

UNIVERSITY OF SOUTHAMPTON

**Actioning Curriculum Change: A Collaboration with Student
Nurses to Develop an Introductory Programme Regarding
Aspects of Loss, Grief and Bereavement**

Comprising Two Volumes

Volume Two

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APPENDIX 1

October 12th 1993.

I have spent quite a lot of time thinking about my research study. I feel strongly that I want to work with students. I know the area that I want to research, but will the group, whoever they are feel the same as me. What do you do if you gain access to a group and then they don't want to work in the same areas as you? What if I can't get students to participate?

I have discussed some of these aspects with Ian and Robin. Both tell me to stop worrying just do it. This is easier said than done. How do I get permission?

I have spent time reading again the 'rules' of research. I want to work with different methodologies. Each paradigm has its benefits and supporters. I am concerned that much of what I have read seems to intimate that qualitative research does not have the same respect within research circles as that of scientific quantitative study. I don't actually believe this, but I still have this cold fear that years from now I will be told that my own study was not scientific and does not demonstrate credible research.

Phillips & Pugh (1993) suggest that to obtain a PhD you have to:

- Have something to say. - Well I thought I had said enough in my Masters, but this has only made me question more and left me with many more unanswered. I have only confirmed the problem. Is it possible to solve?
- Have a command of the subject. - I feel confident in my professional practice both as a nurse and a teacher. Will this be enough?
- Make a contribution to my area of study.- For me this must be both as an academic and a professional health carer. Is this possible. I know I need support to achieve this. Will this be available and from whom?
- I must share the research information with others. I believe this must be at both a micro level - the School and local Trusts, but also from a Macro perspective. I hope that I can publish nationally and internationally. I will also strive to present at international conferences.

A tall order, but I do hope I am able to do this.

October 25th 1993.

I still continue to struggle with my question. I have spent time talking with members of my PhD group and have considered various methods for study. I am also listening to sessions presented by Ian, Robin and David within the introduction to research methods course. Some of the sessions are interesting. Other times I think I am the only who doesn't understand.

Ian says to 'just go with the flow'. How can I do research at this level on such an 'ad hoc' basis?

I am concerned that my efforts will not enable to me to achieve a PhD. One thing is for sure, I do not want an MPhil. I desperately want to put my ideas and thoughts together and to progress the idea I have had nagging inside my head for some time now.

So many authors have written about the problems of caring for the terminally ill, and issues of loss grief and bereavement. Why is it that no obvious change has taken place?

I know that there have been some fundamental changes in practice. We no longer simply lay out bodies and trundle behind these patients on their last move around the hospital; to the mortuary. Demonstrations of respect were supposed to be shown by turning our cloaks inside out so that others would know not to talk with us as we passed them in the corridors. I always thought this was a bit over the top as a sign, believing that most people would have 'twigged' that a nurse carefully following a metal box on wheels draped in a white sheet with a large cross on top was a much more obvious sign that something was different!

Although there have been some changes in the way nurses are prepared to care for the dying and the dead, I feel sure that they are not so radical that the majority of nurses now feel capable of caring for this group of patients and clients or aspects which relate to this area of health care intervention such as issues of loss grief and bereavement.

What makes me think I can make changes? Why, if so many others before me have 'taken to the field' and explored the problems related to this area of care, that only limited changes over such a long period of time seem to have taken place. I can argue with myself and respectfully with the ideas set out by Dame Cecilia Saunders and agree that the modern hospice movement and palliative care has greatly improved the last stage of living, but for such a relatively small number. All the data still clearly points out that the majority of people die in acute settings and more people experience aspects of loss grief and bereavement in acute or community settings where health care professionals of all branches work than within a hospice setting.

October 25th 1993. (continued)

Surely the key is with the training and education of these 'general areas of health care provision, where most of the health care professionals are employed need a research focus. I think this is where my question and research exploration must lie.

Oh dear, How can I, a small cog in a very big Health Care wheel enable change to take place where it matters, in practice by those who have to do the caring.

I am not sure of my abilities, well nothing which can be stated positively, but I know I still have this desire to try.

I care very much about my profession and my fellow professionals, and I really do want improvement to take place for both the carers and the cared for.

22nd November 1993.

I have spent time talking with Ian. I know I must get on with the problem and sort out my study.

For the past week I have play around with charts and grafts trying to create a clear outline of my study area.

I want to speak with Ian on a professional academic level. However I am still not sure of methods and methodologies to use. This would enable me to explore and hopefully find an answer. However it seems to me that qualitative approaches would be better as I would like to document the ideas, and thoughts of those involved with me in the study.

It seems that many of my colleagues are dropping out of the course, I think I understand some of the 'pain' of how they may be feeling. Although I still don't understand all that is said during the taught sessions, I do enjoy the stimulation of the group and facilitators. Just to meet others who are struggling along, can be helpful in a strange sort of way. So many people seem so clever and know what they are doing, I wonder if I ever will feel like them.

I wish I had the luxury of studying full time. This is out of the question, but I can dream.

January 2nd 1994.

A new year and hopefully I shall start my research and engage in my first field study.

After speaking with Ian and others I am tempted to think about doing some sort of interactive research. Although I have read again Glaser and Strauss (1967). The discovery of Grounded Theory and also read parts of their classic 'Awareness of dying' (1965), I am not sure that I really want to work with pure Grounded theory. Although I enjoyed the local research study Mary-Jane, Margaret, Rachel and I did using this method I don't think I would like to structure which at times seems to be so rigid. This method does not seem to allow for a change in direction as themes emerge quite so easily the authors suggests. Actually participating in a local enquiry using Grounded theory has enabled me to state this with some sense of 'knowing'.

I have this desire to work with students as part of the research team. Everyone I mention this too looks either totally aghast or says something like "oh yes they would be a useful sample". I don't want them to be a sample, a bunch of numbers or drones that have little or no say in the study.

When I worked with various groups of people (my samples), during my research Masters it was so good to work in the groups and to feel part of a team. I did not experience the 'me and them' phenomena. I have read Gary Rolfes paper on student power. This had led me to search the literature for anything which focuses on student control. I have tried looking for 'student led'. This in turn has brought references to student led curriculum. Authors like Quinn seem to imply that a student led curriculum is one where a programme is devised which will benefit the students based on their learning needs. What it does not say it that the students are proactive in deciding the content or being able to voice what is positive for them or will meet their needs.

Why student can't lead curriculum be something which is not led but created with the help of students? A true partnership where those who have to experience the curriculum have a say in its design.....Radical thoughts. I wonder if Florence Nightingale is turning in her grave or just turning over to say 'stop talking about it, go and give it a go'! Do I have her courage to pioneer what I believe in.?

10th January 1994

I have sketched out some ideas to present to Ian about how to progress my research.

Ian is very helpful, although at times he doesn't let me finish what I am saying. He is so bright and just because he knows what he is talking about it doesn't mean that I understand him.

I am sad that some colleague from work have chosen to stop their course of study. Perhaps they are the wise ones?

Having spoken with Ian I will apply for Ethical approval. I will also talk with Barbara (...) She has been very good to me. We had a long interview. This gave me time to briefly talk through some ideas I had. After all I will need her permission to work in the school if I end up working with students. Just giving permission to use the photocopier, paper and headed paper where necessary does help the process of getting organised.

7th February 1994

Ian has been so kind and tolerant of my ramblings.

It must be so difficult for him having X, one bright lady who seems to know where she is going and what she is doing ...and then me! Still I am grateful for his tolerance.

He is so enthusiastic. I am also lucky to be able to borrow some of his books. Without these I don't think I would have managed. Getting to the main library has proved almost impossible. Everyone who is taking the taught MPhil goes off on a Tuesday and Friday, which seems to leave me still at work. I must be a fool, but someone has to stay. I am so afraid of 'rocking the boat' and losing my job.

Still it was another good session (personal tutorial) where I seemed able to pass on my ideas and thoughts about my first field study.

Ian's enthusiasm has goaded me into trying ACTION RESEARCH.

I am concerned I don't seem to know enough about the theory and methods for using action research, but I keep remembering Ian's words

"Don't read about it, take risks and try it,
see how it goes and reflect about it afterwards"

I would seem that this will be real ACTION RESEARCH. We shall see.

March 12th 1994.

Well I have talked enough about what I want to try and achieve. I just hope that the students are equally keen to try.

I have been true to my promise to Ian. I have not read around the theory of action research much; just enough to be sure that it will be ACTION IN PRACTICE. I am beginning to feel comfortable with this idea. I wonder if it will be possible to enable students to participate as equals. If I keep saying it then surely I should be prepared to give these methods a try?

30th March 1994

START OF RESEARCH

I have met my first group. It was quite nerve racking. I came to the end of the lecture and planned to make a formal speech asking for volunteer. As the time came it didn't feel right, so I just spoke to them 'from my heart' and then asked for volunteers.

I have gained 32 volunteers, well over ten more than I had hoped for. We will see if this number continues. They seem a good group, prepared to listen and to share ideas which are just what I hoped for.

(See: 'Entering the field' notes).

6th April 1994

The main group of students came to the room I had booked. I could not believe that so many of them turned up to our agreed meeting. I felt a bit sick as I approached the room, both with fear and excitement. Would anyone be behind the door and in the room? . Would they really want to listen to me? Would they trust and respect me. Will they believe that I respect them as people and that I am willing to trust them? I can't explain what it felt like to open the door of the classroom and find lots of students smiling and talking with each other. No awkward silence descended on the room as I entered. I made notes as we talked and worked together. I felt an adrenaline rush as things started to happen. Every one talking and making it clear that they wanted to participate.

On reflection this first session seems to have worked very well. I do hope its continues.

7th April 1994 (2.a.m.)

I have suddenly realised that by engaging in action research my whole chance of a PhD relies on others. This must work. Will I have the skills to engage with them so that they will want to participate in the field activity? (I am beginning to think in action research terms). We shall see.

I am torn between rushing to the library and reading everything on action research and doing exactly what Ian has suggested. Why can't I trust him? Just work with the group and see what transpires.

8th April 1994

It has been a long restless night. Trying to rationalise a way forward. I feel so 'unprofessional'. Surely researchers should know something about the method they intend to use? However this afternoon after a long days work I have decided to compromise.

I have arranged to work with AL, (Librarian) He is going to help me with an 'on line' search

I have decided to 'key words' search

- **Student involvement with educational change**
- **Curriculum and curriculum change**
- **Action Research and education change**
- **Loss grief and bereavement**
Death and Dying
All of these reflecting or relating to
- **Nursing, nursing care, professional health care**

'A' thinks that these headings have some good key words which will be useful to create different combinations to put into the computer. After discussing my ideas and rational for the key phrases, 'A' shows me how to work 'on line'. Together we sit in his office creating and putting into the computer different combinations of words and phrases. I am not very good at computer searches. I am so grateful that he is going to be there all the time. Barbara has given permission for me to use the schools facility for this 'on line' search which is very helpful.

8th April 1994 (continued)

Of course I will use quite a lot of the references in other areas of my work so I don't feel so guilty at spending so much time on this activity.

At least by starting some literature searching I can keep up the enormous amount of work which seems to be needed.

I am so busy. There seems to be so much teaching to do. I am very worried that I will not be able to support the research groups effectively as well as do my non research work. The hours of teaching and marking and personal tutorials are enormous. I just hope I have the stamina to keep going.

Trevor is very poorly again. What ever would I do without the family? I am worried about them all

Dear God there are times when I sit up at night looking at his face. It seems prophetic that I am researching into loss grief and bereavement. I hope I don't have to do too much 'practice' myself!

20th April, 1994

The first meeting with group A.

All of the students attended. What a relief.

After working with the group I am both exhilarated and exhausted. They were not keen to have this first session taped. (I didn't mind even though I had spent a lot of time making sure my new equipment worked!)

It was good to see the group feeling comfortable enough to be interactive. Although they often looked towards me for what seems like approval. I am conscious of this and always wait before answering '...like a teacher.

I want to see if others within the group will take the lead. This is my way of trying not to control or lead the group. (It is interesting that I have just remembered a phrase from Robin's paper which suggests that it is not possible for teachers to engage in collaborative work and divest themselves of their teacher role...I will have to wait and see).

It was interesting to see the group creating ways of how they thought they could use their time in this session so that they would have an end result.

8th April 1994 (continued)

To my knowledge none of them have any formal teaching or educational research background and yet they are using classic teaching methods to develop their activity.

Group work, brain storming, and writing of notes and elimination of ideas so as to create a plan. Kolb's reflective circle in practice!! They probably never even heard of Dewey - I looked up his comment when I came home. He states that

“All genuine education comes through experience.” (1938 p25 In Experience and Education)

Well if he could see these students working together he would have seen his theory in practice. What a privilege to watch.

The group work ended with a large list of possible sessions. I am not sure if it will be possible to achieve all that the group wants but we will see how the group process evolves and the cycles of ideas, problem finding and solving it accomplished.

I have read again the principles of the 'Hawthorn Effect'. - What happens if I ever stop actively thinking and being constantly aware of the group processes and let this happen? My research credibility will be null and void. I must remain vigilant and be careful not to manipulate the group in any way. Perhaps I should bring this up to the group and explain it to them. Then if it is out in the open we can all make comment and be aware. It could be that I believe that I am not allowing this to happen then it transpires that it is all the time.

11th May 1994.

What a rush. I seem to go from one teaching session to another. I am sure other researchers don't have to fit their research around their normal working day. Some days I am teaching for 6 hours and then have personal tutorials with students.

The group have decided to look at the concept of dying, how people die, what is dying and what is loss.

Again the group decided to break into smaller working groups. Each group is using large sheets of paper and coloured pencils to present their ideas. We decide that I should go between each group to listen and contribute to the discussion.

11th May 1994. (continued)

The groups were very interesting to listen to. The wealth of ideas and thoughts coming from the group members is fascinating. Most of the groups create charts or represent their ideas using picture and words. After they had reformed into a large group they again shared their work and ideas, generating further discussion. This was such a good experience. I cannot use a tape recorder, but again I have put down notes as people make comments. The papers are all taken away by the students at the end of the session. They decide that we may need to work with these papers later. They are so sensible and all of them seem to be making such an effort. There seems great 'ownership of the group already'.

12th May 1994

Meeting with Group B

How rewarding it is for me to see the whole group present. I am surprised. After all they are not really being given anything obvious. Nevertheless we had agreed to meet and talk.

I asked if I could tape this session. This was a mistake; some of them look positively scared out of their wits. However the group 'took charge'. It was decided I could take notes but no tape this time. This seemed a good compromise. I was pleased that the group could articulate and rationalise their concerns and awkwardness with others of us in the group. At one time I was going to say sorry, but then I thought that if I am a group member I am also entitled to bring forward ideas. My idea just happened to be about tape recording our session. This idea was rejected by the group. The process of discussion and rejection of a member's idea is a positive aspect of the group process.

I am starting to read various papers about commencing research, groups and group interactions within research processes and the effects of being a researcher. I can empathise with many of the comments I have read.

I just feel very humble that my companions or collaborative colleagues seemed to have formed such a positive proactive group(s) already.

26th May 1994

(These notes are based on my reflections which I noted after the session yesterday with group A)

The group had chosen the topic of communication skills. I had been asked to present a brief talk on this subject. Although the group are already having 'communication' in their usual programme they asked me to do what ever I thought would be a good idea and then they would not only comment but compare it with what they are already experiencing.

I had chosen to speak about defining the term communication working with the students in an interactive way. I also try and clarify verbal and non verbal communication with them. I finally relate our discussion of theory to their practice or potential for use in practice.

The group were very good and participated well in this session. However I noted and thought that it was funny that as soon as I stood up so that I could see all of them and walk to the white board to illustrate something they went into 'student and teacher' mode. I was 'in front of the class'. They all grabbed desks to sit behind. I had offered them some reading which they could access prior to our session. Most had seen my notice setting out the optional reading and most had read it!

There are lots of comments made by some my colleagues that students don't read anything. Why then is this group reading without being asked or forced? It's not part of their 'real programme'. Perhaps it's something to do with ownership and participation of our group. I think I will have to look at this again.

Again I am mindful of manipulation. However I decided that as we the group had decided on the topic and I had been asked to present this in my own way. I felt this was OK as far as being within the remit of the study.

The group were very attentive. After the active teaching session we discussed how we could use communication. Out comes a wealth of personal reflection from group members. Many explaining situations where they felt unable to cope because they didn't know what to say or do. I shared some of my own anecdotes which I experienced as a student in clinical practice.

At times this was difficult. I was torn between listening as a group member and my other roles of responsible nurse and nurse teacher. It would have been so easy at times to go into 'counselling mode'. However I feel that the role of this group is to experience all ideas and thoughts presented by the group members and from these discussions, ideas for change will emerge.

26th May 1994 (continued)

However I ask myself at what cost. Am I being a 'bad teacher' to let them 'flounder'? Could I be accused of professional negligence? I would not let 'dangerous/unsafe' practices go without comment. Fortunately this has not been an issue so far.

Action research is exciting but it can have professional pitfalls. I do hope I do not make any mistakes either from a professional or research perspective. I feel a great moral and professional metaphorical weight on my shoulders. The burden of a professional engaging within a collaborative group of non professionals!

8th June 1994

Discussion session with Group A.

The group have agreed that I can tape this session.

I open the group session using some simple open questions in an effort to start the group talking. I am trying not to take the lead but at this early stage it seems I am still expected to start the proceedings. I didn't have to wait long for an interaction to start.

They just seem to pour their hearts out. Some of them make amazing comments. They seem to have to cope with so much

At the end of the session, listening to the group members talking I feel so drained with personal emotion at what I am hearing. I have to keep a professional 'rein' on my emotions - I have to remember that I am in the middle of a session which is part of the field work. I am also conscious that I must be aware of any 'potential problems'. Am I missing anyone who is not 'coping'?

The tape is running and my pencil is sliding across the page (it's no good I can't trust the tape alone!) I am looking and listening. Thank God I have had training as a counsellor. I also believe my training and experience as a psychiatric nurse is helping me with the group dynamics.

10th June 1994)

11.30 p.m. I have just completed transcribing the tape of the session I had with Group A.

Listening again to some of the comments. I feel a mix of emotions. How do I manage this?

I am a professional nurse teacher. I have a responsibility to ensure the safety of both clients and students. Am I really doing this? Is *my* research need getting in the way of good practice.

I have listened again to the sounds which I perceive as stress on the tape recording as each person tells their story.

I have read again the translated notes. What shall I do?Coffee Time!...

Once again I think about what I have heard and read. This time I not only see rich data and what I can only describe as 'raw emotions' but I believe that I am also experiencing human coping mechanisms at their best. I also see and hear humour. One of our greatest gifts. Not only to the profession but clearly within this group. I think this will help ensure sanity!

The research text 'speaks' about 'not getting involved with the sample group. I don't agree with this notion. I think that you have to be aware of your involvement and its effect both real and potential. I can't put aside my own personal beliefs of care or professionalism in the name of pure science. For me this belief is a possessive stance within the world of qualitative data collection. The third or 'new world paradigm as suggested by Colin Robson is so useful. This is my real world. I am part of both the research and the practice. Perhaps that's what has enabled this data to be so rich and the group collaboration so alive and interactive and the members so honest.

15th June, 1994

Session with group B. They agreed that I could tape this session

This is a gruelling session. So many of the group speak 'from the heart'. The interview technique is simple from a theoretical point of view. I know what to say, when to speak, when to prompt and find it easy to take notes as we go through the meeting.

However the emotions that are shared I feel so overwhelmed. How can my profession allow such vulnerable students to be left in practice? How can we teach and facilitate learning in a context of health and non illness when the students are, from a very early stage of their course 'thrown in at the deep end' and expected to swim'. No one seems to think that they might drown, so no 'life belts' are in view. Perhaps this is unfair. We do give the students every opportunity to speak to us and I like many of my colleagues make it clear that we are available for them. We also have many very good practitioners in the clinical areas. Most of them are aware of the students' vulnerability and will check students needs.. However the reality is (especially listening to this group) The 'awfulness' of being with a family when some one dies or receives 'bad news'. It seems that much of the previous studies relating this area commenting on this area of nurse education are right in stating that as a profession we do not prepare (the students) for this experience. Listening again to the complaints of inadequacy from both qualified and unqualified staff. These students are still saying they are not properly prepared. It is interesting to note that many of these students' comments reflect those I received whilst collecting data for my Master degree.

I have to be realistic I cannot change the world instantly. Popper has stated the 'world is ever changing'. Well the nursing world seems to be spinning at the moment with changes, but it appears not necessarily in the right direction.

I think I am feeling frustration. I would so much like to have been there with the students to support them and the staff. I am fortunate to have gained so much knowledge in this area of care during my nursing career, both in theory and practice. I strive to share but I can't be in all places at all times. On the other hand, to be able to listen to group members from various branches stating the importance and value of this area of care to their branch is a privilege. I wonder if we will ever be able to create change so that everyone benefits.

The students were so honest and thoughtful with their comments. Not just about their feelings and experiences but constructive in their ideas in relation to the study. I had asked them about the questionnaires. These comments will be useful. I must try and analyse them soon. Again time is my enemy. Still I really must look at them as part of the field reconnaissance and reflective cycle process. I will try and have this ready for the group to review soon.

Looking again at this transcript. For me it is so powerful. Little comments just stand out. I really must use some them in the main text of the thesis.

22nd June 1994

Group A. Session.

The group have planned this session to focus on loss grief and bereavement.

It was a very interactive session.

The group have been together for nearly four months. They are having to work very hard both in School for their usual study programme and in the clinical areas. I am amazed at how much effort they continue to give to our research group.

The group members of both 'A' and 'B' sometimes stop me in the corridor and share their ideas and thoughts. Sometimes these ideas have been triggered by a personal experience in clinical practice other times it just a thought that has developed for them. Each time I thank them and then ask them to bring this thought or idea to the group. I know that I cannot run the research 'out' of the context of the groups. Although via this reflective diary I can feed in all events as a record of the whole experience.

I must stop now I have lots to say but I am simply running out of time and I have to sleep sometime.

14th July 1994

Session with Group A.

This was a practical interactive session. The focus was 'the last stage of living' and 'last offices'.

