and anxieties.</td>
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<tr>
<td>34.</td>
<td>Nursing care is tailored to meet the individual needs of patients.</td>
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<tr>
<td>35.</td>
<td>Patient allocation rather than task allocation is the practice on this ward</td>
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</tr>
</tbody>
</table>

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Section F. Anxiety and stress

36. Do/did you experience anxiety or stress whilst working on this ward?

Frequently ☐ Occasionally ☐ Not very often ☐ Never ☐

(Please tick)

37. Identify the main cause(s) of any stress or anxiety on this ward.

38. What work and other experiences on this ward were most valuable for your education?

39. What work and other experiences were least valuable for your education?

40. Have you any suggestions for improving teaching and learning on this ward? If so please give details.

41. In case you have any other comments to make about the ward, would you write them below.

Thank you for your co-operation.