The group seem very interested. They worked hard with both the theory and practical sides of this workshop. Again there was humour present. How useful the emotion of laughter is. How near it is to tears!

I am glad we spent a little time at the end of this session so that each of us could comment or share our thoughts.

The group are working so hard. I know I keep saying it but they are. Each time we meet they come prepared to work and make comment on the experience. They also seem to be collecting their own information in some way so that we can use it when we complete this pilot

20th July, 1994

A Meeting with group B.

The tape has not recorded properly, I am so glad that I had the sense to keep using written notes as well.

The group look as tired as I felt myself.

They are nearly at the end of their first term. Soon they will have their holidays but they still have a few weeks to go.

The group seemed so sad. There was very little energy in the group...more a case of hanging on.

This tiredness is also reflected by some members of the group developing an argument or difference of opinion at the start of this session. At first I thought 'oh no - I don't have the time or energy for this'. However I am glad that I just sat and listened. The group worked very hard at sorting out the problem.

The body language as well as the verbal language was incredible to witness. It was like seeing 3D text books on groups and group dynamics....

What was so valuable about this disagreement was the groups' ability to sort it out for themselves and for me to remain a group member without having to go into facilitator or worse still teacher mode.

This also gave me an opportunity as a group member to share my thoughts and feeling with them. It was not designed to happen (the beauty of action research) but it was live and real, and just seemed the right time to share my thoughts with them.

I spoke about our roles and some of my frustrations at not 'mixing' the two groups. They were very good. They listened and commented. They demonstrated understanding, respect compassion and common sense.

This was also a good trigger for the rest of the group to comment on their own personal feelings.

This was a very valuable session. The group shared some very personal thoughts with the group

I believe this session will be valuable not only for its own sake but as part of the overall study.

I do hope so.

27th July, 1994

Session with Group A

This was a very useful wash up session for the group.

The group have continued to be very interactive. Each member and I include myself as one of them seems to work well together. The only difference at this level is that I always carry a note pad and pen into the group sessions and I sometimes ask questions. I do this with the permission of the group.

I try not to let this activity intrude on the group work, but I find this an effective way of keeping comprehensive notes out our sessions. I show and share my notes with the group. My only personal data is this, my reflective diary. However I may show this to the group as well. I write freely within this log and I am sure that I will have to edit it when I present it as part of my thesis. Meanwhile I keep writing from the notes or original computer notes which I type in when I am at home.

The group decided that we should not tape this session as it was about work not discussion. However it was agreed that I could take notes and give them back to the group members to check when I had transcribed them.

No one has asked about my reflective diary. Both groups know that I am trying to keep one, but they haven't asked to see it and I am not sure if I want to show any one.

Ian has also asked about my reflection. I know I will show him one day...but not yet.

The group discussed our ideas regarding each session we had experienced and the value of our work to each branch. We then considered where to go from here.

I did bring in to the group session 'group endings'. I reminded the group of our agreement to run this pilot for six months.

We are nearly at the end of this term and so we have to finish and continue again after the summer break.

I am tired and I want some time to really think and reflect on the process so far.

I have read an article related to rapid reflection by Ong et al. I think I have been doing this. Having read the details I think I could demonstrate how I have incorporated this model of reflection as part of the ongoing cycle of actions within the action research process.

July 1994.

I have not spent much time writing in this journal lately, It seems that any research time I have had has had to be spent working with the groups.

The PILOT STUDY groups seem to work quite well.

REFLECTION: This is an overview of where I think we are now.

We have met approximately every two or four weeks depending on whether it is group A or B and their timetable constraints.

We have devised and followed a course of sessions which were devised by the student group members, using me as the group facilitator. There has been no 'leader' but I am always used as a knowledgeable practitioner, however I am a great pains not to control but always encourage everyone else to decide or think of a way forward. Apart from me giving rationale as to why I think something can or can't be done I try to ensure that control remains with the group and not me alone.

Every other session with group A in this PILOT STUDY, has been a discussion group. I have been used as the facilitator but I have participated in the group as a member, voicing my own ideas and beliefs. This has been difficult at times, because I feel that most of them have not had my experience and years of reading around this subject area and I am conscious of not trying to influence them or put ideas into their heads or skew the study. The ideas and comments generated by the groups have been very interesting and thought provoking. It is interesting to note that although this group of 'novices' (to quote Benner) have insight into their needs and clearly articulate their concerns and how they think this problem can be overcome. Is this a demonstration of Carper's tacit knowledge?

Members have shared their clinical experiences, thoughts and ideas within the group. (The group do not want to call these sessions reflection so we call them our discussion groups)

I feel it is important that all group members feel that they are in control. Is this possible?

I am trying to develop COLLABORATIVE RESEARCH; if this is the case then all group members must be allowed to contribute equally in their own way.

14th August 1994.

I am trying very hard to get my research together.

It seems a mess. I have worked so hard over the past few months. Working with the groups has been brilliant, but where do we go from here and how is this progressed?

I was promised time off in the summer to do some writing. This has not occurred. So many other people seem to have had time. I supposed it's only right that some of us have to carry on working. After all the school doesn't close during the summer. There are lots of post registered courses going on and I am still very involved with the students in practice as well as the 931.

However, I think the group sessions have gone quite well. I am collating and transcribing the data as much as I can. I have some good written notes (much still to type and transcribe later). This is providing a wealth of information. I just feel in my heart this information collected from the students' discussion groups and their questionnaires will be useful. I just hope that this data is good enough for me to achieve my PhD.

27th September 1994

Group A.

We meet again after the summer break.

The group remain just as keen to get going. They have their list and had already arranged the session. This was done as arranged earlier by one of the group members who confirmed their timetable and arranged to inform the other members. It was my job to arrange a venue.

The focus for this session was 'breaking bad news'. I had brought a video as a trigger. This I played to the group. After this we brain stormed our thoughts and together set out on the blackboard ideas for learning needs. I did not want to break the mood so went into teacher/facilitator mode with the last part of the session.

This turned out to be a good session.

The group were very interactive and came up with some very good ideas.

I facilitated this session as if it was part two of a communication session leading on from the first communication session. This seemed to work well.

However I think I will discuss this with the group later. It seems to me that we could combine these two sessions and use it in a simpler form earlier on in the programme.

I will keep these ideas until we meet for our last session which is planed for October.

I am not sure how this next and last session will work.

We have 'partings' to go through as well as the 'business in hand'.

At least I can express my thoughts here.

Part of the action research process is to use reflection. We as a group(s) have utilised this tool throughout our study time although the group have not used this title. They always refer to this aspect of the study as their discussion times. I think it will be very useful during the last session. However I have used it for myself not only as an aid memoir of thoughts feelings and events of the research process, but also as a cathartic tool.

I am not sure if this is proper research but it is truly a 'proper tool'.

28th September 1994.

Meeting with Group B.

We have three members who could not attend this session. However they have kept to the group's grounds rules and contacted us.

Even simple things like this I believe are an important part of the research process and perhaps demonstrate the group's commitment.

The group were very interactive today. They had decided to progress their part of the study.

Different group members put forward ideas on the blackboard and used this as an interactive group session.

I was frantically writing on my sheets of paper.

How can I ever translate what I was witnessing into the written word?

However I have to ask myself is it necessary. I know it was real. I have maintained an accurate record as possible using tapes, written notes and group comment and of course this reflective diary.

I have to keep the words reliability, validity and credibility in the forefront of my mind.

This is such a rich experience I am a little afraid of falling into the trap of not documenting it at an acceptable level.

I participate in the 'board' work and then worry how I am going to reproduce it. (Same old worries of a researcher in the field I hear myself and the books telling me)

I asked the group if I could copy all what was written or drawn on the board. They said no... "this is for us" However I am allowed to write my description of what I see which they check. I also have permission from my group colleagues to write in more detail about my own contribution of 'smiley faces' and what I had said. As part of my reflective diary.

I have explained in simple terms to the group what my own reflective diary is about. I have assured them that I have not put in names etc. They do not seem to want more. I have offered that they can see it, although I must admit I was afraid that I would show things which I had forgotten about and feel uncomfortable about. However they have declined the offer.

11th October 1994.

I am meeting both groups tomorrow. It will be the last session of this pilot study for both groups

I hope I can help my fellow group members to feel valued and convey to them just how much I appreciate their participation as part of the group. I suppose what ever they bring to this last session will be our contribution towards to the next stage.

Action research cycles (depending the particular model and authors) would suggest that we need to critically reflect. I hope that we can reflect and have some outcome which I can take forward into the next stage.

I plan to gather the data from both groups and discuss it with Ian. He hardly ever sees me. I am such a bad student. I am so busy at work, Trying to get to see him as well as keep up to date with the field work it hell.

12th October 1994

Group A Meeting.

The group had decided to end very much as they had begun, working in small groups. I have been asked to walk around and work with each group. I fully participated in the larger group session contributing as much as everyone else.

Together we have finally came up with a completed list of sessions and where the group thought they ought to be introduced into the timetable. I supposed because the students have only experienced about year of their course they have set their plan in this time frame. However it is interesting to note that it has become quite a small list of absolute musts and things which would be nice. All of the musts are set in a time frame quite near the beginning of the programme.

I will need to put this in context to the overall study.

I had thought of all sorts of group endings however the group had other ideas. They put forward a proposal to meet later in their course to see if the ideas they have now still stand or if they would change their proposals. It was interesting how professionally they used research arguments to qualify their rational for making this into a 'longitudinal study'.

It's the first time they have used any kind of research jargon. What am I doing to this group? How have I influenced them as practitioners and researchers?

12th October 1994.

Meeting with Group B.

Two meetings on the same day were not easy. I made notes from the first group and tried to give myself a 'bit of time out'. This gave little time for me to write field reflections which I have tried to do throughout this past six months.

However:

It was interesting that this group also wanted to break into small groups and brainstorm ideas they had had and what they felt they needed. One of the group members said 'I have had nothing and I am really fed up'. For me there was a tinge of guilt. How had I let this person down both as a researcher and a professional?

Interestingly other group members disagreed, but tried to give examples of what they felt they had gained. However I did say within the group that I thought we should respect the opinion of this person.

The majority of the session was very interactive and interesting. I am amazed, this group came up with a list of needs and a time span when they believe it would be useful for students which are very similar to that of group A.

I will need to think about this some more.

November 26th 1994

I have spent time talking with Ian. He is his usual kind professional self. Thank goodness he keeps questioning me. He makes me think. Still no real answers but the cogs keep turning.

I have now started in earnest to read around the subject of Action Research. I find this confusing. So many opinions and so many models and theories. I think I have the fundamental principles but I am becoming fascinated with various models and opinions.

I have done the 'first sweep' of the questionnaires both Group A & B

I need to think about how I go forward. Do I try and work with another group(s) in March or do I strive to get a larger group in September? Is this the right way forward? Was the pilot successful? What should I change? How should I or the group make changes? Some things I can't predict. Others I need to talk with someone.

30th November 1994.

I have thought of various changes.

I did have some ideas which I put together on a draft and when I met the groups to show them the completed group diaries and transcripts (each group has only seen their own) I have had further thoughts.

My teaching schedule is very full over the next few months. The next September group will have many more students in it which I think could be more useful for research and participant numbers.

I will outline my ideas to Ian when we next meet.

In the interim period I want to start writing chapters.

Because of the time constraints I seem to be only able to make a lot of notes.

This is so frustrating. Never mind, this is the 'lot' of a part time PhD student. The reality of part time seems to mean in your own time. At least I was able to achieve the ENB Bursary award. This has given some money to pay my fees and buy some of the equipment I need. I am lucky that BS continues to help part fund me with money towards my fees and at least time on paper.

The issue of research time is a real problem to me. I am concerned that my teaching load is so unrealistic. As fast as I unload some work a situation occurs which results in me gaining more work than I started with!

At least I am employed.

December 12th 1994.

I have spoken with BS who confirms that I can continue my study and continue working with student volunteers. However having spent time with MM it is obvious that my teaching load and other commitments will make it impossible for me to work with the new March 11995 intake. This is probably just as well as they will be quite a small group and not all branches will be represented. However this will give me time to go over the data from the pilot study groups.

January 2nd 1995.

The start of a new year. I have spent time reading again the work of Ong and Murrey. I will have to get the originals papers, however the secondary sources are quite good at this point and have enabled me to use this technique of brief ongoing analysis of 'rapid appraisal' whilst still working with the students 'in the field'.

I find that the students are able to work with the 'problems' and think about ways in which together we can make positive change. Their ideas are fascinating. The two pilot groups have been brilliant.

I hope now that I can achieve a good rapport with the next group of students I work with.

March 19th 1995.

I have spent time collecting papers, articles and books to help me develop my first draft chapters. I am trying to start writing but this seems a difficult task. My work load and home commitments make it very difficult for me to manage to write anything at the depth and level I wish to achieve.

March 26th 1995.

A good day. I was able to collect quite a lot of information from the library and have spent time reading. This in turn has enabled me to plan my chapters. I must show these ideas to Ian.

April 22nd 1995.

Having had time off for Easter break has enabled me to concentrate on the draft chapters. I now have a clear plan of the first two. I want to show where I am coming from so that I can justify why I have undertaken this research and why collaborative action research.

Ian has helped me to understand how this can be achieved and has given me some useful reading to help focus my understanding and to master the arguments I will need to present so as to justify using action research and the particular model(s) of action research within the study.

Elliott's explanation of action research is interesting. He writes in a way which makes action research easy to understand. However I need to be able to explain how action research is the right methods to use in the area of professional health care and nurse education. This is where the work of Tichen and Binnie is so useful. It has given me confidence to progress using this model of research. It seems that every week I find some little 'gem' of a study or interesting paper which helps my thinking and enhances my understanding of the research process and the way forward.

I will arrange to meet with Ian so as to clarify my ideas.

25th May 1995.

I have spent time looking once again at the outcome data of the pilot groups and have tried to see if there are any 'patterns' emerging.

It is clear that although both groups worked independently during the field work time the evidence appears to show that both groups had ideas and produced plans and 'mini programme' which were similar. It is also interesting to note that the emerging evidence from the questionnaires seems to demonstrate that although these were written independently, by the individual students, usually within the two weeks of commencing the course; they clearly reflect similar patterns of concerns and ideas as to their needs in respects of this aspect of nursing care.

I have undertaken a 'first sweep' analysis of the questionnaires and compared this data with the notes and transcripts of the group's action sessions and discussion meetings. Again for me there are clear patterns emerging. I must discuss these findings with the two groups so as to clarify a way forward and prepare for the new study group.

13th June 1995.

The students are due to break up soon for the summer, this means that the students will not be in school again until the autumn term. I have been able to contact quite a number of students from both the pilot study groups. I have invited those who can attend to a meeting on the 22nd June at 5p.m.

22nd June 1995.

I have just finished working with the **students from both pilot study groups**. Their energy is amazing. They worked so hard and together we developed ideas for a way forward to the next stage of the study.

Although we all met in November 1994 to share our ideas and view our diaries of ideas we had agreed that when I had collated the data from both groups transcripts and questionnaires we would meet again to consider a way forward to the next cycle of action.

To help us consider the issues and construct a plan for further action I felt we needed to use a tool which would help us review each stage of our work together. I introduced those present to Gibbs 'cycle of reflection' as I think this is an easy model to understand and used it to illustrate action research and explain the action cycles we had undertaken. These being; highlighting the problem, deciding on the action and reflecting on the change(s) we had made.

We also further reflected on the effects these changes had made to the students preparation for practice.

I presented the action sessions of group A and we compared these with the suggestions put forward by group B. We highlighted the sessions from each groups list of ideas which were similar or overlapped in some way. It was agreed that I would copy this list and keep as part of the outcome data of the pilot study groups.

We have decided that I will contact the next group of volunteers using the same methods as I had used with the pilot study. This was agreed to be a useful way of making first contact.

I also explained that it would be for the new group(s) to develop their own plans and decide how to proceed with their part of the study. This was in answer to various questions asking how the next group would work.

I proposed that we meet again when the next stage of the study is complete. This next meeting will (hopefully) include representatives from the new group(s) so that all together we can consider the following stage of action.

22nd June 1995. (continued)

I find working with students so rewarding. They give so much of their time and appear so willing to think about the issues and suggest ideas for change and possible ways to progress the action.

However I remain sensitive to the groups' needs. I am also aware of the need to record all of the group's activities within the study process and ensure that they are properly recorded so that they can be seen to be a valid part of the research.

26th July 1995.

I have spoken with, the 9/95 cohort leader. He has agreed to allow me extra time with 9/95 after my introductory psychology lecture on the 15th September.

I am excited at the prospect of working again with student collaborators in the next cycle of field work but I am also a little anxious that this next phase will not work so well as the pilot study.

Reflection on what have I learned so far:

- I think I know more about the various 'models' of action research. At this stage in my learning I do not necessarily agree or disagree with the various authors who present their views regarding action research; what it is or how best to use it. I am nevertheless very interested in the arguments put forward. I think I am developing an eclectic view.
- I feel very comfortable and confident with group work.
- I enjoy working with students as collaborators and developing actions for change.
- I consider that I have maintained a positive ethical standpoint and have not knowingly influenced the group's actions and ideas for my own ends. I feel that I am a real 'partner' in the group. It is clear to me that the knowledge and ideas presented by group members; although they are not qualified as nurses' have different but equally valuable knowledge which they bring to the group. This enhances the actions and knowledge base of the groups.
- I strongly believe that students are valid and valuable collaborators. However I have concerns that I will not be able to present the arguments positively within my thesis. Although they are not qualified nurses, they *are* able to contribute equally in this research for change. This is an interesting question and one which I must pursue.

September 15th 1995

Initial meeting with new Cohort (9/95)

Today I met the 9/95 cohort for the first time. It had been agreed that I could have twenty minutes to speak to the whole cohort with the view to obtaining volunteers for the next stage of the study.

I briefly explained the purpose of the study and told them that a group of students had already completed the pilot study.

I gave the students an opportunity to ask questions but this exchange had to be brief as the next speaker had arrived.

I gave the students the date, time and venue for a meeting and asked them to attend if they wished to be part of the next stage of this study.

I left the cohort feeling exhilaration at starting the next stage of the study but also a slight twinge of anxiety. Would anyone bother to attend the meeting? It is a sobering thought that I am dependent on students wishing to take part in this research with me for this study to progress.

21st September 1995

First meeting with volunteers for main study

I had previously written in this diary my concerns that no one would attend this meeting. This was unfounded as **forty-seven students** presented themselves as potential volunteers. The room was hardly big enough to hold this number of people.

We sat around in an informal group and I explained briefly about the pilot study and the proposal we had made for the next stage.

The choice of group which these students could join was influenced by the cohort groups to which they had already been assigned. Some of the students were distressed by this revelation and I took a little time explaining that although I wanted them to participate in the study I could not allow this field work to interfere with their current time tabled programme.

This meant that some students would not be able to be in the group they may have initially chosen.

It also meant that the two groups were unevenly divided, with 17 students being eligible for one group and the remaining 30 students in the second group.

The group of seventeen students become action group (group A). The remaining students became group B (control group).

I realised that some students were disappointed at this outcome and so I spent time walking around the different huddles of students enabling them to express their feelings and thoughts to me. Most seemed resigned and not too worried about the outcome but a couple of them stayed behind to talk further with me.

Dates for a meeting with each group have been arranged.

REFLECTION:

I feel it is important to demonstrate respect for all people. These are 'new students' who have only just commenced their course. I do not want this research which is extra-curricula to be a reason for them to experience stress, confusion or disappointment.

Am I morally right to ask students to volunteer for something and then be instrumental in possibly causing some of these enthusiastic volunteers to feel unwanted or rejected.

21st September 1995 (continued)

I know that I must be cognisant of their 'normal' programme and that I cannot knowingly disrupt it. Nevertheless I do have a slight discomfort that so many students came forward as enthusiastic volunteers and already some have been disappointed.

Is there an answer? Is this one of the dilemmas of social or third paradigm research? Does this demonstrate the choices and constraints of working for change within an active programme?

12th October 1995

I met with both groups today.

The meeting with group A was a lively, energetic meeting. The outcome of this first meeting resulted in a list of ideas outlining their needs in relation to this area of care and a list of planned sessions and dates of meetings for us to experience our 'revised study programme'

I don't know if I can deliver all they request, but some how it feels very comfortable working with this new group of collaborators and I think we are right to trial our ideas.

I was careful not to talk too much or share too many of the previous groups experiences as I wanted this group to have the opportunity to develop and experience their own ideas and actions in their own way.

I must be careful not to create a Hawthorn effect. This seems to be an ever-present possibility.

The meeting with group B has been both interesting and stressful for me.

The group, including myself numbered 31.

I am concerned that this is too big a number for this group but I didn't want to state it at this point in the proceedings. However my concerns were voiced by other group members. It was interesting that after the initial discussion the group quickly sorted this potential problem themselves. There were some students in the group who desperately wanted to participate and others who although willing and wished to participate did not feel so strongly and were happy to go along with a majority decision about reducing the number of people in the group.

By the end of the meeting the students had divided themselves again and created a smaller (fourteen students) group B. This core would become the control group.

My concerns again are for the students who are not going to continue to participate in this part of the research. I suggested that those people who were not going to continue as part of group B may still like to complete the questionnaire. This was agreed by all those present.

Why do I feel guilty about the changes that the group have decided upon? I don't think it has anything to do with control (my control) I think it more to do with concern and my conscience

Again I question my moral standpoint and my roles of research collaborator and nurse teacher.

1st November 1995

Meeting with group A

This is a very sensitive meeting. We are a fairly 'new' group and to some extent the students still seem to look upon me as the 'teacher'.

At our last meeting I had encouraged the students to decide how they would like this session to be facilitated. I had been asked to give some suggestions and in the event we decided to try two psycho-dynamic activities to help 'free the mind' and act as 'triggers' for this session.

The 'free art' session was followed by a 'free writing' session. These appeared very effective tools. Both methods enabled the students to present their fears, concerns and questions. The time of the session seemed to go quickly.

I spend a lot of time making notes and showed these to the group when we had finished our meeting. I wanted to clarify my position as a group member *not* just a teacher or independent researcher who was observing them.

15th November 1995

Meeting with group A

The group have chosen to call their taught or facilitated sessions '**activity sessions**'

This activity session focused on communication. Again this was a very interactive session. The students are so willing to participate and share their ideas and opinions.

**Is this because they have chosen to be part of this field study. Would it be the same if the sessions were part of the time tabled programme? I must consider this question again.

29th November 1995

A group 'A' meeting

None of the students were able to attend the meeting today due to a timetable change.

We are unable to rearrange another time today as my own teaching commitments conflicted with the students remaining free time. Therefore we have had to abandon this meeting.

It is important to note that although field work is planned, independent research cannot interfere with the students programme. I think it is important to note that the students demonstrated very strong commitment to 'group A' They not only ensured that I was informed but tried very hard to reschedule out meeting.

We must consider how this lost session will affect their planned 'mini programme'.

1st December 1995

I have had various calls from group A members trying to resolve the problem of the cancelled session..

So as to ensure that the whole group decide on the way forward I have asked that all members bring their ideas for discussion at the next meeting.

I feel so humble. To think that students (my fellow collaborators) are demonstrating such commitment to the study.

13th December 1995

Today I met with both groups. It could be argued that working with two separate groups in one day is not good research practice. Nevertheless the reality of participating in active research at the same time as continuing with a full time teaching commitment and an unchanged full time role as a nurse teacher produces huge time constraints and can create conflicts of interest between the roles of researcher and teacher.

Group A meeting

After a short discussion we agreed that the cancelled session would be abandoned in favour of the remaining scheduled 'activity sessions' continuing unchanged.

There were some interesting arguments presented by various group members but the outcome was unanimously agreed.

The meeting with group B

Again I am reminded of the perceived role and power of a teacher.

I asked the groups permission to tape this meeting. When it became clear that they did not feel comfortable with this idea I did not proceed.

It was interesting to note that the students were concerned that they were not doing '*what I want*'. I feel it is important to demonstrate equality of group members and show that they have a '*voice*' and *real choice* in this partnership.

For me the most important outcome of this meeting was that value and respect of person as well as group democracy was demonstrated.

28th December 1995.

The students are on annual leave. This has given me time to transcribe some of the field notes and type my reflective diary notes.

I am stimulated by the interest and interaction shown by the students in the group. The variety of ideas which are generated during the field work time is exciting. However this creates an enormous amount of work from various sources. (student meetings, transcribed discussion and my reflective diary).

I think it is important to keep the notes in order and to transcribe them as soon as possible. However this not always possible.

17th January 1996

Meeting with group A

This taught activity session related to loss grief and bereavement. I utilised the lecture notes and articles I had used with the pilot study group.

The reaction to this session was very positive.

They liked the lecture format and the 'hand out' which I provided for them. We found this session led easily to a short discussion. There was some questions raised and the students have already started to relate some of theory to their practice experience which has helped them understands reactions and behaviours of people, both clients/patients, relatives, staff and themselves.

For me this confirms the benefit of having such a session reasonable early on in a programme.

31st January 1996

Met with both groups today.

Meeting with Group A

This was the first taped discussion meeting with this group.

There was a lot of sharing of personal experiences, thoughts and ideas for change.

The main points raised at this meeting seemed to focus on a need for students to be prepared and have some insight into aspects of loss grief and bereavement and death and dying at an early stage of their programme.

The need to have formal communication skills related to loss grief and bereavement is clearly very important to this group.

This theme had also been highlighted by both groups in the pilot study.

It will be interesting to see if Group B has similar thoughts.

31st January 1996 (continued)

Meeting with Group B

The students shared some very personal experiences. One student talked about a client who suddenly became ill and after a few days, despite intervention died. This was obviously a great shock to her and to the other students in the group. She was angry, not because the client died but because she did not feel that her course prepared her appropriately. This sentiment was echoed by quite a few members of the group.

Another member of the group raised the issue of wanting to be prepared in relation to this aspect of nursing care, earlier in their course. They asked for a 'few tips' on what to say and what to do. This request mostly referred to practical issues, such as appropriate communication strategies and supporting relatives as an effective member of the clinical team.

It's interesting to me that a number of the students stated that they wanted to be accepted as a clinical team member from quite an early stage of their course.

The students are obviously talking and working with senior students from other cohort. These students are reported to agree with the students from group A; they too would have liked some preparation in relation to this aspect of professional health care, much earlier in their programme.

These ideas and need seem to be repeated a number of times, in this case by both the pilot study group as well as group A, which is further echoed by other students who they have contact with.

I wonder if this will be raised again at the end of this cycle as an important issue for change?

Continued over page:-

31st January 1996 (continued)

Reflections having met both groups for discussion meetings today.

The main areas of need raised so far by both 9/95 cohort groups are:

- The need to have basic communication skills, especially related to what to say and do when someone is experiencing aspects loss and grief. The students state a need for students to recognise the importance in relation to both death and dying as well as changes to personal life style.
- The benefits of having a session where they can express their concerns *before* they go into clinical experience were clear. This was emphasised by group B who appear to be arguing that they did not have appropriate preparation and are asking questions about clinical experience and what they feel are their unmet needs.
- The third theme which seems to be seems to relate to have a basic understanding of death and the dying process. This is both from a psychological and emotional perspective as well as physical view

This seems to be clarified by group A who seem to have found 'activity' sessions related to these areas useful whereas group B appear to be highlighting that they would have liked some preparation and support in these areas.

The groups have only been on their course since late September and already (four months) appear to have a clear view of their needs. (The students have not had any formal study in respect of loss grief and bereavement so far in their programme).

I must discuss these findings with both groups at the end of this cycle of field work.

14th February 1996

Meeting with group A

Another successful activity session with the group. I was fortunate to have help from LW who acted as the community expert.

I was pleased to note that the students were as responsive with 'L' as they are with me.

In a 'real' programme students would not necessarily have the same teacher. It demonstrates for me that it is not necessarily the person themselves who are important to the group but that they facilitate the session with knowledge or have expertise in the subject area.

The students worked very hard during this interesting, interactive group session.

REFLECTION:

This was a long session needing two teachers. Is this justified in a 'normal programme'?

Given that currently the programme has a strong community element within it, is this session necessary?

28th February 1996

Meeting with group A

This session was an activity session focusing on different religions and the relationship to practice.

Again I had utilised lecture notes and handouts which I had used with the pilot group A. This session was well received by the students.

Questions to ask the group

Did they find the session useful, if so, how?

Does it need to be presented early on in the programme or could it wait until much later (i.e. the current programme would not formally facilitate this subject through taught sessions until the Branch specific part of the course).

13th March 1996

Meeting with group A - taped discussion meeting.

The students look tired and the 'mood' seems low or sombre.

However the discussion was thoughtful and all members contributed in some way.

I asked the group to think about the 'activity sessions' we had experienced together so far. I also asked them to consider again the effects (or not) this had had on their ability to learn, both from a theoretical and practice perspective.

There were some poignant personal revelations. I do not want to switch from 'group member' to 'teacher/nurse' but I must remain conscious of the group's safety. This is not only a moral requirement of my own but also a professional one as well. I may be a collaborative action researcher within the group but I do not stop being a nurse and teacher. This is a theme I have raised before in this reflective diary and one which I must examine and discuss within the thesis.

The outcomes of the meeting highlight yet again the students beliefs that the 'activity sessions' which they planned in their 'programme' are useful and have enhanced their learning in both theory and practice.

I find the discussion meetings so useful, both from a personal and professional perspective.

This reflective diary helps me to set out the process and then consider what I think is important or to see reoccurring themes emerging in the study process.

20th March 1996

Meeting with group B

This for me was a very sensitive and some times quite 'heart rending' session.

I am so privileged in that the students appear comfortable enough to share their intimate feelings and beliefs about their course. It seems that the students don't see me just as a teacher and perhaps a 'knowledgeable doer' (to quote Benner), but just as a group member with whom they feel safe.

It is clear that the students are gaining knowledge and experience and are beginning to clarify their own ideas and needs in relation to the this aspect of nursing. I recognise that participation in this field work has probably encouraged them to focus on this aspect of care. However it seems clear to me from the discussion meetings and the ideas put forward by the students that there is a need for them to be prepared with regard to loss grief and bereavement earlier in their course.

The student's ideas for change appear to be supported by other students from other cohorts.

27th March 1996

Meeting with group A

I am completely exhausted from a hard day's teaching but contrarily feel fully 'recharged' by the enthusiasm of the group members who like me have worked all day. However they have come to the meeting full of enthusiasm and energy to continue with the group's field work.

I divided the session into two parts, the first was a tutorial and the second part was a practical demonstration

Using a holistic approach, I presented 'the last stages of living' using the teaching material I usually use during a similar session with third year adult branch students. The practical session focused on skills required to perform 'last offices'.

Both sessions were well received by the students.

REFLECTION

I have always felt that students are still expected to learn the skills of 'last offices' at the wrong time both from an environmental and emotional perspective. For some students death and all it may entail can be a very frightening experience. The abundance of published research related to this issue confirms my belief.

We really must prepare students of all branches much earlier in their course about this aspect of health care intervention.

Again I must share my thoughts with group members.

10th April, 1996

Meeting with group A. Reflections and way forward

This was the last meeting with this group

The interactive session was very stimulating. We used small group work and then came together to share our ideas. Using a template of the original programme we had devised, we evaluated each session considered if it was useful during this stage of their course

This activity session was followed by a short discussion session and ended with the whole group forming a circle and sharing a brief statement or positive thought about the group.

This was a slightly emotional but good experience. All the students stated that the group had been a positive activity for them.

24th April, 1996

Meeting with group B -Reflections and group Work

A format for this session was similar to that adopted by group A.

However because had not had any 'taught sessions' they only had to consider the discussion meetings we had had before today.

The outcome of this inactive session was a plan of subjects or topics which they think they would have like during this stage of their course.

I find it fascinating that this group (like pilot group B before them) created a list not too unlike that of group A.

I realise that the students may well have discussed with their friends what they have been doing in their separate groups but as a whole group they are quite clear what their needs are.

I must review this work and compare it with group A data.

29th April 1996.

I have briefly reviewed the outcomes for change of groups A & B 9/95 and compared these with the collated data and outcomes of groups A & B from the pilot study.

I am seeing clear similarities of need and recurring themes emerging from this brief analysis.

REFLECTION:

I need to undertake a more in depth evaluation and then triangulate this with the pilot study data and the information generated from the questionnaires.

I need to meet with the two cohort groups before they break for the summer term so that we can consider the next stage cycle of the study. I have some ideas which I must present to the groups.

I hope that I can work with another intake of students so as to 'test' our ideas for change.

I need to discuss the work and outcomes so far as well as my ideas for the next cycle with Ian.

.....

I feel quite exhausted. Working with the students is so rewarding but the energy needed to continue the field work whilst continuing with my full time teaching commitments can be a drain on energy levels.

The new 1997 curriculum is being developed ready for validation next year and I must ensure that I am ready for this.

I have already written to GL setting out my work so far. He has seen some of our work and expressed an interest in gaining further information. He has also asked that I speak with SG.

My hope is that some of our ideas for change will be adopted within this new curriculum. This would make all our efforts feel worth while

11th May 1996

Having reviewed the transcripts from both 9/95 study groups in more depth I am trying to arrange a meeting where both groups can come together to share their work and ideas. The shared workshop approach seemed to work well with the pilot study groups and they had suggested that I use the same format with the next group as they found it a useful way of reflecting on their work in the field. They also commented that they felt that the workshop approach enabled a sharing of each others ideas.

The 9/95 cohort have their exams at the end of May and I don't want to interfere with their revision time for this assessment. Therefore I will contact the group(s) and ask if they can attend a meeting in June, prior to the summer term.

16th May 1996

With the help of my secretary 'xxx', I have been able to contact most of the student members from both 9/95 main study groups.

I have suggested a number of dates and have to wait for the replies. I will have the meeting on the date when most students can attend.

I have not had an opportunity to speak with any of the students from either group so I have decided to use the same format for the meeting as I used with the pilot study group.

As Gibb's cycle seemed to be an effective tool during the workshop with pilot study groups I shall use it again.

Note: I have asked the students to reply with dates when they can attend a meeting by 27th May.

30th May 1996.

Most of the students have contact 'xxx' (my secretary) or me with dates when they can attend a meeting.

The date of the meeting is Wednesday 12th June. This is just before the students break for the summer term.

12th June 1996

Joint meeting with both 9/95 main study groups.

I am overwhelmed by the continued response and enthusiasm of my student collaborators. Even though they seem exhausted from a long and busy term, they remain sanguine.

From a potential of 31 students, 22 were present at this meeting. Most of the students who could not attend have contacted either '...' or me, explaining why they can't attend or sent apologies for the meeting. I ensured that the students who did attend the meeting were aware of the apologies sent.

As with the pilot study groups I presented Gibb's 'cycle of reflection' to the group members present. I spent time explaining again the different stages of action research and how our own field work could be perceived in the different stages of Gibb's cycle. The students were very attentive and seem to understand my explanation. Together we considered how we had highlighted 'the problem(s)' and then went on to think about the changes we had made or put forward. Although each group's role was different we considered how this had contributed to the study so far.

Although I have already briefly reviewed the data from both groups, I think it is important to see if my collaborators views support my own ideas.

I presented Group A's 'programme' and the list developed by group B at their last meeting.

After viewing each others work a further composite list was developed.

After we had developed our 'joint revised programme' I explained how I had had a similar meeting with the pilot study groups and had suggested during this meeting that a further meeting should take place between members of both study groups. The aim of this meeting would be to consider the next stage of the study. This proposal was met with enthusiasm. I agreed to make contact with the pilot study groups and send out a list of dates to all collaborators in the hope that a number of us could meet.

REFLECTION.

Our various group meetings appear to go very well.

I am very aware of my own ideas, but I try to present them to my collaborators as suggestions which they can reject or accept as they would any other group member's thoughts. I have found group members appropriately questioning of any proposal or idea which is put forward by me or any other group member. I believe that as a group we are very comfortable with this group democracy approach.

However, I realise that I could unconsciously manipulate or influence the groups actions. Therefore, I try to remain fully aware of this potential problem and I strive not to let my role as teacher or my own enthusiasm for the study overrule or inappropriately influence the group's decisions. I am so pleased that I spent time reading around the ethical arguments concerning this particular issue within research. I must examine this phenomenon in depth within my thesis.

16th June 1996.

Having worked with the 9/95 study groups this week and gained agreement with them to have a combined meeting with representatives from the pilot study groups I have spent time in the allocations office finding the current whereabouts of all the students from each group

I was able to trace the names of all the students via the codes which my former secretary had created for each group member.

Once I had a list of names and the 'branch' of each student and thanks to the good will of the clerical staff in the allocations office it was quite easy to trace each student and access current contact telephone numbers. With the help of two clerical colleagues all the students were contacted and given a selection of dates and asked they could attend a meeting on any of the dates they had been given. I was surprised at the number of students who said they were willing to attend a meeting. Students who could not attend any of the meeting dates could not do so because of clinical 'off duty' or prior engagements.

I will have to wait until next Tuesday to confirm the date of the meeting.

I am working on the 9/95 triangulated data analysis. I will present my preliminary findings for the 9/95 cohort field work along with the outcomes of 3/94 (pilot study) analysis at our joint meeting. So that together we can discuss and consider the next cycle of action.

17th June 1996.

With the knowledge of the cohort leader for the new group I have been working with the timetable co-ordinator who is helping me find 'free study' sessions in the new cohort's time table. Although I have not yet met with my collaborator colleagues the timetable for the next intake of students is currently being arranged and I have to try and access 'free study' sessions in preparation for the next cycle of action otherwise they may be not available should we want them.

This highlights a problem in a research study which is trying to integrate field work within a current pre-registration timetable. It is fortunate that at this stage of the academic year there are a number of unplanned sessions still available within the new group's timetable programme and I hope that this issue does not become a problem for the next stage of the study.

22nd June 1996

On Wednesday I met briefly with (One of the Directors), who confirmed that we could continue the next stage of our field study with the new intake of students.

I confirmed that I would ensure that the new students would be made aware of intentions of the study. However as I have not yet meet again with my collaborators I was unable to present a comprehensive outline of the next cycle of action.

I think it is important to keep all the appropriate 'players' informed of this study as it progresses. I believe that communication helps maintain the integrity of the research both from a professional as well as an ethical perspective.

The timetable co-ordinator has now given me a list of potential dates and times when I could have contact with the four quarter groups of the new cohort. However, because of my own teaching commitments it seems that it will be difficult for me to meet with one of the groups at the dates and times available. This is something which I will need to discuss with my collaborator colleagues.

The date for the joint collaborators meeting is arranged for 31st July 1996.

I am not sure exactly how this meeting with develop and progress. I have some ideas both about how to run the meeting and also about the next cycle of field work. I am hoping that my collaborator colleagues will also have some ideas as well.

31st July 1996.

Meeting with members from the pilot and main study groups.

I arranged some refreshments for the group members as the meeting didn't start until 5p.m., and quite a number of the students have come straight from clinical practice.

Including myself there were 34 people present at this meeting. All groups had a representation of at least fifty percent and all Branches were represented.

I reminded those present of the intention of our meeting which was to review my analysis of the data and to consider the next cycle of the study.

I had kept the OHP's we'd used during each groups post field study workshop and suggested that we looked again at each groups 'programme' list to remind ourselves of the work we had achieved so far. I had also made new OHP's of the composite lists which had been generated by each combined group.

We introduced ourselves to each other and I was surprised how quickly the groups reformed into one collaborative working team. However this may have been because quite a number of the students either know each other socially or had worked together in clinical practice.

The group nominated me as the facilitator for this meeting and so I asked the team to think again of our field activities so far. An interesting discussion ensued.

I explained to the team that I had reviewed the data from each group and developed a triangulated analysis. I suggested that my involvement with all the groups during the field work gave me an advantage of having an insight to all aspects of the study so far. This broad experience had enabled me to generate some ideas

I was at pains to ensure that my fellow collaborators did not think that the next stage of the study should be generated from my ideas alone. My concerns were unfounded as a number of other team members also had ideas which they also presented to the meeting.

31st July 1996. (continued)

REFLECTIONS:

I feel that the students are aware of my concerns related to their equality of status within this study I think they are also cognisant of the constraints each of us has with our various 'roles' both inside and outside of the research environment.

This newly formed 'team' has never worked together before, but we seemed to be united by the research 'problem' and our wish to effect change.

Outline of my ideas and suggestions which I presented to the team

* Time constraints: The School was developing a new pre-registration curriculum which would commence, September 1997.

If we want to effect change, the new curriculum could provide a way of achieving this aim.

* Programme feasibility: Whatever we proposed, our 'programme for change' needed to be one which could be adapted within the new curriculum programme.

* Research Process: What ever our ideas, we need to demonstrate that we have used appropriate research strategies which 'generated and tested the theory through our action strategies' (Tichen & Binnie 1994)

* Time table constraints The time available in the new cohort's time table is limited as is my own time

What ever we propose for the next cycle it must 'fit' within the times we have been offered in the new cohorts time table.

After further discussion we considered the proposals which had been presented by various team members, including my own. We reviewed our field work again in the light of the ideas and suggestions proposed.

We affirmed the aim of the study, which is to effect positive change so that students are aware and prepared at a more appropriate time during their education and training programme in relation to aspects of loss grief and bereavement and issues of death and dying

An outline of the group's thoughts for the next action cycle:

- That our 'actions for change' needed to be experienced by another cohort of students.
- We considered that the next cohort of students would be an ideal 'group' to share and participate in the next cycle of action field work.
- We debated the issue (for some it was a moral dilemma), that the next groups of students would experience 'our ideas' and not their own. However we reconciled this fact with the belief that research and actions for change have to 'tested' by others so that its 'value' can be independently judged.

Nevertheless we agreed that all students who experienced our 'change programme' would be fully aware of its history.

We then set about developing a 'revised programme' based on each groups field experiences 'programme lists'.

Suggested Programme Developed by Collaborating Team
(Formed from members of Pilot study and 9/95 Main study groups)

- 'Fear in a Hat' - A meeting with students to discuss their concerns and questions
- First Aid Communication 'Tool bag' A taught session examining ways in which students could use verbal and non verbal communication skills when working with people experiencing aspects of loss grief and bereavement.
- Theories of Loss Grief and Bereavement - A lecture
- Understanding Religion and Culture and its effects on loss grief and bereavement - A lecture
- Last offices - A practical skills sessions

4th August 1996

Due to 'T' recent injury and trauma I have had to give him a lot of my time and have been unable to progress the chapters. At least I have been able to continue with the field work. I am meeting with Ian on the 19th and I want to discuss with him questions for the next stage of the study.

I hope that by setting out the questions and reflecting on them, I can clarify the issues in my mind before I meet with Ian.

Issue (1)

My collaborating partners and I have agreed on a 'programme' to be trialed with the new group of students. However the collaboration role of the new cohort will be different from the previous student groups who have participated in the field work so far.

They will still be collaborators in that they have a right to make comment and put forward suggestions towards a 'revised programme' in relation to the aims of the study.

The difference for this collaborative group(s) of students is that they will be experiencing a pre-planned trial programme and not one which they have devised themselves.

However it has been agreed with my current collaborative colleagues and one of the Directors for Pre-Registration programmes that I will inform the students involved in the next cycle of research about the study and that they will have the option not to participate in the field work.

The new cohort (9/96) has all four branches represented within it and I am hopeful that I will be able to access all of the students.

Issue (2)

I am concerned about my own role in the study. It seems to me that I should in some way be able to demonstrate that it is '*valid*' and that '*rigor*' has been applied.

How can I demonstrate that I did not in any way collude or manipulate my collaborating student colleagues to produce 'changes' of my choice and that the changes were developed from joint initiatives?

How can I demonstrate that the 'programmes' developed and revised by the various collaborating groups are original and were developed by the named groups?

I have always ensured that members of the relevant group check the transcripts of our meetings. I have also ensured that a number of members from each group have been party to each cycle of change throughout the study. As collaborative groups we have shared, developed and progressed each stage of the research.

We have to remain mindful that we have little 'proof' that our research processes are valid and maintain rigor. However the original written notes, copies of the transcripts from each meeting as well as the original completed questionnaires are available for scrutiny.

Despite this my own role within the study and the potential for 'observer bias' continues to perplex me. To try and overcome this potential problem I have thought about involving an 'academic friend' in the next stage of the study. This could help address the criticism made by a number of writers related to participant observation. An example of such comments is made by May & Pope (1995) who argue that;

'qualitative research can be seen as 'an assembly of anecdotes and personal impressions... (and can be)... strongly subjective to researcher bias'.

Although I want to try and overcome this potential problem I need to be mindful of another 'observer' could negatively effect the 'melee' of the group and may result in group members (including myself) acting in such a way that is not of the 'real world' (to quote Robson).

I am confident that group work and me being part of the group as a participant observer is an appropriate method to use in this research; but other than involving another person I cannot think of another way in which my own role in the study can be 'vetted' and this potential problem addressed.

Having spent some time reading around this issue, I feel that another observer whose responsibility during the group meetings is to 'focus on me and my role' could help to support the claim that the research is valid and rigor has been appropriately applied.

I am comforted by Peplau's (1988) view that there is;

'... a participant observer in most relationships in nursing... and that the nurse herself (himself) is the instrument and the object of the observation as she (he) interacts with patients or groups'.

I must consider who to ask to be my 'academic friend'.

12th August 1996

XXX has given me a number of dates and times when I can meet with the new group(s). I have a lead psychology lecture in the second week of their programme and I will spend time at the end of this session briefly explaining the nature of the study and its aims to the whole cohort.

However, because of various teaching commitments it seems almost impossible for me to meet with one of the quarter groups (group E). It seems appropriate for this group to become the 'control group'. Having a whole quarter group as the 'control' group would reflect a similarity to the two previous cycles of the study.

I will speak with some of the students from the previous collaborative groups to check that they agree with this idea.

I have also spent quite a lot of musing over the issue of an 'academic friend' to observe my role and function in the next stage of the field work. To acknowledge Peplau's arguments and give credence to the issues raised by many researchers in relation to participant observation, I think it is important to have someone who not only understands research, in particular qualitative research, but also somebody who is of the 'world of nursing'.

I have spoken with She is a qualified nurse teacher and is fully aware of my research. She also has specialist knowledge of this aspect of nursing practice and intervention. We have worked together on a number of occasions and I believe that she would understand the role required and be professional in her approach to the task.

We have spent time together and I have been able to share my concerns with her. She is very happy to observe me during the next stage of the field work and give me feedback not only of my participation but also of my translation of the data. This has meant that we have had to ask a few of our colleagues to change some of their teaching times or to cover for one or other of us so that we can work together.

This involvement with other colleagues, especially asking some of them to help by changing their times etc, brings a whole new dimension to the notion of collaboration. Without exception (to my knowledge), colleagues whom I have approached have been one hundred percent helpful. It makes all the hard work necessary to get the next stage organised worth while.

19th August 1996.

I had a very good meeting with Ian. I know he is frustrated that I am not giving him heaps of work related to the chapters, but he remains supportive. With Trevor's incapacity and my teaching commitments, I don't think I could go on with this research if Ian did not continue to support me.

I explained my concerns related to rigor, validity and my role and discussed my idea to have an 'academic friend' observing me in the next stage of the field work. He seemed extremely enthusiastic with this idea.

He questioned me carefully and made me explain my questions and potential ideas to resolve each issue. I am so glad that I had set out the issues in this reflective diary before we met. It helped me to clarify the points discuss them clearly during our meeting.

21st August 1996.

I have been given a list of dates by setting out dates and time when I could meet with three of the quarter groups of the new cohort (9/96). He has now sent a copy of the 9/96 time table confirming the dates of my sessions.

I have also spoken with some of my collaborators from the two previous cohort groups and they are in full agreement with these arrangements. I was unable to access five separate sessions with each quarter group I will have to modify our 'revised programme'. They understood the constraints and are happy for me to make changes to the programme so as to fit in with the time table constraints. (See append.....)

I am not sure what I would have done if they hadn't' agreed. It would have meant that I would have had to call a meeting and probably start all over again. (This would have defiantly been a 'valium' moment!!).

I have also spoken with.....who has agreed to be present at most of the meetings I have with 9/96 quarter groups.

I have had another meeting with.....(my academic friend) and explained in more detail the study so far. I have also shown her a lot of the collated data so that she would be fully cognoscente of the research before she 'enters the field'. Colin Robson states that research should be in the 'real world' and reflect 'real life'. This study certainly seems to adhere to this notion.

The field work and in particular my reflections in my diary demonstrates the reality of working with a problem in 'real time'.

Despite the stamina and great effort needed to organise this next stage of the study; I am quite excited and enthusiastic to progress to the next cycle of field work.

I am working in Jersey, managing their School for the next three and half weeks. I hope to do some reading during and prepare to meet the new cohort during this time.

8th September 1996

I am meeting with the new 9/96 cohort on Wednesday. I will present the study so far and ensure that they understand that they do not have to participate. I have reassured (.....) that no one has to take part in the study unless they want to. BS continues with her support.

After spending time thinking about working with an 'academic friend' I am pleased thathas agreed help me. She has spent time reading through some of the notes and transcripts I have completed so far. She was interested to see how I kept records and ensured that transcripts are sent out, altered and checked again. I will always be in (.....) debt. She is such a good secretary, she understands office procedures and is able to help me keep a simple record of all contact with my student colleagues. She also keeps a check on transcripts that are sent out and records their return for me. This is time consuming and her willingness to do this job for me is extremely helpful.

(.....) will be present at the meeting on Wednesday. This means that she can commence her observation of me from the first meeting with the new cohort.

(.....) has agreed to mark the main time table with an * so that the students will (hopefully) see the sessions related to this study.

So many people have helped in practical ways, enabling this trial programme to be tested within the new cohort's normal time table. I think this is one of the most important aspects of undertaking 'real world' field work. In this School hundreds of students from other cohorts have to have their normal programmes provided and any research studies which is undertaken cannot and should not be allowed to interfere with their 'normal' curriculum requirements.

As with previous groups I have started a field diary. I find this very helpful to maintain records of the field study process. Previously I have kept separate diaries for each individual group participating in the field work. This time I am only keeping one for the entire cohort.

I met the new 9/96 cohort today. -I presented the study so far. They appeared interested and all four quarter groups have agreed to take part. Some of the students from the control group expressed disappointment at not having the same opportunities as the other three groups. I explained to them the reasons why they were chosen as the control group. I hope they realise that their contribution to the study is equally valuable.

All the students in the three action groups were given a paper copy of the trial program.

The first session of the trial programme starts next week. I hope they enjoy it and gain something both academic and personal from this experience.

The students in this cohort are the first who have not 'chosen' their programme. There is also the first complete cohort to volunteer and participate in a cycle of the study. I am still amazed at how 'giving' students are of their time and how willing they are to participate in this study. This is still curious to me and one which I think I will have to explore.

19th September 1996

I have worked with the three action groups this week. It is interesting how very quickly they become an interactive, participation group. It would be foolish to think they always 'get on' with each other, it is clear that some of them don't. Nevertheless in relation to the study they seem to be able to overcome their differences and focus on the task.

Once again this first session has enabled students to share their concerns and have some of their questions answered. This is the third field cycle of this study and the questions and anxieties expressed by the students seem all too familiar. As with previous groups the relief of finding out that they are not the only person with similar concerns and questions seem to help them as individuals and as a group.

Having (.....) there as an observer did not seem to distract the students. I hope that they will take her presence as 'normal'.

6th October 1996.

I have worked with the three action groups again this week. The communication workshop seemed to be well received.

I really enjoy working with the students, but repeating a session three times as well as maintaining my other commitments is interesting! I find myself running from place to place. However the enthusiasm of the students involved in the study makes all the extra effort worth while. If they can put extra effort in support of the study, so must I.

14th October 1996

I met with Ian today. I showed him a rough draft of the trail programme and talked through the process undertaken to achieve this programme. He gave me some useful feedback and was very interested in the role of my 'academic friend'.

I wish I could produce more in the way of written work, but I just don't seem to have the ability to create written work at the appropriate level and do field work and my 'day job'. I don't know how others achieve it. I know I can't.

Nevertheless this was a productive meeting for me. Ian gave me some ideas and suggested some papers I should try to read.

24th November 1996

I worked with all three action groups again this week. I had to redesign this session so that two subjects could be presented together. I believe that the content of this session is extremely important so I presented the major points in the taught part of the lesson and developed extra reading for them. There was little time for interactive work between us which I found disappointing.

However the students were very understanding about the time constraints. When they arrived they started work immediately. Some came and asked questions after the session. Sadly I had to be somewhere else within half an hour and I felt that I rushed them, although I did explain why. Quite a number of them commented that they found the session interesting and that they enjoyed it. Comments like these are very supportive. It makes the partnership between us seem more collaborative.

It's times like these that I wish I was a full time PhD student. The reality is that I am not and so I have to live with these constraints. It is useful having this diary to record high and low points as well as research data.

4th December 1996.

I met (.....), my academic friend today. Quite a number of the student groups are away in practice or are starting their Christmas study leave soon and so the field work has stopped until the New Year. As this break is normal for all student groups, it puts the field work into a more 'real context.

(.....) and I agreed to have a reflective meeting at the end of the field work. This session enabled us to 'check' with each other at a half way point in the cycle of field work.

We believe that her integration into the group sessions has been successfully achieved. We both take notes and she has agreed that I can use her notes as well as my own when I am transcribing. It will be useful to see if we both pick up the same points and issues.

She gave me some very positive feedback in relation to my teaching and facilitating techniques which have boosted my confidence.

11th December 1996.

I had a meeting with BS today. She has confirmed further funding and has granted me study leave. However this is still a problem. So many other people have also been granted study leave and we cannot all have time off together. At the same time home life makes it very difficult to take on much more. I will have to talk with Ian about this.

2nd January 1997

I have recently focused on the needs of the control group and have composed a letter which I will send to them when they return from their Christmas break.

Some of the students from previous collaborative groups have reviewed and agreed on changes to the questionnaire. I will send a copy of the revised questionnaire to the control group. This may help them focus their ideas and questions for our meeting in February. I hope that they are still willing to participate. Unlike previous control groups, this will be our only meeting together. I had hoped to meet with them before Christmas, but the time constraints have proved this impossible to achieve.

18th January 1997

I met with the three action groups again this week. This was our last programme session. I had been fortunate in that I was able to book the clinical room for all three groups which gave us easy access to the equipment we needed.

The students were so enthusiastic and worked so hard. Not only developing their skills but asking questions and helping each other. About half of them have already had experience of last offices skills, but they all had lots of questions. They are beginning to 'connect' the theory to real practice situations. This is very useful for them and I think reflects Benner's notion of developing a novice to the next stage of knowledge and competence.

Without exception all of the students express an interest in this session and said that they found it useful. All Branches are represented in these three groups which for me adds value to their comments.

(.....) was present but did not participate in the session only observed. She told me after the session that she would have loved to have become actively involved. We both knew that was impossible as this would have changed her role in the group. Nevertheless I understood her frustration.

29th January 1997

I have had a number of calls from Ian. It is impossible for me to meet with him at the moment with so many work commitments. I don't know what to do or where to go at the moment. I just know that I must continue without the field work. We are so near the end, I MUST complete it.

31st January, 1997

I have spent time talking with some dear friends and colleagues, using them as a 'sound board', as I try to think of a way forward with my study dilemma. I cannot find a solution to this problem alone. Today I decided to arrange a meeting with Ian and Robin together. I will explain all the problems and issues and hopefully together we can decide on a way forward.

At this point I don't know what outcome our meeting will bring. Meanwhile, I must concentrate and continue with the field work

4th February 1997

Yesterday and today I met with the three action groups for their evaluation and reflective meetings. For me these were 'powerful' meetings.

The students were articulate and some of them shared some very personal feelings and experiences which related in some way to the field study. At every meeting the whole group participated and were supportive and empathic of each other.

Despite the emotional aspect of the meetings the students remained calm and clear in their opinions. They presented some interesting views and ideas for change.

The most interesting and I suppose rewarding issue which has emerged from this cycle is that all three action groups state that they like the sessions and have found them useful both from a professional and personal perspective. Their views support the ideas for change which have developed from the first two action cycles.

I am so glad that my 'academic friend' was present. For me she represents an independent viewpoint, confirming that the students have given this programme a positive reception.

I am meeting the control group on Friday and (.....) I am meeting after this to reflect together.

7th February 1997

This has been a very rewarding day. The meeting with the control group was excellent. They reaffirmed for me the hypothesis that all students need to have aspects of loss grief and bereavement taught or in some way facilitated at a much earlier stage in their Nurse Education programme.

This group, like the control groups before them say that in relation to this aspect of health care intervention, their programme does not provide at the appropriate time education and training to support their needs. I need to analyse the transcripts and the questionnaires of all four groups in depth but I think I will be able to present sufficient evidence and argument for change.

My meeting with my academic friend was extremely useful. She was clear and concise in her feedback. I believe that she has removed most of my concerns related to observer bias and the Hawthorn Effect. I feel that her contribution to this part of the study has validated my role in the group work. At this point I am quite elated and much relieved.

I have put a copy of the transcript of our meeting in my reflective diary.

I must now meet with Ian and Robin. I had my appointment confirmed today. I must also arrange to speak withregarding the new curriculum. He asked me to contact him later this year. I feel that this last action cycle will support the argument for change in the new curriculum.

10th February 1997

I met with Ian and Robin today. I was very nervous; I don't know what I expected them to say. However I presented the issues related to my research, work and home. B. had said that she would support me if I needed her. However they were very understanding and extremely supportive.

Robin has said that he will write to the office and arrange for me to have this year removed from my research time. I am so relieved.

I feel that I can get on with the rest of the study.

This is my first study day since I completed the field work. I have finally sorted out the data from the four quarter groups questionnaires and have produced 'Excel' data sheets for each of the four quarter groups.

The questionnaire is a mixture of quantitative information relating to the sample population, such as age and sex. The qualitative material in the four semi structured questions has clearly enabled the respondent(s) to express their views in their own way.

The questionnaires have been revised with the help of collaborative student colleagues from previous cohorts. However it remains fundamentally the same with relatively simple changes such as to words and phrases so that respondents can have a clearer understanding of a question.

These questionnaires seem to show emerging themes very similar to those of previous collaborative groups. I have only briefly viewed them but the areas of need and the focus of ideas expressed by the students appears much the same as in previously analysed group data.

I will review this data and compare it with the material collected from the previous group's questionnaires.

I will then be in a position to undertake a full triangulation of data collected from all groups' questionnaires, transcripts and evaluations undertaken with each cohort. This will become the framework for my final analysis and argument for change.

During the field study time we were able to consider the various stages of each cycle by utilising Ong's 'rapid analyses'. For a more detailed approach I think Richard Addison's model of grounded hermeneutic analysis may be a very useful tool. Richard Winter's theory of 'Dilemma analysis' may also be useful and is one which I will read in more depth. However I remain mindful of Elliott's warning in that an action researcher(s) should be cautious of the interpretation derived from transcripts and group reflection.

Each cohort and collaborator teams have been very careful to read and check all the transcripts and to review any of my interpretations of the data. I have been mindful to ensure that all groups review the findings from each action cycle and my own interpretations of these activities. I suppose Winter is right when he says that analysis is an interpretation of the truth as we (the researcher) sees it. I hope I can argue this point satisfactorily in my thesis.

Ian has loaned me a book by Zuber Skerritt. Although I have only read it briefly it has some very interesting ideas set out in it related to analysis, interpretation and reflexivity of change. It is almost as if some of the confusion I had related to the translation and presentation of the data are being clarified.

29th April, 1997.

I have spent a few hectic weeks helpingand other colleagues to write the final documents for the validation of the new curriculum. Over the past few days the new curriculum has been reviewed jointly by the ENB and the University. Yesterday we had the good news that the curriculum has been accepted and validated without any conditions or changes needed. This is brilliant news.

I spoke briefly withyesterday who has agreed to meet me again and formally discuss the research study. I have developed a paper which I shall present to.....when we meet. I have contacted as many of my collaborator colleagues as possible to inform them of this next stage. Some of them have contacted me and offered to come along. I will go on my own to the first meeting and then shall ask if some of my collaborators can attend a further meeting. I think this would be brilliant. For me it would further demonstrate the truly collaborative approach of our study.

I need to make some space in my diary to progress my thesis, but it seems impossible at the moment. I have so little time and I must prepare to meet withand any subsequent meetings he may arrange. I have been asked to become involved in developing the actual content for first year nursing units. I also have to organise with my respective team colleagues the psychology and Law & Ethic subject content for each session. On top of this I have been informed that I have to help develop the first nursing unit with
.....

I just don't know where to find the time which is needed to do this work as well as continuing with the usual daily routine.

5th May 1997

I have drawn together the findings of the 9/96 data. I have made contact with all the students from all the collaborative groups and have asked that representatives from each cohort group attend a meeting so that we can decide on a final programme which I will present to.....at our meeting.

My secretary has been very helpful, not only making most of the contact with the students but also keeping a note of those who can attend etc. We have confirmed the date for this joint meeting as the 21st May.

I really hope there is representation from all the study groups on the day so that the final programme will be a collaborative effort and outcome as has every stage in each cycle in the past.

19th May 1997

Have arranged to meet withafter the Bank holiday. I will have a better idea of ALL the collaborative groups' views after our meeting on the 21st May. This will mean that I will be able to presentwith a proposed programme derived from a collaborative view of those who have been involved in the study.

Having developed a better understanding of the new curriculum I now believe that our 'proposed programme' will fit very well as a 'thread' in the subject plans. I have spoken withwho is organising the new time table. It seems very complicated at the moment, but I think I will be able to explain the 'time slots' we need.

Elliott states that curriculum programmes are a set of

“action hypotheses about how to mediate curriculum content to learners in an educationally worthwhile manner” (1991 pg 54).

He goes on to agree that the hypotheses should continually be tested and reconstructed until improvement through change occurs.

From the commencement of this study, curriculum change has been a clear objective. The aim with each collaborative group was to consider the problem and together to consider how change could take place. The ideas and outcomes generated by each cohort's groups have been evaluated and shared with the next cohort who in turn built on the ideas presented to them. The last cycle of our research enabled the accumulative ideas and outcomes to be tested through the 'trial programme'. The whole of the 9/96 cohort became involved and they too tested and evaluated the concepts set out in the trial programme.

Surely this process demonstrates Elliott's principles in practice, in the 'real world' of Nurse Education. To complete the process of problem solving action cycles and change, a 'programme' based on our study needs to be accepted in the world of nurse education. Having it accepted into the new curriculum would demonstrate this. I believe this outcome would achieve Elliott's concepts and support Robson's notion that practitioners are able and best suited to enquire into their own environment with a view to creating change.

21st May 1997.

The meeting with representatives from all three collaborative cohort groups

I am elated and exhausted, happy and sad. I am elated and exhausted because although the meeting has been successful, the energy used was enormous. (Perhaps I am just getting old!). I am happy not only because the meeting went so well but because the students were visibly pleased with the outcome of the study. I am sad because this meeting marks the end of the field work groups. I know that until the last stage of this cycle is completed our study is not finished; this will be the last time I will meet the students in our collaboration roles. I spent so much time preparing each group for 'endings' I should have given more time to preparing myself.

The meeting had representatives from all the of the action and control groups. There were also representatives from all four Branches present. I believe that having representatives from all the Branches means that our programme will not only reflect the ideas of all three collaborating cohorts but the needs of all Branches will be seen to have been considered.

As usual the students were enthusiastic and eager to complete the task we set ourselves. Once again the students from different cohorts, (now representing first, and second and third year experience) quickly became a cohesive interactive team.

We looked again at the trial programme and listened to the 9/96 cohort students who had experienced it. It was clear that this programme met most of their needs as new students in relation to this area of health care intervention. We debated again when we thought the programme should appear in a pre-registration programme. It was overwhelmingly agreed that it should be as early as possible in the programme time table. I explained that the major constraints would likely relate to time and the number of sessions available for this subject/theme area within a programme. I was agreed that the trial timetable would be proposed and if changes were needed a small group of us would undertake this task on behalf of the whole collaborative team.

We agreed on the people who would be part of this small 'new curriculum change group'. It would consist of representatives from all three cohorts and myself. Those present concluded that the small 'change group' would make any decisions for change on behalf of the collaborating groups if we were asked to alter the 'programme' in any way.

21st May 1997. (continued)

We finished the meeting with another 'social event' of tea and cakes. I think the social aspect of the study is an important part of its success. It enables the students to interact on another level with each other. Again this reflects the real world of professional health care practice and education. These collaborators meet and work with each both in practice and educational settings. Many of them also know one another in their personal life. I would argue that this social aspect of the research reflects the very real professional world in which we all 'live'.

I am meeting..... at 5.30 on the 2nd June to present our study.

2nd June 1997.

I can hardly believe it. I presented the three main cycles of our study as simply as possible to After a short discussion he agreed that our study should become part of the new programme.

I was so surprised. I attended the meeting with a view to arguing our case, in the event it was not necessary.asked some questions related to the students involvement. He seemed very impressed with their participation. I offered to show him evidence of their collaboration and explained that the students had offered to meet with him. He said this wasn't necessary but that I would need to talk with.....as she was responsible for the overall organisation of the sessions for each nursing unit. I will speak with her tomorrow.

I have contacted some of the students by phone this evening. They will disseminate the good news to the rest of the team.

I have read a number of books which explain the principles of action research; no one has clearly described the immense satisfaction felt at this stage of the process.

14th June 1997

I met with.....and presented our study. She had already spoken withand was aware of our study. This meeting gave me an opportunity to present the study to her and answer her questions. We have agreed that each group in the new cohort will experience this 'thread'. However because of the way the nursing units are organised I will have to speak with each nursing unit leader and agree the content of the session which could be included in their nursing unit time.

In principle it has been agreed that the 'programme thread' will consist of five sessions. There will be one session in the first three nursing units and two in the fourth nursing unit. The sessions will consist of two 'small groups' sessions, two lectures and one skills session.

Acceptance of our study meant that not only have we been able to create change within the curriculum, but the students ideas of subject content and the way in which the sessions are to be facilitated have also been approved.

In the past two weeks I have met with the entire nursing unit leaders involved. I have explained the study to them and presented the proposed 'programme' and its content for each session. All of them are very supportive of the study proposals and have agreed with the proposed content for their nursing unit. They have even accepted the title of each session. These were all chosen or developed from ideas presented by the students them selves.

I want to stand on the roof and shout out loud that we have done it.....that students have achieved changed.

9th October 1998

NOTE:

The programme was experienced by all students in the new 9/97 cohort. Although the field work had been completed I decided, after discussion with my supervisor to ask if a sample group of students from this new cohort would evaluate their experience of study programme.

This evaluation took place during September 1998. I sent letters to all the 9/97 students asking if I could meet with some of them to evaluate and discuss the value of these sessions with them. In the event there were so many students willing to participate in a meeting that I had to arrange three separate meetings.

All of the meetings were well attended and each group consisted of representatives from each of the four nursing Branches as well as student midwives. The comments made at these meetings were extremely positive and supported the study objectives for change

Post Note:

I am ending my reflective diary here. For me this has been a valuable tool and one which represents my 'thinking time'. It may not always have been 'academically' written, but it is a complete testament of my reflective experience. For the purpose of presentation, only names or very personal comments have been removed.

APPENDIX 2

Thank you for agreeing to take part in this research group. Your participation is very much appreciated by me. I do hope that you will gain something from the experience.

Would you please read the questionnaire attached and complete as requested. If there is not enough space provided would you please use a separate piece of paper and clearly number your answer to the appropriate question asked.

Would you please bring this with you to our next meeting as arranged.

Thank you again for your co-operation.

LYNDA ROGERS

LR/Phdres/Apr94

APPENDIX 3

STUDENT QUESTIONNAIRE

AGE - 18-25
 26-35
 36-45
 45-over (please tick appropriate group)

SEX - MALE FEMALE

 (please tick as appropriate)

ANY PROFESSIONAL QUALIFICATIONS (please list in space provided)

Please read the questions set out below and answer in your own words. It does not matter if the answers are in list form, spider graphs or sentences. It is important that you express yourself in a way that is meaningful and has understanding to you.

1) What experience(s) do you consider that you have had in relation to death and dying before you came into nurse education?

2) What EXPERIENCES, do you hope to gain and what EDUCATION AND OR TRAINING do you think you would like to receive in relation to caring for those who are dying.

(note This can include people of all ages, those who are receiving treatments, those receiving palliative care, as well as those who are terminal)

P.T.O.

3) HOW would you like this education to take place ?

(note e.g. taught sessions (by tutor), self directed study, guided study, group lead project work, group discussions, or gained within areas of clinical practice. Any other method)

4) Do you have any concerns related to this area of care ?

THANKYOU FOR COMPLETING THIS QUESTIONNAIRE, COULD YOU PLEASE
BRING IT WITH YOU TO OUR NEXT MEETING. THANKYOU AGAIN. Lynda.
LR/PHDRES/APR94

APPENDIX 4

Group A (Pilot Action Group) Dairy of Meetings

Dates:

30th March 1994 - Initial meeting of whole group Self selecting group sought.

6th April 1994 - Students attend optional first meeting to talk about the research and how; should they decide to participate, to go forward.

**Those who decide to participate decide to divide themselves into two groups: A. Action Group
B. Control Group**

Group A

- | | |
|-----------------|---|
| 20.4.94 | Plan action strategy |
| 11.5.94 | How do people die, what is dying, what is loss |
| 25.5.94 | Communication Skills |
| 8.6.94 | Group Discussion |
| 22.6.94 | Theories of Loss Grief & Bereavement |
| 14.7.94 | Terminal Stage of Life and Last Offices |
| 27.7.94 | Discussion Session |
| 27.9.94 | Breaking Bad News |
| 12.10.94 | Ending of the group |
| | Further Reflection and A Way Forward |

Group A. (Pilot Action Group) Diary of Meetings

20.4.94

The group meet for the first time and decided that they wanted to develop a series of sessions. They did this by brain storming.

I did comment that I was concerned that we still had a lot of ideas and many people wanted to speak.

We decided to form small groups and come back to the larger group later.

Each group brought to the large group a series of ideas. This was formulated into a smaller over all plan by writing everything up on the blackboard and using a process of elimination to create a plan of sessions (although not in a particular order at this time).

The group created a very large list. They also agreed on the topic for our next meeting.

11.5.94

How do people die, what is dying, what is loss.

Through small group and then large group interaction they decide on what it means to them and the importance to each of their branches.

We progress on to notions of religion, non religion and its effect on us and our work. Its importance to the client patient, how this need is supported in practice.

I had brought some handouts which outlined the main religions of the world also a list of where to find out information within the Acute and Community settings. Other members also added information of special groups, addressees, ideas: lay members of organisations which could be helpful to clients/patients themselves.

A further discussion of how to relate this knowledge into practice within our own 'branch'.

We looked again at the list of topics and chose next session's topic.

25.5.94

Communication Skills.

What is communication, what do we mean by verbal and non verbal,

I presented a brief twenty minutes talk - an overview of communication and communication process.

I had given the group a series brief chapters/papers/ ref which they could read or use. I had left them for them to collect once the topic had been agreed. Most had had time to read something.

We then thought of ways in which we could use this information in practice. I then facilitated a short workshop on practical ways to incorporate the theory of communication into practice, especially appropriate silence and appropriate touch.

Every one participated and put forward ideas.

Many gave examples of situations when they could use silence, touch and intercommunication skills to help the patient/clients, relatives, themselves and others in the health care team.

(We over-ran our time quite a bit at the end of this session).

We agreed to have a group discussion next time we met. I also asked again if they had decided if I could tape this session and also if they thought I could speak with some people in the group, one to one.

8.6.94

Group Discussion

Quite a few people had been unable to attend at the original time We ended up starting much later so that a few others could join after their clinical placements (this involved a lot of travel for some)

The group decided on simple ground rules of confidentiality and giving every one a chance to speak.

A very good session. A lot of participation.

Ended with checking safety in the group and agreeing next sessions topic.

22.6.94

Theories of Loss Grief & Bereavement

A taught session outlining various theories of loss grief & bereavement In each case I tried to relate how these theories could be compared to each other and used in practice.

The group developed their own discussion of how useful they thought they would be. Also the pros and con of having theory and practice.

NOTE: Throughout this time all students have been working in clinical practice placements

Some times one or other of them stopped me in the corridor and started to talk about aspects of their practice and how something they had learned was of use and what they thought they had missed out. Each time I listened and then asked them to bring their ideas and thoughts back to the group at the next session.

14.7.94

Taught sessions: Terminal stage of life (practical needs and professional intervention)

Last Offices: Practical Approach
(incorporating cultural & religious needs of the patient/client & family)

This was supported by quite a lot of hand-outs

We used a 'dummy' and the students practised and questioned throughout this session.

Despite the sensitivity of this session, the students worked very hard but were able to laugh at themselves as well.

Again this session over-ran time (plus we had quite a few things to clear up)

This session could easily have developed into a further discussion

We decided to allow half an hour to voice anything this session had brought to mind for us.

27.7.99

Group Discussion

Each member spent time speaking about their experiences and how they thought these sessions were useful or not.

Some just wanted to compare ideas with each other and consider any differences and needs in other branches.

Note: It is almost end of term for the students. We need to think of finishing at the end of our six months but because of the long summer break the students feel that they need to 'wash up' when they come back as some of them are still in practice.

27.9.99

Breaking bad news

A continuation of the session re communication skills.

Use of a video and some role play.

The students called this 'Doing something or nothing'
(What to say)

We used an outline from the video by St. Luke's hospice. It needed quite a lot of explaining but some of the points were excellent for discussion/triggers points.

This session was very much focused on the role of the student nurse regardless of branch.

Again the students were very interactive.

12.10.94

Ending of the group

Good things and bad things come to an end.

We decided to get into small groups and brain storm our ideas and thoughts and then bring them back to the 'larger group again'

We looked again at our original plan and laughed at how much we thought we could achieve. We noted the set backs such as cancellations and changes in the main programme which meant that we had to change our times and plans.

12.10.94 Each group in their own way focused on issues which were
(continued) important to them my role was to wonder around between them

We then discussed our thoughts and ideas with each other in the main group. This was quite emotional at times and very thought provoking.

Again using the blackboard they created a smaller plan of what they thought they had benefited from and what they thought other students should have. This included where in the programme and how it should be facilitated

They were very clear that they did not want these sessions to finish but I had to be clear that I would not be able to facilitate in the same way.

After discussion it was agreed that we would meet after a year (approx. 6 months time) to see if they had any further thoughts about their plan in the light of further theory and practice experience.

APPENDIX 5

First Taped Meeting with Action Group A (Pilot group)

Comments and Reflection (transcript)

This is the first meeting with **group A**: 20th April, 1994.
Of the original 15 members 13 were present. 1 person sent a written apology (but stated that they would come another time).

I decided not be too directive but to go with the group mood. Most of the members came on time with two following within a couple of minutes.

This session was not taped as I did not feel that I had a real rapport yet and I had not asked their permission yet.

This transcript is based on written notes which I gave to the group to see to ensure they agreed with what I had written.

REFLECTION:

I was quite surprised that so many of them decided to come to the meeting as I knew how busy they were and I thought that maybe they had volunteered with the first rush of enthusiasm as they had only been on the course two days.

I did mention this to them. They laughed and some said that they were interested. Others stated that they hoped to gain something from these sessions, which was why they had attended.

The group became quiet at first, and then started to look at each other and mostly at me.

REFLECTION:

I didn't want them to become too uncomfortable as I did not feel that it was appropriate at this early stage of our relationship to make them feel awkward or that they were being 'tested'. After all I hoped that they would be my collaborators.

I asked them if I could have any questionnaires, a couple had forgotten, but they promised to give them to me later (which they did). I decided to 'start the ball rolling'.

QUES: What do you hope to gain from these sessions?

(There was a flurry of response):-

- *I want information
- *To know how to care for the dying 'Bereavement theories'
- *How individuals feel about loss;
- *Understand religious groups
- *I need a few basic guidelines
- *Look into the ways you (we) react when you've nursed someone
- *We don't know - when it happens, everyone an individual
- *I am more concerned with the family - How to pick up the pieces
- *Short time responsible for family - questions you can't answer.
- *The relations, some people go quiet; I would like to know what to do (Lots of nods from others)
- *Being told not 222, Oh my God how can I do this?
- *I have a person-I want them to die before I get back-it's so hopeless
- *Please look at suicide.

A group discussion developed with all of the group members able to express themselves in some way.

One person spoke at length about feelings

Another stated that because they had no religion - how they could help others who had.

REFLECTION: We also discussed various aspects of our own experience and I tried to make them laugh a little. (Why did I do this?)-

(1) The group time was finishing soon and I didn't want them to leave with bad feelings (so soon)

(2) to let them know that I felt like they did, or had done in the past.

(3) to help develop group processes without openly organising

QUES: We need to decide how long each session we have together should be. What do you think the length should be?

I had a variety of responses but we finally decided that we could all cope with a meeting once every two weeks between one and one and half hours.

RES: What about the same time as our other lessons?

RES: Ye (s) then it would seem the same as real sessions

(This was accompanied by nods of agreement)

QUES: OK, as we have agreed a time, we need to think of some topics we think would be useful to help you as students to care for the terminally ill and those experiencing aspects of loss grief and bereavement. I know some of you have limited knowledge, but just have a go at brain-storming ideas that you think you would like.

The students divided into groups with me wandering between all of them. They had large sheets of paper and pens and sat around in a relaxed way talking and putting forward ideas.

They also used their questionnaires as a tool for ideas they had generated on their own for topic areas.

REFLECTION:

I was sad that I did not have my recording equipment but I was able to make a lot of notes (I can write fast!)

I am pleased with the initial response from the group at our first closed meeting.

I am surprised that they felt able to talk so much about this sensitive topic so early on, especially as it related to their own feelings.

The small groups came together and put forward a great list of ideas. Using the white boards we formulated a list of potential topics.

These will be the basis upon which the sessions will be chosen, over the next six months.

(See list for original list of topics)

The questionnaires were collected in by me. I have collated the returned questionnaires.

I have listed the requests from the group for topic subjects which will be discussed at our meetings (I hope that these will generate some more in-depth discussions especially about how they feel about various aspects of each topic and what they have learned.)

I have taken at random, 4 questionnaires and will ask these people for a 1 to 1, more in depth, personal taped interview. .

APPENDIX 6

GROUP A LIST OF TOPICS.

First 'Brain Storm'

Developed by the Group at their First Meeting

How to Care For the Dying Person

Practical care for the last stages of living (physical)

How to lay out a body - in hospital
- at home

What happens to those people who are certified dead on arrival
(A. & E. dept) or who die in the streets.

Bereavement Theories

Important people who set models of care

How to put models/theories into practice

Understanding Religious Needs of others , not just Christians

How to Talk to Relatives

Good Communication / intercommunication skills

Understand how and why doctors talk to patients (as they do)
In Hospital/ at home (is it different?)

How to talk with people who have communication deficits or with
learning difficulties.

Dealing with Different Situations

What to do with different reactions to 'bad news'

How to deal with anger and aggression

A.I.D.S.

Voluntary organisations

Continued:

Children

Exploring our own feelings about death and dying

Not just death - Caring for those who have bad news - but not about death

Understanding care in the district (what district nurses and GPs do)

Looking at long illness - Alzheimer's', (and things like that)

Time to Talk with each other (with Lynda) about things that have happened to us

Time to ask questions

APPENDIX 7

GROUP A LIST OF TOPICS

Final List

Developed by the Group by end of First Meeting

Used as 'Working List Throughout Pilot study time)

Counselling Skills

Good Communication Skills

Some useful ways to talk with a patient/relative

Breaking bad news

How to deal with anger and aggression

Theories of Loss Grief and Bereavement

What they are - how to put them into practice

Understanding Main Religions of the World (especially in relation to needs in hospital)

How to Care for a Dying Person

Practical care of the last stages of living (physical)

How to lay out a body and documentation needed

Needs of Children and other age groups

Exploring our own feelings and needs (care of the carers)

Question and Discussion Time

APPENDIX 8

A Taped Study Session with Group A - (Pilot Group)

QUESTION: Since you started your nurse education course, have you found these extra sessions helpful in any way?

RES: For me that has been very useful. I work in a death orientated area anyway, so when we first started, one of my main concerns was how to work with relatives of dying people themselves. Having some idea of how to work with relatives and building on skills that I've developed in the past, I think for a lot of people who haven't worked in people centred environments, such as I have, are disadvantaged compared to me. Particularly at the stage we are at the moment because we haven't been given much input in terms of how to deal just with people. Our sessions here have certainly been useful to me.

QUES: Have the sessions been useful for all of you, or have they seemed inappropriate for any of you?

RES: I think it has tended to make me feel , 'fair enough', they are dying or they've died, but to us, don't take it all so seriously don't let it affect you as much as I thought it would have done. Not to be so scared about it first happening.

QUES: Talking about the sessions that we've had. How have they helped? I know you said that you feel these sessions have been useful. Would you say that applies to all of you? (I know that's lots of questions - just answer what bits you want) *(At this we all laugh at my obvious muddle on tape!)*.

REF: Not at the moment because I haven't experienced anything like that, but if and when I do experience that, (I think the student means people dying), these sessions will be very useful.

RES: The same applies with me, but I am glad we have had these sessions.

QUES: You (...) said that you went through some quite traumatic periods?

RES: Yes we had three (people die) in two days,.... just went. It seemed I know it sounds terrible; to go in batches - in a month they (the ward I was working on) had twenty people go.

- QUES: In a month they (the ward) had twenty people die? How do you feel about that?
- RES: A bit sad.....I wish I understood more. At least I can talk about it here.
- RES: One of the purposes of the ward (I am working on), is to take patients for respite care, to give the carers a rest.
- QUES: Have these sessions been useful to you
- RES: Yes definitely they are useful, particularly the session we had the day before one patient went who I had cared for quite a bit. Going in the next morning they had gone before I had arrived. Not very nice but I've got some idea of what's going to happen now. I'm not going to be standing there frightened to do or touch anything.
- QUES: Do you think you may have been frightened?
- RES: Most probably. Before I never I had any idea of what a dead person was going to look like - rigid and stiff. It helped a bit knowing what to expect, it was eerie enough going in there - sort of deadly quiet if you'll excuse the pun.
- QUES: What else do you need? to help you in this area of care?
- RES: I think maybe it would be good to all sit down, in a small group, and talk about our own experiences of anything to do with death and dying. For instance, (XX) was just talking about what he's gone through but we don't usually know what he's gone through..... so maybe we could learn about how he felt, and what actually happened. In a small group, just sitting there,
- QUES: This is a comparatively small group. Would you feel this is too small, too big, the right size?
- RES: I personally would find it difficult with something quite so personal in a group that was greater than six. I think any more than six would be too much.

QUES: One of the things we talked about right at the beginning when we were a big group anyway was the idea of being prepared before you went out onto the wards. I think it would have been nice to have had this talk about our hopes, and our feelings and about feeling prepared/ unprepared. So if I put that into more structure; How would you feel about an optional 'opt in' group where you could just talk with someone, or within a small group, about what you may experience or your hopes and perhaps fears before going for your first clinical experience. Would this be a useful idea or not?

(The group start to look at each other and begin to mutter to each other. Some members just sit quietly and seem to be thinking about the question(s)).

RES: I think if it was too early it wouldn't be, because everyone is so keen. If someone says a thing is optional, everyone goes anyway at the start. but say within six weeks or so of the start of the course, people are starting to wise up to that and then I think for those who really wanted to do something like that, you would get a more indicative group of those people that really did actually want to work through things and talk things through.

QUES: Do you think people have a right to choose whether they want to talk about this area of nursing care?

RES: I think you would be surprised to find how many hours a day that we do spend talking about it anyway. There will be a few of us back at the nurse's home sitting around chatting and this is the sort of thing we'll be chatting about. This is the sort of thing - we all come back from work and unwind - we're not in a classroom but we still do it,

QUES: Carrying on from what you said, you haven't experienced 'reflection' groups yet. Do think they are going to be a place where you can unwind and express these things?

RES: I think they are going to be too big. A group of ten or fifteen people is much too big.

QUES: Also it talks about, very broad areas doesn't it. It's about education and reflection. I don't think it is a good idea to have something like we are doing now, where there is a tutor, (who is) a supporter, and a facilitator who can provide for our needs, a bit like we are doing now?

RES: I see it in terms of a group as is used in psychiatric nursing. A lot of support groups. I personally find support groups very useful but generally they will need to be on an informal basis - not sort of every Tuesday morning at 10 o'clock, we will meet for a support group. That will defeat the whole exercise. For something like that to work it needs to be fluid so if somebody has a real crisis or a real issue they need to air with someone, or to share and perhaps get a bit of support back or off load. An informal system would be a kind of an option people could use if they wanted to, This would certainly be very useful, although I don't know the logistics of setting it up.

(At this point there seems to be a lot of nodding or shaking of heads within the groups as some seem to agree and others not with this speaker)

(I feel the need to try and bring the group back together and to try and explain my meanings and understandings. Also I want them to recognise that all opinions are valid and valuable).

QUES: I think my meaning would be a small group of people. That group would remain the same group - it wouldn't be a different group of people each time. This (study group) is about a separate group relating to the needs of bereavement, grief, loss, death, and your training needs related to this subject, as opposed to a much broader brief which is the remit of your educational reflection group(s). This is a research study where we are exploring different ideas related to changes which could help students prepare for this area of practice.

(The group stop talking and I think they are starting to listen and think. The group now seem to be 'together' again and continue working and expressing their ideas and views).

RES: Yes, I think smaller groups would be better, more beneficial because you may speak to those who've been there, done that and could give you some advice or whatever.

QUES: What other things do you think we should be providing in relation to what can be a difficult subject? One of the things I talked with about earlier about was a "pack" (in relation to various topics or aids which related to areas of loss grief and bereavement. Do you think a pack with information would be useful, you know,.... which you could dip in and out of. The general consensus at that meeting was - yes - but do you think there could be anything else?

RES: I think it would be quite useful, and certainly would have been for me to have seen or thought about dead people before I experienced them in real life, if you see what I mean.

QUES: Are you meaning to experience what a person is like when they are no longer living, before you actually have to go through that process in a ward area?

RES: Yes

This comment is made by quite a few people; others are nodding in apparent agreement).

QUES: So you are talking about a Mortuary visit..... A mortuary or a Chapel of Rest.....A quiet room or somewhere away from the ward/unit areas?

RES: Yes; somewhere that was divorced from the emotive side of bereavement and death. I think that would be quite useful to a lot of people early on (in their nursing course).

QUES: One of the things we talked about, again at the beginning, was this idea of the taboos that we bring with us, and somebody said that I've never seen a dead body, I only remember my dead goldfish! Do you think that taboos can be 'ironed out' to some extent before you work in clinical practice... Would some of these sessions help?

RES: They're not really discussed - you don't discuss anything like that before you go to the clinical areas. You don't even assume you will be seeing any dead people. You assume you're going to care for people and look after them - you don't really think about the death side. So you're not really prepared at all- and if somebody died on the ward they are not going to find the time to stop and explain to you everything they are doing, so it would be nice to be told beforehand.

QUES: What about those people who are experiencing loss. You talked about people who have strokes and that they seem to be managing - are they and their relatives the same?

RES: Most of them don't seem to have a lot of relatives visiting them.

QUES: How do you think you would be able to cope with someone who says, "Why me - why have I been left like this; I wish I'd died"

RES: I'd probably panic, because at this stage (of nurse training) we don't really understand what is wrong with them so when they turn to you and say "what is happening to me"? You can't answer them. You've been told what's wrong with them but you don't really understand the ins and outs of it.

QUES: So you use the opt out - student nurse - "I'll go and get someone for you".

(At this most students laugh and some nod).

RES: Yes, but that must be better than standing there and telling them probably a whole pack of lies.

QUES: Do you then watch the qualified nurse or the person who comes back to give them the answers?

RES: No because it tends to be very personal, one to one, and they are sitting there quietly. It's not like a role play.

QUES: So how are you going to learn?

RES: Don't know - maybe when I get more confident about it I might be able to sit in, but at the moment I'm not.

QUES: You talked about orthopaedics - people lose limbs, or limbs are there but they're not much use to them any more. Sometimes they are quite young as well, aren't they? How do you feel- about that. How are you able to cope with that?

(The group listen quietly. I don't think they have thought about not dying and how they and others have to deal with living with loss before. This issue seems new and uncomfortable to them)

RES: There was one lady, very serious, she was in a horse-riding accident and had a below knee amputation and I avoided going anywhere near her, having anything to do with her, because I didn't know how she would be coping. She had a good career ahead of her,... had just got married, and she lost her leg after a very simple horse-riding accident. I simply avoided having anything to do with her because I was scared of her and didn't know how she would react. I was worried if I should do anything wrong or be over-patronising trying to do too much for her,... if she was wanting to start rebuilding her life by herself. I didn't like that at all.

QUES: Why was that? *(There is a pause and silence)*

QUES: Was it that you felt you wouldn't be able to talk with her if she asked questions?

RES: Yes.

QUES: That's interesting. It's a difficult area, quite traumatic,

RES: She coped very well with it, or seemed to. But a couple of weeks later she went very downhill, couldn't cope with it, couldn't go to the loo. But for the first few weeks she was fine and then it suddenly seem to hit her I suppose.

QUES: Do you remember we talked about the bereavement processes - could you actually see that with her?

RES: Yes.

QUES: I suspect that she didn't go through the pattern we talked about, (various theories of loss); I said that maybe it wouldn't happen like that. You said she was laughing and joking but in fact it would seem that she was depressed or going through her own grief process. Do you have anything to do with her now?

RES: No, she's gone. I've seen her walking round the hospital and I actually went a different way to avoid her. I didn't know if she would recognise me out of my uniform.

(There is a short pause and a quiet time. I give the group time to 'gather their thought' before continuing with the session)

QUES: Is there anything else anyone wants to say about ...general issues?

RES: I think that any kind of understanding, any kind of practical ability only comes from more and more practice. It's been really useful to look at the processes people go through and to understand some of those things, but I've found myself in situations where I've got half-way through perhaps an interview or something and only then I've thought ~ oh, they could be going through this process at the moment, and it's not natural yet - it's knowledge that's there but its potential knowledge..... it's not second nature at all,

RES: I think that to start that learning process earlier means that ultimately you get to a greater ability and greater awareness than much later..... so to start it earlier is, certainly for me, very beneficial.

RES: I know I have a lot to learn but listening to others and listening to your thoughts and ideas which helps us think for ourselves is useful. I think it's a good idea to have these sessions where we can talk with each other very useful. I hope all students can have them like us.

(The group all nod and some mutter words of agreement).

QUES: Thank you all for your comments. I know it has been hard to have our discussions and ideas taped. I do appreciate it.
.....If we have nothing else then I shall stop.

After this session when the tape was off and it was time to close; the students sat around giving more ideas about how useful they thought small group sessions would be. They thought sessions with a facilitator (like me!) to bring ideas together would be useful. Two students stated it should be part of new items on their group list (of ideas for sessions) if they had not already put it on at the beginning.

After this the session closed.

APPENDIX 9

A TAPED DISCUSSION SESSION WITH GROUP A

(Three months into Pilot Study)

QUESTION: You have been working with patients and clients for approximately 3 months. Have your needs changed in relation to training and education since you started, in connection with care of the terminally ill and their families or understanding aspects of loss grief and bereavement?

RESPONSE: For my part, I think I have become more aware of what I don't know and where I am in being quite confident (I'm a) 'I know what this is all about' kind of person, and through the sessions we've had here and also working quite closely with people receiving palliative treatment especially; I found that quite a lot of what I believed to be true, through perceptions of my own which had no knowledge base. As I practised more, I found that although some of it was relevant and was right, some of it wasn't. That has all come through sessions here.

QUES: Is that the same for all of you?

RES: I think I would agree. The attitude is that if you come across a patient who is dying, you help them die comfortably. I remember the first patient I came across who was dying and it was a total shock I thought-- what should I do - (then I thought)-- it's OK to know what we should be doing,... but you know, what if you touch her and she screams. What should I do - I'm not ready for this - what happens if she does die and nobody else is around.

RES: I had an experience which is slightly relevant to this. I saw all my clinical practice as being a learning experience and so I was kind of distanced from it, so I didn't see people as people, but I saw them as learning experiences. I heard of somebody who was coming in while I was working on a ward and this person was an emergency admission and quite likely to die during that shift. My initial attitude was "brilliant" I'm going to witness somebody dying, that's great, and then I had a lot to do with admitting that person. The thing what did it for me was that he asked me to call him by his first name and then suddenly he was a person and he was a person who was frightened, he was in a lot of pain, and suddenly I thought, I want to do as much as I can for you to make you comfortable again and I felt really guilty myself that initially I thought - Here's an opportunity.

QUES: You mean like an experiment?

RES: Yes, but when he became a person that was a totally different ball game - he was suffering so much and in a sense I put myself in his position - how would I feel if some little 'slobby' student was in there thinking 'go on die, so I can see it' - how would I feel. I became shocked with myself.

QUES: Would you say that this experience has been the same for others in the group?

RES: I haven't actually experienced anybody dying - they've all gone home.

(Some nodding of heads...Some of the students look thoughtful... others look a bit uncomfortable).

QUES: Besides dying, there are people, who experience loss, have any of you had any experience with people or patients experiencing this. (The group look a bit confused) You know people coming to terms with different stages of their health status or illness.

RES: Yes I suppose, but they all just seem generally, not obviously happy about it but in control about it - they know what is happening and they're obviously fine. I've not had to help someone through it or anything. I supposed I may not have seen the sighs of problems.....perhaps I should understand this a bit more.

QUES: What sort of area are you working in?

RES: General medical.

QUES: So what sort of things have you been dealing with. What sort of problems do you think your patients may have had?

RES: Strokes, diabetes.

QUES: Do you think that perhaps people who have had strokes may have massive bereavement problems, or are experiencing aspects of loss and grieving

(At this point many of the group look thoughtful and start nodding in agreement).

RES: Yes, but they just seem to be fine about it. There was one man that we had in who lost a couple of his toes because he had been eating all the wrong things and he was diabetic. As soon as he had the operation he was going on about his sweets. He was totally blasé about it.

QUES: Some people are. He could be using the attitude you saw as a 'front' Perhaps he was denying how he really felt. Perhaps this is his way of coping.

(Again the group seemed quiet and thoughtful).

QUES: Perhaps It's this denial that's making his health poor. Perhaps he needs lots of time to talk about how he feels. Perhaps this is our job to let him know we are here if he needs to speak to someone, either about his feelings or to give him information.

RES: That's a good point... I think I will try and look at people more deeply if I can.

RES: Yes, I think you are right... so will I

(Some other group members nod or murmur in what seems to be agreement with this statement).

QUES: Where are you working?

RES: I work in a Community Hospital (at the moment). I've worked in before so I've been around people who are dying, but I still don't know how they cope with them if they ask if they are going to die. I still don't really know what to say to them. For instance, if relatives come and ask how are they - I still don't know what to say or how to deal with it.

RES: At the moment I feel that I still don't know a lot of what I'm doing all the time. I still don't know what the routine is - how to be with a patient who is not dying but still needs my help and some comfort. Regarding someone who's dying, I haven't experienced that yet so it's a long way away. I need to first gain a bit of confidence with what I'm doing every day before I try and deal with something like that.

RES: But you may not get the choice.

QUES: What have you had in your training and education so far on the course which has helped you in this area of nursing care?

RES: Absolutely nothing.

QUES: Is that answer from all of you, or does anybody disagree?

RES: Well, nothing specific to do with dying or bereavement or anything like that. We haven't been told any diplomatic tactics or anything.

QUES: What about the information that I've given you during our sessions?

RES: Yes well that's different. If we didn't have these we would have nothing to help.

RES: Yes (...) is right. I am glad we said we wanted to talk about things....I think sessions like this help.

QUES: Good. Remember, these sessions are your idea.

QUES: I know our time is almost up. Does anyone want to say anything else.

The group just look around at each other, then mutter nod or shake their heads.

QUES: OK . Thanks for your time. See you all next time we meet.

APPENDIX 10

Student Interview Pilot Study - Group A (St.1):

QUESTION: What experience did you have in relation to death and dying and aspects of loss grief and bereavement before you came into nurse training?

RESPONSE: Of nursing generally, or of death and people dying?

QUES: Either really, what do you consider is your experience?

RES.: Well, I worked for 18 months in a care environment with people with severe disabilities young children actually, and then I worked for 8 months as an auxiliary nurse, mostly within the paediatric directorate, but I also worked with a (nursing) agency in all sorts of areas, mostly on medical wards. I also worked as a Care Assistant in a residential home, mostly with people with Alzheimer's disease.

QUES: Did these experiences affect your attitudes about loss grief and bereavement or death and dying when you came into this nursing course?

RES: I think I was probably far more aware of the rules, and responsibilities of trained nurses, the legal aspect, and what actually constitutes responsibility and accountability within nursing. I think a lot of people, through speaking to them, came into the training with a very naive view. To say that I was cynical I think would be wrong. I think perhaps slightly more wise as to what's involved in nursing as it is today.

QUES: Did this actually affect your attitudes specifically towards those who were dying- those people you thought you'd be caring for that were dying, or terminal, or seem to be effected by loss or grief in any way?

RES: There's a two-fold answer to that really. I had experienced people dying in a Rest Home- I didn't actually see them die but I had experienced the dead person and also their families and their relatives, but I really didn't have very much to do with those individuals, although I built up a good relationship with some of them. Because it was expected and we knew they were going to die, and because I wasn't personally involved I could stay very distant from it.

QUES: When you say you 'experienced' them, what exactly do you mean by that?

RES: Well, the first person who died at the home when I was there, I made a point of going to see them because I had never seen anyone who died before and I had it in my head that it was a kind of scary thing, or I wasn't going to be able to cope with it,...but in some ways I was able to be quite dispassionate about it because it wasn't the person any more, it was just the body that was there. OK the person was dead but it had very little effect on me other than that.

QUES: Had you been advised to go and see the body or had you gone of your own volition?

RES: I went of my own volition, mostly because I knew I was going to start my training soon and I am kind of an opportunist, and I tend if I can to take as many experiences and opportunities as I can if I feel that it's going to be beneficial to me.

..... Which brings me to the second part of my answer. I was working on a ward and a person came in who was an emergency admission (it was a Cancer Ward) and he was not expected to last the shift. In a funny kind of way I wanted him to die when he first came in; from my own point of view I wanted him to die, because I wanted to experience what it was like to nurse somebody who had come in and died whilst you were nursing them. or you had had that kind of input. That was going fine until he asked me to call him by his first name and then suddenly it was almost like the blinkers were lifted off and then what I saw was a man who was very frightened - he was in severe pain and he was very desperate. Suddenly I saw him as this human being and I thought 'no' - I don't want you to die. not for my reasons; if death is for release then fine, that's different, but not for the reasons that I initially set out.

QUES: How did you feel inside?

RES: I was quite shocked at myself because I didn't think I could be quite that callous. It taught me quite a lesson really - people are people - they are not opportunities. In a sense they are because if the people you come across and you nurse aren't opportunities, then your learning curve will just cease, you'll stop learning. I think to see people from a purely egotistical point of view in terms of learning was very wrong and that was quite a salutary lesson really.

QUES: Did you feel scared about your feelings or reactions?

RES: Not scared, I felt angry, because I thought better of myself than that and suddenly then, it was good really because I got very angry with myself - I had to leave. Then I came back and then wanted to fight with this fellow, because he didn't want to die and once a few nursing interventions had been brought about and his pain level was reduced, and he was quite happy that he wasn't going to die within the next ten minutes, then things became a lot easier, and that was so good to see and went some way to repairing my soul, which had been a bit dented

QUES: Do you ever wonder if that sort of thing would happen again?

RES: Not in that sense, because I think that the fact that I shocked myself, and in a sense frightened myself, I know I won't see people in that light again. It is not right, it's wrong, to see people purely as an experience to be gained.

QUES: You seem quite strong about your view when you say "it's wrong".

RES: Yes.

QUES: With that in mind, what experiences do you hope to gain during nurse training in relation to this area of care?

RES: For myself I would like to be able to work as effectively as possible with people who are dying, and in a sense more so with their families. I've got this thing that families are as important. and in some ways more important. than the person who has died..... especially if they have just died. That nursing care goes beyond purely looking after the person who has died because equally the people who are left, still living, they are ultimately the people who are going to need support,

QUES: How would you see yourself developing this ability?

RES: I think mostly through having an awareness that it needs to be done. How to develop it - I guess the only way really to develop a skill like that is with practical experience, because with anything, the more you do it the better you get at it. I think probably also, modes of behaviour and behavioural traits that I don't know about would be useful to learn. To know the kind of emotions that people go through, the kind of processes that people go through when they experience dying or loss themselves.

QUES: With this idea of experience - you said “practical experience, experience processes”; are there any particular methods of learning that you think you'd like to help you learn or gain knowledge and skills?

RES: I think early on, which is where I am now really, it needs to have more of a theoretical base in terms of learning, so learning in a controlled environment, those things which perhaps are necessary to understand those processes, those experiences that people have, with a certain amount of practical experience as well - working in an area of care for people who are dying - say a Hospice type of area.

QUES: Given that there aren't many hospices around and the number of students (in any cohort), that may be difficult, but taking that on, would you say that being supported by a Practitioner would be useful?

RES: No question. I think there are so many experiences happening at the moment which are new, some of which are traumatic, that to have no support would be unforgivable really. We, or I, am in a situation where I am coming across things which I don't understand - perhaps I don't understand the processes I am going through. To have somebody who first of all has experience of those experiences and has a great deal of, or at least a degree of training in dealing with people who come across things they don't know how to deal with themselves I actually think is essential, - it definitely should be available. We need special teachers and sessions to help us.

QUES: What concerns do you have in relation to this area of practice?

RES: In some ways one of my concerns relates back to what we just talked about, in that working within the clinical environment, sometimes there isn't enough support or time to sit down, even for two minutes with you, because they are so busy, or sometimes seem to have the attitude that this is experiential learning in its purest form, and you've just got to get yourself through it. It seemed, on a number of placements that I had before I was on the course, to have been the case. You're here; you're nursing, so get on with it. I've seen it perhaps more in adult nursing than I have in either psychiatric or children's nursing, and also in learning disabilities.

QUES: Why do you think that is? ,

RES: I don't know. I could make a guess. I think certainly within learning disabilities and children, (nursing) which are two areas that I've had quite a lot of experience with, I've found there is far more openness, and far more 'we are working as a team' and let's look after the individual as a team, and far less individualism within the nursing team.

QUES: Why do you think this is?

RES: I don't know.

QUES: How would you like to see your education and training develop for the remainder of your course in relation to this area of nursing care?

RES: I've been quite fortunate with my placements in that I've worked with terminally ill people quite a lot and will do more within the next few weeks. In terms of what happens beyond that I would like to see the consolidation of the experiences that I've had, the things I've learned, the kind of care that can be given to someone who is terminally ill, but also to consolidate those experiences and those skills I have learned as a person myself. In some ways I would like to be able to see a kind of pooling of those experiences within the student body because I find this area of care is something a lot of people ignore at the moment. They seem to see nursing as making people better.

QUES: You say people, do you mean other students?

RES: Yes. Making people better as opposed to nursing people who are dying or just frightened and grieving. People dying' doesn't seem to have occurred to a lot of people (students) yet or it doesn't seem so me, It's going to come as a real shock that they (other students) are going to be working with people and they are going to develop close relationships with these people who are going to die. That could be quite a concern if they have not yet learned how to deal with the feelings that they are going to have about it if they've not experienced it yet.

QUES: You talk about this 'pooling of experience'. What do you mean by this ... and how would you envisage this could take place?

RES: I don't know! In a lot of ways this is an area which needs to be covered very early on in the course anyway. Essentially it's one of those things people are going to need to know about fairly early on. People are going into clinical areas where they are nursing people who are terminally ill or dying, and they have 'no tools' to deal with it.

QUES: How do you think we could try and develop 'tools'?

RES: Certainly within this set (cohort) we could have group discussions. In terms of exchange of information and people being open about feelings and their experiences I think this would be good. Yes, a small group is far better than a large one and I would say never more than a group of six.

QUES: What further education do you think you would envisage needing during your training?

RES: I'm not sure ..a sort of care of the dying course,I wouldn't necessarily say that it should be a compulsory thing for people to do but for people who feel they need it, they should have access to it.

QUES: Do you think it necessarily needs to be a course. What about various study days, exchanging ideas perhaps?

RES: I think we need help to understand this area of care early on in any we that is possible. We need a 'first aid tool bag'

QUES: I like that... we must share that with the group don't you think?

RES: OK

QUES: Thank you for your time. Do you have any thing else you want to say?

RES: Not really... but I could go on a bit.

QUES: Then I think we had better stop....Thanks again.

APPENDIX 11

Student Interview Pilot Study - Group A (St. 2)

Prior to the taped interview I had briefly checked that the student knew that we going to talk about the pilot study and his/her involvement and ideas in relation to this study.

QUESTION: How have your ideas changed about what you think you need to help you to care for those suffering loss grief and bereavement and people who are dying, since you started the course?

RESPONSE: What you mean instead of total fear!.....That's what I wrote on my questionnaire?

QUES: I did not respond but smiled in an open way hoping to encourage the student to carry on speaking.

RES: (The fear) has lessened somewhat...I still think I need different kinds of info (information) ...some different than I first thought of...such as what a dead person feels like... now I know its not always cold or 'tough'.

QUES: How have you learned that?

RES: By being put in the deep end.

QUES: Did you get the support you felt you needed?

RES: Yes, practical, theory and clericalyou know the forms and things.. Also being allowed to assist with people (patients) and being talked through it.

(Later confirmed with the student that 'it' referred to 'last offices' as well as listening to qualified staff talking with patients and patients relatives).

QUES: Did the sessions we have help?

RES: Yes, very much so. It was nice to have a rough idea, although I felt a bit lost at first....it would have been worse if I had not attended the sessions on loss and also 'laying out' (last offices of the dead person). General information also helped as well as our group 'chats' about our thoughts, fears and feelings. Also listening to other people's thoughts and fears, saying how you feel... it helped. Being able to identify with others and feeling aloneit was comforting.

- QUES: In relation to your training and education, what are you looking for now to help you?
- RES: I still want to know about how to deal with relations (relatives) of the patients who have died or people who are dying. How do you care for them...the patients and the relatives?
- QUES: Does this aspect of nursing intervention and care still worry you?
- RES: Yes, still.
- RES: An informal talk in the class would be helpful to give us ideas
- QUES: What do you do with your fear? How do you cope with it?
- RES: I try and talk with friends but I would like more help.
- QUES: Even qualified staff don't necessarily know all the answers and always know what to do. We also need to listen and learn from others. What could we give you in your course (Nursing Course) to help you?
- RES: Perhaps special days or sessions, like this.... *(I think the student was referring to our extra sessions)*.... We also need to learn through our ward experiences ...practical approach.
- QUES: How could we help you with this?
- RES: Link teachers *(This term refers to nurse teachers clinical/practice links with clinical areas wards/units)*, and some help in the class room before we go out (into clinical placements). Especially in the elderly placement... due to ratio of staff to students and the problems there. *(I later discovered the student meant the comparative shortage of qualified staff to students. The elderly care ward this student had worked on had been very busy and the students apparently felt left to cope on their own)*.
- QUES: In relation to the sessions we have developed during this pilot study, what do you think has helped you and what do you think was not so good?
- RES: Everything was of value, but I wish it had also included caring in palliative care settings, a bit more on culture and dealing with relatives. I am pleased we also talked about being happy.

QUES: Could you expand on any of this please?

RES: Yes, I liked our talk on different religions and the handouts but I still wanted to know more. Also I would have like a bit more on hints of talking with relatives... you know when people have bad news... what to say....or not?

QUES: Thanks for speaking to me in your own time. Do you have anything more you want to add?

RES: No. No trouble... thanks.

The taped was turned off and we spent a little time just talking so that I felt sure that the student did not have any 'unfinished business' which was inhibited by the tape recording of the interview.

APPENDIX 12

Student Interview - Pilot Study - Group A (St. 3)

This student had agreed to come and have a personal taped interview with me. It was almost at the end of the six months period of the pilot study. I checked that this student understood that the discussion would centre on the pilot study, their involvement and ideas in this research.

QUESTION: In relation to the pilot study and your involvement, how do you feel it has helped you in developing your nursing skills and knowledge?

RESPONSE: I have gained a lot of experience and have been able to use some of the things we have had lessons on. It has helped me work with families, you know patients families better, more effectively.

QUES: How do you see your self developing these skills further?

RES: In practice, using theoretical based learning. I think we could learn more things in a controlled environment, it helps us to understand it better and is more safe... you know for us and them (the students and the patients/clients). I think we need a certain amount of practical experience.

QUES: How do you think you would have learned these things if we hadn't had these extra sessions?

RES: Learned myself.

QUES: Do you think self learning is a good way.

RES: For me it would be OK, although I have preferred this group learning, you know pooling experience and learning together in a group.

QUES: Which of the group sessions we decided on do you think other students might benefit from? (as part of the collaborative group work).

RES: All of them, I liked the group discussions, and the practical ones (sessions) I also liked having theory and then being able to use this in practice to help me understand people and the way they might react or be feeling.

QUES: Can I just check this out, are you saying that the series of sessions were useful and it has helped your nursing practice, both from a theoretical and skills point of view?

RES: Yes, that's right,.....I agree with what you have just said.

QUES: Is there anything else you would like to add?

RES: No.....Just to say I have enjoyed these sessions and it has made me think more about what I am doing....you know in this line of nursing. Especially working with patients and their relatives. When a patient asks me questions, even if I don't know the answer or I feel awkward, I think I am beginning to understand about trying to understand what they are not saying...you know like we talked about. I have found that really good.

(The reference to 'not saying etc.' relates to the session on communication and listening skills as well as watching/observing people and 'picking up' patients/clients non verbal cues).

QUES: Thank you for taking the time to speak with me.

This student seemed very nervous during this interview, but was still happy to be taped. There were many long pauses between questions and responses, but I felt it was important to give the student plenty of time to think and respond without feeling rushed or perhaps it looking as if I was putting answers into his/her mouth.

APPENDIX 13

Group B (Pilot Control Group) Diary of Meetings.

Dates

- 30th March, 1994 - Initial Meeting of whole group. Self selecting group sought.
- 6th April, 1994 - Students attend optional first meeting to talk about the research and how; should they decide to participate, go forward.

Those who decide to participate resolve after much discussion to divide themselves into two groups

- A. Action group
- B. Control group.

Group B

- 12.5.94 Discussion (untaped)
- 15.6.94 First taped discussion group meeting
- 20.7.94 Discussion meeting
- 28.9.94 Discussion meeting
- 12.10.94 Ending of group - Reflection, and group workshop

Group B (Pilot Control Group) Diary of Meetings.

6th April, 1994

The group have divided themselves into two groups. I am concerned that those who have ended up in the control group feel devalued or of less value in some way. I have gathered them together and asked them what they think we should do today.

It was agreed that they would have a short session at the end of this meeting to discuss this group's strategy.

Group B - Sub group meeting:

The group settled quite quickly and started to ask each other questions, how would they work as part of the group what was their use and aims.

One member explained what he thought a control group could do

The others listened to this member then started to add ideas of their own. All of the group kept looking towards me as if checking to see if I thought it was OK. I was careful not to offer 'advice' but to try and become an equal member, able to have ideas put forward but also for others to reject them as they would with other person in the group.

It was decided that the group would meet every month to compare the programme they were experiencing, to consider what they felt they were benefiting from in their programme in relation to this aspect of care and what they thought was missing for them.

I took care to remind this group that the whole (pilot) group had agreed prior to dividing into two groups that all ideas and experience would be shared at the end of the six months which was the time span we had agreed on.

A time for our next meeting was agreed.

12.5.94

All the group were present at this session. I was surprised that all of them attended so enthusiastically. I asked if I could tape this session. The group said no but that I could take notes. I agreed and assured them they could see the notes I made once I had typed them.

It was a bit stilted at first but soon the group started sharing their experiences and feelings with each other.

Date and time of next meeting agreed.

15.6.94

The group agreed that I can tape this session

Lots of feelings, ideas as well as fears are openly shared with each other. I ask questions when I need to clarify points and some times I let the group interact and take control of the discussion.

This is a long session. We agree date and time of next session.

20.7.94

I am concerned for the group, they are feeling a 'bit lost' some are expressing confusion with the course and what they think they should be gaining and what they feel is missing .

I listen to their concerns and try not to 'lead' them. They start to share ideas with each other and how they can use what they are learning in a positive way.

The group have obviously had some conversations with members of 'A' group and are concerned that they should 'know more'.

Again I try to reassure them and listen to their ideas, concerns and experiences.

It is nearly end of term for them just before they break for summer. They know that the other group are meeting when they get back. They agree to do the same as this will give them six months as part of the project.

28.9.94

This is a very interactive session. The group are energised after their break.

They are quite clear about wanting to share ideas and thoughts in relation to this aspect of care.

Some have got together to create plans and brain storm how to present their thoughts.

These ideas are accepted by the rest of the group.

Some group members said that because of certain experiences they had had in practice they had decided to read 'around'.

One person said she had tried to speak to her personal tutor about her experiences but felt more comfortable in this group.

We agree on our final meeting.

12.10.94

Ending of the Group

Most of the group members are here. A couple have phoned to explain that their duties have been changed.

We all start to talk we decide that we need to get this down somehow. One member suggest smaller groups

Again we break up into small groups. I ask if they want me in one group or if I can go between all of them. The latter is agreed.

The groups work quietly, some discussing their experiences and thoughts, other groups want to get on with setting out how they can present their ideas.

After a while they agree to come back together. Each group elects a spokesperson or two.

They present their ideas and put these in writing on the blackboards. It is interesting to see how all the groups have similar ideas even if the presentation is a little different.

12.10.94
(continued)

They decide to bring all the ideas together and present me with what they think they have missed and what they now believe would have been useful in relation to this aspect of care.

They end up presenting me with a set of ideas which I copy down on paper. What they have missed and what they would have liked and when.

It is extraordinary how it is similar to group A's ideas. When I asked them if they spoken much about the sessions group A have devised they say some may have talked, but they are quite sure that this list is their own ideas.

We talk again of endings. Some want to carry on in some way. We agree that we will meet in a further six months if they want to. I had already agreed to do this with group A.

APPENDIX 14

First Group Session with Group B. 12.5.94.

All the group have attended this session they are enthusiastic and seem very happy to talk together.

I have asked them if I can tape our discussion but because some members feel shy they agree by consensus that I can take notes but not to tape this session.

Note: Questions refers to questions put by me to the group
Response refers to comments made by other group members)
Another person or A/N refers to different group members speaking

QUESTIONS: OK everyone, if you remember we agreed to get together once a month so that we could monitor our thoughts and feelings as the control group. I would like to ask you how you are feeling at this point in the course.

RESPONSE: *The group become quiet and start to either look at the floor or each other.*

There is quite a long silence and then one person starts to speak

(Another Person) It's very strange, we have been on this course for a few weeks now and I have been working on this ward, lots of people have asked me questions and I just don't know what to say.

(Another Person) Yes that's the same for me.....I am in this day unit and I want so much to help (xx) ... he really can't go back to his home, his mum and dad are a bit afraid,he feels confusedso am I. I hover around him trying to help but not knowing what to say.....he keeps sitting by me and just seems to be waiting for me to help.....I just don't know what to say.

I know what you mean, we are expected to work as part of the team but we have had no preparation to help us say the right things.

(At this point lots of other members start to talk...I think I have lost some of the comments...I have asked them to slow down and talk one at a time because we might lose something really important if we don't all hear it. The group agree to my request).

QUES. How do you think we (the school) could have helped you?

REP. I am not sure, but I think we could have had a bit of time with some one who could have perhaps said what would happen.

QUES. Do you think its possible for us (the school) to predict what could? happen.

REP No but perhaps we could have had a talk or something so that we could have asked Yes, you know a small groupor question and answer time...we use to have groups like that at school .

At this point there are nods from some group members and murmurs of agreement by others.

QUES. So are you saying that you would have liked some sort of group? session where you could have perhaps asked questions about your placements or new areas of practice

REP Yes something like that.

(Another person) No one has prepared us for our first placement....I am just not coping.

QUES How else do you think we could help you.

REP. I am not sure... optional sessions... especially coping with death.....you know when people die.

(A/P) I don't know if that would be a good idea. You don't know how they are going to react.

(A/P) Yes but at least we could have talked about it or what to do.

(A/P) Perhaps the people on the wards could have helped us as well.

(Again there are lots of head nodding and muttering which seems to be in agreement with these statements).

(A/P) Some staff don't seem to care about the students and that we may not have experienced death and dying things. It's all so new.

(A/P) I am not sure that it just about death.

QUES. Can I ask you to explain what you mean?

REP I am not sure, but so many of my clients have lots of things to cope with and I want to help, some of them can't tell you what the problem is. I would feel more comfortable if somebody told me it's OK if you don't know but that they will explain it to you.

(A/P) I wish I understood my own feelings about so many things
I think it is important to know lots of things but also to know about ourselves what we think or why I am thinking this way.

QUES. How do think we (the school) could help you at this time.

REP I am not sure but I wish perhaps we could explore more about ourselves and perhaps have a formal session where we could have some taught things about how humans 'tick'.

QUES In psychology there are particular theories about 'the self'. I would say these theories are developed by various people, theorists or a group of people, psychologist who try and explain or study human behaviours or actions. Quite a few of these studies are written in basic psychology text, usually under the heading of 'self' or self awareness.

(I realise that I am beginning to 'teach'. I want to inform. I stop and laugh at myself, and explain my thoughts to the group. They also laugh, but they say it's OK. One of them tells me its useful information. Others nod. Already they seem to be 'looking after me' as a group member).

QUES. Could I please refer you back to the questionnaires, which most of you have brought back today? Thanks for completing the questionnaire. Did the questions help you to focus on each topic area?

REP Yes they were OK.

(A/P) It was a bit vague, but I think you were leaving to me to answer. I hope I did it right.

(A/P) No it was all right. I found the questions made me think about things. It was nice being asked what I wanted. Even though I am not getting it. Perhaps I will gain something from this group.

(A/P) I didn't mind filling it in. It may help you know not only what we are doing here but change things.

(A/P) The questions were easy once I thought about it. I liked not having many.

(A/P) It helped me start to think of my course and about this area of nursing. I don't think I would have done it otherwise.

(A/P) Yes I agree. You know this area is important but I didn't really think of it before. Not in my branch. I already think I was wrong. Not so much dying but understanding other things such as why people are sad or things have to change in their life.

QUES I call this loss grief and bereavement. Here I go again, teaching. (*I stop myself talking*)

(The group are quite quiet; they seem to be thinking about what I have just said and also the comments made by the last few speakers in relation to the questionnaires)

(I sit quietly, trying to look relaxed even though I am taking notes - listening, writing and looking at the group)

(After a short pause maybe two minutes I start speaking again)

QUES. Thank you for answering my questions. Considering this is our first session together you have worked very hard. I really appreciate it.

RES. I have quite liked this. It is nice to be in a small group and say what you think.

(A/P) It has helped me to think about some of the things that have happened to me. It's good to know that others are feeling the same.

(There are quite a few nods at this comment)

RES. When shall we meet again?

QUES That's for us to decide. Can I tape the next session?

RES. Who will listen to it? I don't mind you but not a lot of others.

QUES Well it's part of this research and it helps me to remember everything and to prove to others if they ask, that I didn't make it all up. I can let you see the typed notes and listen to the tapes so that you can check everything is as you want it. I will destroy the tapes when we have finished.

RES. (Another student) That's all right then. I think it's a good idea to keep a record of what we have done. It's interesting.

(A/P) Yes I agree. Can we agree again, just so that I get it clear in my head that we shall keep everything confidential in these sessions.

(A/P) We did say we would do this in our ground rules, remember.

(At this the group all nod or mutter agreement).

We set the date and time of next session.

APPENDIX 15

Meeting with Group B. 15.6.94.
2nd meeting – First taped interview

The group have been together for a few weeks and are now approximately 3 months into course. They have had contact with clients and patients for just over 3 months. Although we had spent time talking together this was the first time we had taped our discussion.

(Note - **Question** refers to questions put by me to the group
Response refers to comments made by any of the students within the group)

QUESTION: You have been working with clients and patients for some weeks. Have your views changed from the responses you wrote on your questionnaires as to your needs in relation to caring for the dying person and their family?

RESPONSE: I don't think for me they have really. What I wrote before is pretty much the same.

RES: Although I have been nursing terminally ill patients I haven't actually come across a death yet on my ward personally.

QUES: So you have cared for them but you haven't actually cared for a person who has died, or their family?

RES: No, not yet,

RES: It's the same with me. Although I experienced death before when I was working, now since I started (nursing) I haven't experienced anyone dying, although there are certain situations where people are going to die in the near future.

QUES: Is that the same for all of you?

(There is some nodding of heads and muttering within the group)

RES: Four people have died since my placement. One of them, I was there..... and the son was there. I would have liked to have had some training as to how to deal with relatives after someone has died. I went on what I thought I should say but it was awful because I didn't know what to say, it was a really **awful** situation to be in.

QUE: Did anybody support you throughout this?

RES: Yes, I'm lucky because my clinical supervisor was very helpful and supportive. I was all right, it was just that I didn't know how to comfort him.(the relative) Everything I said, I felt it was corny, I was really self-conscious.

QUE: How did the relative respond to you?

RES: Everything was all right. He was obviously really upset. I don't think he was really responding much to anyone. But I wish I had done it better.

QUES: Did anybody care for you after you had gone through this time with the relatives of the patient who had died?

RES: No.

QUES: Nobody asked if you were okay?

RES: "Well., yes. they said "are you all right" and I said yes. it's just a case of being all right because you've got to get on and not go to pieces."

QUES: Would you have liked a bit more than "are you all right."

RES: I actually did feel that I was all right.

RES: I not sure if I would have felt the same. I am not sure I would have felt all right. I think we should be better prepared.

QUES: Do you feel that you're supported as well when you're communicating and perhaps working with the clients?

RES: I don't. There are times when I feel confused and a bit silly wondering if I am doing and saying the write thing.

QUES: How has your training and education facilitated your needs and learning in relation to this area of care so far?

RES: So far it hasn't really done much for me. I don't know about the others. At the moment on our placements we're just dome basic nursing things and in the classroom we are learning about biology and things like that, which we can't relate. It's just going into the chemical side of the body and things like that; you can't relate it at the moment to our nursing practice. I can't anyway. The psychology and things I find quite useful but I think it's a bit early on really to be able to relate to things.

RES: I agree a bit with what you are saying, but I do think we should have more things early on to help us with this side of nursing.

QUES: Can I ask the whole group - in specific terms in relation to care of the terminally ill and also those people who are suffering loss - - do you find that you've been prepared, or now feel that you are being prepared to help you either from a theoretical or practical way.

(At this point there was a lot of shaking of heads and people muttering no)

RES: I don't think so. At the moment we've got a gentleman, he's a Vicar; he's just totally rebelling against everything. You would think that somebody who's a Vicar would have accepted it and be quite happy to go with his God. But he's so false this gentleman. We were talking about it yesterday on the ward. Half the staffs don't feel that they've had the necessary training themselves to deal with bereavement and people going through bereavement, or whether they are dying themselves, or their family. Let alone help me.

QUE: Without naming the ward, what sort of ward is it?

RES: It's a Community Hospital ward.

QUE: Although they tend to have a lot of people with these needs, (care of the dying) they are not prepared for it. This case seems to prove it for me.

RES: Well, we found out yesterday that one of our E.N.'s is supposed to be a bereavement nurse - how long she's been a bereavement nurse they don't know but we've had no feedback or anything from it. Particularly in relation to this gentleman, (The Vicar) we get the impression that he was very domineering and in control of everything. He is very peculiar and they were saying that even for them, they had never come across anyone like that. Usually they are very aggressive if they are fighting death, but he's just odd. They themselves are saying that simply haven't had enough input into it. I don't know I feel a bit cross and uncomfortable.

RES: I'm not too worried about it at the moment because I have experienced people dying before. However, they've been nursing for 'X' number of years so they should have gained knowledge and experience, but I think it's a bit sad in a way, that they haven't got the training behind,(them) or even a few sessions in ways they could help the patient or me.

QUE: How do others feel about training needs?

RES: I think the most training you can get is experiencing it, but a basic knowledge to start off with would have been quite good. I think the main thing is the training which is more important to me at the moment than the education; because when you experience something you know a bit more how to deal with it than sitting in a classroom and being told. We haven't even had that. We haven't had anyone to say well, if someone is dying this is perhaps how you should counsel them, or, if they behave like this you should do this. I found that I was a bit out of my depth really. The situations that I've been in, I haven't quite known how I'm meant to do to deal with the relatives, and the patients themselves..... I found it a bit overbearing really. I would have liked something to just tell me how I'm meant to deal with the people themselves and what you are meant to say.

QUE: You said earlier that you felt you were coming out with 'corny' phrases?

RES: Yes, they probably weren't but that was just how I felt because I hadn't really been in a situation like that before. You're suddenly thrown in and you want to comfort them but you're very self-conscious at what you say, because you haven't had to say anything like that before to someone you don't even know. I've done it with relatives, friends, etc. but not with people you don't know.

QUE: You say you haven't had this experience before, so you haven't done any nursing before?

RES: No not in this situation. I've had friends who've died, or been in that situation, so you know you can comfort them as you know them and it's more relaxed, but I haven't been a situation before where I don't know the people.

QUE: (Looking at another member who had spoken before)

Was that how you felt? Earlier you expressed some quite strong concerns about various aspects of not being prepared, because you said you had some very strong religious beliefs. You have said earlier that weren't sure at one point whether these beliefs would make your career and your professional training harder

RES: Yes. Because of my own beliefs about dying and where you go after you die. I think it could be quite difficult for me to be able to talk to them and say well, they'll say something like my father or whoever, has gone to heaven and I want to say, he might not have gone to heaven; just because he's been on earth, it doesn't necessarily mean he's gone to heaven. For me that's quite important for people to know that not everyone is going to get to heaven, but that's not the right time to say it, definitely not the right time to say it.

RES: I am not sure what you are saying (looking at previous speaker) I think it just shows we need to know something about other people's religion and beliefs.

RES: I didn't think I would need much of this because I am doing mental health - I don't think that now.

RES: No... we need it because we are dealing with bereavement and this sort of thing and most of the time in some way.

RES: The problem I'm having now really is when you think of somebody (it's mental in a sense) he or she will not really say how he or she feels to just a student. When they are going for consultation now my clinical supervisor has to ask them (the clients) whether they want me to come in, and most of them refuse. How am I going to learn? I think I should have some idea taught through the school.

QUE: How do you feel that you would benefit from being able to go regularly to a course and then perhaps do some self-directed learning?

(At this point there was a flurry of responses - mostly saying yes... and ideas as to what they would like)

QUE: What would you have liked in relation to this area of care if you could choose?

RES: I think for someone, before we went on our placements, to say that you are going to experience this. Maybe all of us did think about it. but maybe not ... and just someone to say that this is what you are going to be facing.

RES: Just someone to say that they were there for counselling and just someone to say that they were there if you ever wanted to talk over anything.

RES: Also, I think if someone had said how we are meant to deal with it.Obviously no one can specifically say this is what you are supposed to say to a relative who's loved one has just died... but just some guidance about how you approach them. Even the families of terminally ill people. You're always afraid that you're going to say something wrong and be very tactless.

QUE: When you say approach them, what do you mean by that?

RES: Just be able to have a conversation with them, because even now obviously we are only there every other week, so sometimes I can see a terminally ill patient once and the next time I go there, there is someone else in the room. I scuttle out of the room very fast because I find it very awkward just to stand there and say nothing. I wish we had some skills about just being there.

QUES: Is that the same for all of you?

(At this point there were nods of the head and murmurs of yes).

RES: We need something about different age groups as well. There was someone on my placement who is 19 years old and he's got muscular dystrophy. I was talking to his mother. His life expectancy is so small. I learned a lot from talking to her, the way she accepted it, but I found it very difficult to accept that someone who is around my age... their life is coming to an end... whereas I still see mine starting up. Something like that I just find very difficult to relate to more than anything.

QUES: Did you express that to other staff members?

RES: Not really, but I spoke to his mum and she's accepted it and I can really talk about it with her without thinking what should I, shouldn't I say. She was amazing she really was.... the way she had accepted it and the way his friends are dying as well. He lost his best friend two weeks ago from the same thing and she says she doesn't think about her own feelings or anything she just thinks of him and the pain that he must be going through seeing all his friends dying.

QUES: Were you able to talk to other members of the team about how you were feeling?

RES: No.

QUES: Would have liked to have done?

RES: Not really, maybe not other members of the team because I haven't really got to know anyone in particular who I feel I could go and talk to, but I've talked about it with my friends here. I've just been talking when I have come home. Also just thinking about it is helpful sitting thinking about the situation.

QUE: Would you have liked some Tutor support or support from the School?

RES: Yes, someone who knew what to say back to me, because my friends only sit there and listen - just ways of getting through it really. With someone who has the time. Your friends are there but they don't always want to sit and listen to you going on. Someone there to listen.

QUE: (Turning to the rest of the group)

Do you agree with XXX idea or not?

RES: Yes, or at least be told where to go and that it's OK to feel like this.

QUES: We have been talking some time....Could I ask you to think about the questionnaires you filled in at the start of our sessions.....
What do you now think you would like at the beginning of your course say between the first few weeks and the next six months in relation to loss grief and bereavement, from both a clinical and school perspective. Please be as broad as you like.

RES: Firstly I would like some sort of counselling scheme and help to learn bits that would be helpful... say when you are with a patient, to know what to say and what sort of things you should be doing..... For the relatives too. I think that more times you are going to be trying to care for the relatives. more than the patient, because on an elderly unit quite often the patients feel that they want to die and it's the relatives who are holding on to them saying "we don't want you to die, we're going to miss you too much. Personally I think that the needs for counselling relatives are not necessarily more important but more necessary, so counselling skills are a really good idea. They are something you should have, and also communication skills. I personally feel that you should be taught before you go on the wards because it's so important.

RES: Everyone has been saying that they didn't know what to say, but if you're told to start off with - this is what you can say, this is how you can say it, and then it is a lot easier.

RES: Also if you have that beforehand you can work through any fears you've got, or any fears you think you are going to have, before you necessarily come across them. There is such a taboo about death and dying; but it's part of life and if it's broken down for us it breaks down your own fears. Also that might lead on to the fact that you might not necessarily need extra sessions afterwards, because if this taboo can be broken we're not going to find it so awkward to talk to these relatives.

RES: I think that's quite important. Personally, even now, ' I still scuttle out of rooms but if we'd been able to talk about it, even in just group sessions, we'd not necessarily have the fears and apprehension. Just doing something like this makes it feel better.

RES: Yes I agree. When you're on your placement I find that I watch the Matron and I watch the Sister, and they seem so cool, calm and collected and they know what to say... and they always come out with the right thing. They don't seem awkward; it's all so natural and so good at everything. and you feel really awkward. They are just so relaxed about it all and. I think am I every going to be able to be like that. That's one of my worries.

RES: I am pleased others are saying things which I have been thinking...because listening to everyone else... it makes you realise that you're not the only one who feels awkward, and does find it difficult to come up with the right thing.

RES: It wasn't until we had this patient in (previously mentioned) that the word death had ever been mentioned. It was only because this patient is such an anomaly. There were two auxiliaries, myself, and a staff nurse, talking about just his whole attitude and personality, what a peculiar person he was, that the subject was brought up. They turned around and said to me "have you had anything on death", and I said that apart from these sessions we don't actually have anything timetable, not so early anyway.

QUE: Can I lead you on in that question. Do you not relate this subject in any subject in your timetable, such as psychology, sociology, and ethics?

(Lots of shaking of heads and different opinions seemed to be expressed here)

RES: We haven't done anything in those subjects relating to death at all. Everything is totally separate. You can't relate one subject to another.

QUE: Can I please check what you are saying... would you be much happier having concentrated bursts on one subject, that cover this subject in a much broader way?

RES: Not necessarily, but there are some lectures we could totally scrap and use for discussion. There is no discussion of anything. I think probably reflective would be more advantageous now anyway, because we are still so new in it and some people have never done it before. People are floundering, not necessarily coming across death and things, but coping with other things also. It would be good just to get together, especially as we are coming to this holistic essay. I'm floundering a bit and getting a bit bogged down with all the work as there's so much to do.

QUE: So it's like your own 'loss process' in some ways -... you need the support?

RES: I don't knowI am not even sure what the loss process is...but a few people I've talked to feel a bit despondent at the moment with everything.

QUE: So to recap, can I just what I think I am hearing..... you don't feel at this point in your training, that you've been given adequate information, theory and practical, to enable you to care for dying people, their families, and aspects of loss grief and bereavement processes?

(The group seem to take their time to answer then one person said...)

RES: Yes, we really haven't been given anything at all in relation to death etc. I wish we had been better prepared. I am not sure what...but better than we are now.

(At this there was a lot of agreement and nods of the head).

The group had been talking for about one and quarter hours. All the group members had participated.

I checked that they were all feeling OK.

We confirmed our next meeting.

APPENDIX 16

Session with Pilot Group B. 20.7.94

(Tape recorder not working properly but have combined this taped recording with notes I made at the time)

QUES Thank you for coming again. Some of you look tired. Not long to Summer break.

REP No thank God, I am really I can't wait until I go home.

A/P Let's not waste time let's choose our discussion point.

A/P I think we do, it's just that some of us want to tell it how it is. I thought that was part of the group function.

(I can see that the group look tense and a bit lost. To me they look tired. I keep quiet to see if the group can sort out the problem which I fear may be developing. I just listen to each speaker and wait and see if another follows on.)

A/P Let's not argue, we have a job to do in this group and it's not fair on the task we agreed on. I know we are a bit fed up but perhaps we should use this as our starting point.

(The group sit quietly. Some look confused, others seem unsure of the situation.)

A/P I am sorry, I think I started this. Let's get on.

The group still seem tense but most of the members seem to be opening up in their body language and sitting towards the centre of the group. Some people start looking at me.

QUES OK, we agreed to meet to discuss our feelings and thoughts I would like to share mine. I have been working with both groups now for some weeks. I am very aware of the sessions that the other group has chosen. They have made me, as one of the members work very hard. However I would like to tell you how I feel about *our* role. At times I feel frustrated. I want to share things with you but I know I shouldn't. I am so worried in case I am being unfair to you, just in the name of research.

REP You mustn't feel like that, this is our role. After all we could stop coming or say something. I know you are a member but I never thought of your feelings before.

A/P No it's funny, I look on you as a member, different from when you teach us in class but I suppose I just expect you to cope.

A/P I suppose this must be the same for all those patients and relatives who think we know what we are doing and that we are coping.

A/P I am so fed up. So many times I have been in situationsI still don't know what to do I have discussed this with my teacher (personal tutor) He said not to worry we would have lots of time to discuss this aspect of care and what to do when we get into branch.

(At this point lots of the group start to look up to the ceiling and make groaning noises)

I said it's not good enough, I am working with sick and dying people I need to know now. He did listen to me.....I wish we as a group had been together.

It was quite a long time to our session, (our next group B meeting) although I don't think I could attend more than I do..... Oh I don't know I am feeling really fed up.

QUES How about the rest of you. How are you feeling?

REP What about

QUES Oh you know, anything, either about the course, or things that have happened or this group, our research role.

REP Well I am still a bit scared of things some times on the ward, but also ... we are learning lots, but having spoken with (xx) who is also working with me on our ward, she seems to know what to do or at least says she has talked or done it in their group (the action group)

A/P I know we have a lot of time (to complete nursing course) but I was thinking about our group (this research group) and I think that I have lots of ideas about what students need when they start their course. I have tried tomake a list you know.....

A/P Ye (s) I think we could have a bit more help, although lots of people have helped me

QUES I do respect what you are all saying. However I have worked with some of you and really, you are working very well for your length of training and education. You have only been on this course since March.... I would not expect you to know a lot more. I also believe that if any of you were practising very poorly you would have been told.

REP Do you think we are very different from the other group? I have thought about my training. I still think we could have had certain things earlier in the course.

A/P YesI think we could have had a lecture on culture. (xx) gave us a lecture last week but it didn't really mean anything in relation to this bit of my practice, you know loss and griefand I thought it would have helped if I could have picked up these ideas, you know the stuff (xx) was talking about and then used it.

QUES I am not sure that I understand

REP Well (xx) said you were doing this group work on culture and religions and how it works in care for those who are dying or grieving....and I thought 'cor' that would have been useful.

QUES Don't forget we need to remember all these comments and ideas so that when we finish our group meetings we can create a plan or set of thoughts so that we can use them as part of our role in this group.

REP Yes you are right. We need to think a bit positive..... I still wish I was in the other group.....

(The group just fall silent and seem very low in mood and energy. I feel very sad I can't wait to write up my reflections)

QUES OK, we are nearly at the end of our time. I would like us to think about when we next meet.

REP I have heard that the others are meeting after the summer, cant we do the same.

A/P Yes I think that would be a good idea. It would mean we were the same.

A/P If you like.....I will go along with everyone else... what ever.

At this point people nod and so I feel I need to close this session but try and end on a positive note.

QUES If that is the general agreement, shall we make a date for September.

We finish by agreeing time and date of next session.

We then start asking each other where we are going for our holidays and breaks etc.

This 'lifts' the tension and mood of the group a little.. I sit in the room after the session in case anyone returns. No one does.

However I must go soon as I am teaching.

APPENDIX 17

Group B Meeting - 28.9.94

The group have been away on summer break and study leave. Some have had to make up time on the wards (due to sick leave etc.) However this session is very lively. Three people cannot attend, one for personal reasons, two because of changes in their programme which means that they are not in school. All three of the non attending students have contacted me. One has spoken on the phone and given me some thoughts which they would like presented to the group today.

The group start in our usual way. Sitting in a circle facing each other.

Every one seems much calmer and happier than the last time we met.

Three of them present a list on the blackboard of ideas they have had about things which they have thought about.

This is very well received, others get up and brain storm on the board, setting out their ideas. I give the list from the student who phoned me to one of the other group members to read.

QUES. Can I ask what we are doing ? I mean, is this a special plan for all
....can we all join in.

REP I thought we were all a bit quiet and 'moaney' last time so I said to
(xx) and (xx) what about doing something different next time, lets
not just talk but show our ideas.

QUES I think this is brilliant, but what the rest of us do all agree, do we
have any other thoughts.

REP Seems good to me

A/P OK but let's just put our thoughts and feelings on the board.

It's too late to stop them they all start grabbing bits of chalk and writing words or drawing symbols on the board to represent their feelings and frustrations.

It is marvellous, but how can I reproduce this.

When they have finished, they sit down and wait for each other to comment.

Then they look at me.

REP Go on, you should write or draw too.

QUES OK - *(I draw a sunny smile face and a sad face)*

REP What does that mean?

QUES It represents how I feel about the group and group sessions. Sometimes, like I said last time, sometimes I am concerned about us as a group, your feelings and whether or not I am asking too much and other times I am (like now) very happy. You all give so much; it is a privilege to work together.

REP Well it's fun at times. It makes me feel as if I matter. It's only a small part but I hope we can make changes for students in the future.

A/P Yes, I think we all work hard and say what we want. Being part of this group has made me question or think about my practice, what I expect from this course and what I think I would like which I am not getting.

A/P Some one said to me when I told them about this group that I couldn't make changes as I was only a student. How did I know what it took to make a nurse? I just told (xx) to !

At this point some group members laugh; others mutter things like 'typical' and 'good one'.

QUES What do you think now about being able to make or contribute to change?

REP Once you said we could be active in creating change in our curriculum. I thought 'Oh yeh', but now I think why not. Why can't I have a say in my programme. I have to go through it. (Experience the curriculum/programme)

At this point there is a chorus of yeh yeh (yes), and 'why not'.

QUES How can we (this group) make a contribution?

REP Well I enjoyed this (*points to writing and drawing on blackboard*). Can't we make a list? Perhaps brain storm ideas.

REP That's seems OK to me.

A/P How about if we all make a point of coming next session with ideas.

Lots of nods and mutters which sound like agreement to me.

I ask if I can copy the notes from the board. The group seem reluctant. We agree that this session was for us. I will write it up but not 'print/copy' the board.

Later when the group read my notes they agree I can keep in my own comments of 'face drawings'

We agree date and time of next meeting.

APPENDIX 18

Group B - List of Ideas for Improving the Programme.

1. **A time for the students to meet in small groups to get to know one another.**
2. **A session where small groups of students can talk about their fears and thoughts , what to expect in practice.**
3. **Some practical sessions**
 - Communication skills**
 - Talking with relatives**
 - Filling in forms and other paper work**
4. **Learning about other people's religion and where to get help**
5. **Understanding what happens to someone when they are dying. What to do, how do we know.**
6. **Small group discussions throughout the course which focus on this area of care. Talking with other students from same and other branches. What is different what is the same.**

APPENDIX 19

GROUP B STUDENT Personal Interview:

July, 1994:

QUESTION: What experience have you had in relation to death and dying, before you came into nursing?

RESPONSE: I worked for a year on a stroke ward, which was mainly elderly people, so I experienced some deaths.

QUES: Do you have any other experience related to death and dying other than your working experience

RES: No, not very personal or close relations or anything.

QUES: How did the experiences that you had effect you when you came into nursing?

RES: When I first experienced death I found it quite hard, because I'd built up relationships. I found it quite difficult, but another nurse took me aside and she was really good and she really helped me.

QUES: In what way did she help you?

RES: She just sat me down and said to cope with it whatever way you want to cope with it, She told me she used to go home and eat lots when someone died on her, and then she'd just go and have a good cry, which is what I did. I just took myself off. She said there was nothing wrong with that and you shouldn't be afraid of doing that. Some people say you shouldn't get involved but she felt there is nothing wrong with that as long it's your way of coping, and she explained the different ways of coping.

QUES: Did that help you; her giving you that sort of information

RES: Yes', because I felt a bit of a fool for crying because I thought it's not the sort of thing nurses normally do, especially not auxiliaries as they don't get a chance to get close., not as close as some people think anyway.

QUES: Are you saying that nurses aren't meant to cry, especially auxiliaries.(nodding)... Was this because you'd picked this up from outside influences. or was that your idea?

RES: Yes., I thought that all nurses were brilliant. They were caring but they could handle grief as well. They're human really, and everyone handles it differently.

QUES: What experience (s) did you hope to gain in relation to this subject, either in education and/or training?

RES: I'm not really sure I understand the question.

QUES: In relation to death and dying,.... now you've come into nurse education, what experience do you hope to gain in relation to this area of nursing care?

RES: I don't know, because I have already had the experience and someone sat me down and helped me a lot. I really wasn't expecting anything.

QUES: Why didn't you expect anything?

RES: I don't know it seems that nurses don't get help with this.

QUES: Do you think students nurses should have something to help them with this area of care?

RES: I think it would have been nice to have had the opportunity or something offered, particularly for people (other students on the course) who hadn't experienced death or dying.

QUES: You clearly had the experience. Would you have chosen, had there been something, to have gone along to whatever was on offer, knowing you already had some experience?

RES: I might have done but I'm not sure... probably not, because at my placement there isn't really any experience with dying, but if I'd been on a ward where there was a lot of bereavement, maybe I would have done.

QUES: In relation to your training, because you are in Group B, you haven't actually been party to any extra sessions that people in Group A have had. So with that in mind, would you have liked any specific type of learning or education, practical session or special time?

RES: Just small groups. We do reflection groups, we've just started doing those, but they are not really quite the same - they are a bit late on (In the course). Perhaps before we started if we had someone to say this is what to expect, and just to break us in to the fact that we are going to have to face up to it (people experiencing death and aspects of loss grief and bereavement). Just different ways of coping and things like that. What I had, and perhaps groups to talk about it like we have in Group B.

QUES: So, some sort of group work, which you have had such an informal discussion group?

RES: Yes, this may sound a bit awful, but I think also with groups to choose who you are with,... because with the reflective groups we haven't really chosen to a large extent. It's difficult - I can't really say what I want to say a lot of the time because there are people in the group who I just don't know and I prefer to be with my friends.

QUES: Right at the beginning of the course you wouldn't know each other as well- as you do now, but you are sub-divided into quarter groups and then one eighth groups. Would you say those one eighth groups would be a comfortable number?

RES: Yes, that sort of size. Then perhaps make the first session compulsory and the rest optional maybe. Just for those who feel they want to go, but I think if they were optional from the beginning there might be some people who just wouldn't bother going from the start, and they might be missing out.

QUES They could be missing out but do you think that maybe they need to make that choice for themselves?

RES: Yes .

QUES: What concerns do you have in relation to this area of care?

RES: I think unexpected death, also with children and young people. Because all the people who died on my ward were very elderly, and had had strokes, their quality of life was a lot lower and it was easier to accept whereas if it was different - victims of car accidents or something - I think it could be a lot harder to come to terms with.

QUES: So if this is an area of concern, maybe it's something we should be addressing early on in the course in relation to this subject?



RES: Yes I think so. It could be useful to think about it with others in a small group.

QUES: Going further on, what would you like to consider as something that you should be doing in relation to your education and training in the areas of to death and dying and loss grief and bereavement?

RES: I'm not sure what to say

QUES: What do you think *you* would like to be taught, something you would like to do, some area you think we should focus on in this area of care?

RES: I don't think you can be really be taught about dying etc., it's to do with everyone's personal emotions and how they cope with it in different ways, so I don't really think you can be taught anything special..... Perhaps a video or something to explain things and also some help with counselling - knowing what to say to families.

QUES: So it's counselling and communication really? Specific to both the patient and the family?

RES: Yes both. Just to break down the taboo of dying, because a lot of people still don't like to talk about death and dying, which makes it harder to accept. Perhaps if we were encouraged in ways of breaking down this barrier and just feeling relaxed in what you are doing. Not feeling any pressure.

QUES: How do you think we can break down barriers and relax? For you to feel relaxed, that is the practitioner - is that what you mean?

RES: Yes. If you're on edge the families and patients can sense that and it makes it harder for them and they know you're not comfortable. I think it's not very good for a professional to be seen as being on edge and uncomfortable. They are more likely to talk to you if they see you as being in control and knowing what you are doing.

QUES: How much have you been given either in theory or practice in relation to this subject, since you have been on your course?

RES: Nothing. I haven't done anything. It's only with this (these extra sessions) that I've done anything at all.

QUES: So you have had nothing within your curriculum?

RES: No.

QUES: Do you think you should have, and would have like to have had?

RES: Yes, because it's not something **you** will need in two years time. It's something you will need from the beginning. We did do communication but that's slightly different I think It's very general the communication techniques.

QUES: When you come to the end of your training, I know we are talking about a long way forward, in your case two and a bit year's time. What you think you should know and what do you think you would need more of in relation to this area of care.

RES: In relation to dying? I'm not sure. I don't know yet. I think it's important to keep on learning once you have qualified because everything changes but that's in general. I'm not really sure. I think you learn as you get the experience in different situations, I think that's the best way of learning. Perhaps some sort of study day...

Thank you very much for talking with me.

APPENDIX 20

GROUP B STUDENT - Personal Interview (St. 2)

As with the first student interviewed from this group, I made an appointment to meet with the student. This student agreed to the interview being taped. I spent a little time at the beginning of the interview explaining that this interview related to the research study concerning loss grief and bereavement and care of the terminally ill and the educational needs of student nurses.

QUESTION: In relation to this subject area, what experience have you had before you came to this course?

RESPONSE: I worked on an elderly care ward, mainly stroke patients and things like that.

QUES: What educational experience have you had in relation to this area of care since you commenced this course?

RES: Nothing, not anything formal, you know in the classroom or being taught specifics on the ward.

QUES: What would you have like in relation to this area of care?

RES: Anything really, but how to deal with breaking bad news would have been helpful, ...how to talk with patients and relatives... different ways of coping. Group work would have been good, in small numbers.

QUES: What do you mean by group work?

RES: You know, talking and listening together. (xx) is in the other group (Group A - Pilot study) and she finds the things you have done together really helpful. I wish I had been in the other group.

QUES: Is there anything else you would have liked or think may have helped your practice and learning since you started your course. (Nurse education).

RES: Yes... unexpected death, things about children... how they act.... it seems to be different and young people.

The student seemed to be deep in thought so I kept quiet and waited before speaking again. The student did continue speaking after a short while.

RES: Not being taught about personal emotions, it's difficult, although I know it can't be easily taught. Perhaps a video could be used. I think something about counselling would have been helpful; especially family, patient 'breakdown' and the taboo of death and dying.

(The student later explained that 'breakdown' referred to the family and patients having a breakdown in their communication with each other. But this was also meant to mean psychological breakdown).

QUES: Do you think this lack of information has hindered your training and education in relation to this area of nursing care?

RES: Yes. It can be very worrying thinking you should know things and you don't. The patient don't always realise that we are students and expect us to help them. This is worrying. I just wish someone told us what to do or what to expect sometimes...you know about this sort of thing.

QUES: Do you mean helping you to understand the sort of things that patients and relatives might say or ask?

RES: Yes. It would have been good to have been a bit prepared before we went out on the wards. Although most of the staff (qualified staff on wards and units) are good and they do try and support you, but they are very busy.

QUES: Your information and thoughts has been really helpful. I appreciate you giving your time. Is there anything else you would like to say?

RES: *The student paused and seemed to be thinking carefully before responding.*
Being part of this group even though I wasn't part of the working group has made me think about things. This has been helpful.

QUES: Thank you again.

APPENDIX 21

Post Field Work

Workshop with Pilot Groups A and B

Comparison of Each Groups 'Suggested Programme'

List of similar sessions from each groups 'programme' list

Group A

- * How people die, what is dying, what is loss.
(a discussion group)
- * Communication Skills
Talking with relatives and patients/clients
- * Breaking bad news
- * Terminal stage of life and Last Offices

Group B

- * Fears and thoughts
What to expect in practice
(small group work)
- * Communication Skills
Talking with relatives
Filling in forms & other paper work.
- * Understanding what happens when some one is dying

Sessions chosen only by one group

- * Theories of loss grief and bereavement
- * Other peoples religions and where to get help.

APPENDIX 22

Post Field Work

Workshop with Pilot Groups A and B

Final List of sessions agreed by both groups

- Group discussion - concerns and preparation for practice
- Communications Skills (to include breaking bad news)
- Theories of loss grief and bereavement
- Religions of the World (focus on those most likely to have contact with)
- Understanding the last stage of life
- Last offices (practical skills)

APPENDIX 23

Pilot Study Group		
Results From Questionnaires	Group A (Action Group)	Group B (Control Group)
Number of students in group	18	12
Number who returned questionnaires	16	12
Age Range		
18 - 25		
26 - 35	11	7
36 - 45	5	5
45 and over		
Sex		
Male	3	2
Female	13	10
Any Professional Qualifications	1 1st Aid certificate 1 Leadership Cert.	1 Veterinary Nurse 1 Teaching Cert. 1 MSc Agricultural Science
Question 1		
What experience do you consider that you have had in relation to death & dying before you came into nurse education?	12 students reported some experience ranging from: Deaths of family members/friends Injury to friends/family dementia ? Death & loss of pets Loss of friends because they moved/rowed	12 students reported some experience (16 comments) ranging from: Deaths of family/friends injury of family/friends 1 person reported about own near death 3 reported related incidents whilst working in hospital

Question 2		
What experience do you hope to gain & what education and/or training do you think you would like to receive in relation to caring for those who are dying. This can include people of all ages who are receiving treatment i.e.. palliative care.	To deal with death (others/self) (12) To help patients deal/cope with loss/death (9) A wish to understand fears & emotions of those who are dying/experiencing LGB (11) To gain confidence to care for those experiencing death & dying (1) Knowing what is wrong (1) How to communicate/what to say /give support Empathise (16)	To care for dying (7) Understand feelings of self & others (9) To understand Communication : listening and speaking with others (9) A knowledge of different religions (2) Understand other peoples views of loss & death (3) To be aware of how this area of care could effect me (4)
Question 3		
How would you like your education to take place ? (Method of Teaching)	Group work (5) Discussions (11) Regular meetings with group (10) Learn in clinical areas/ request for practical skills (9) One to one discussions (3) To be taught (1) How can I become aware ? (1) Two students questioned if this subject could be taught (2)	Taught work (non specified) (4) Group work (5) Discussions (9) Facilitation to enable individuals to express own feelings (3) Self directed learning (3) Media / videos (4) Something to help communication practice (2)
There was a mixed response to this question and it would seem that this was the most difficult for some students to answer		
Question 4		
Do you have any concerns related to this area of care?	Feeling scared (2) Distressed (1)	Concerned about talking to relatives (4) Worried about their lack of clinical ability & skills (9)
Quite a number of comments in response to this questions	Worried about coping (6)	Concerned that they would be left to care for people
Some students listed their concerns, others wrote short notes/answers	Worried of coping with own feelings/emotions (9) Worried about own inadequacies especially communication skills/talking (11)	who were dying or very ill (6) Dealing with young people (2) Worried not to appear 'cold to others' (1) 'Yes' ! (1)

APPENDIX 24

9/95 Cohort - Main group study - Group A
Diary of Meetings

Dates

15th September 1995 - Initial meeting with whole group. Self selecting group sought

21st September 1995 - Students attend 1st meeting if they wish to be part of next cycle of study. Forty -seven students attend this meeting. After discussion the group divided into two groups. This division is influenced by their programme time table.

Group A (action group)	17 students
Group B (control group)	30 students

Group A

12.10.95

Plan Action strategy for group

1.11.95

Exploring own feelings and vulnerability

15.11.95

Communications - What it really means to nursing

29.11.95

Students cannot attend this session due to changes in their programme

13.12.95

Breaking bad news

Students Christmas Holiday Break

17.1.96

Theories of Loss Grief and Bereavement

31.1.96

Discussion group

14.2.96

Different ways of caring in the home/community and in acute settings

28.2.96

Consideration of different religions and cultures and their effect on health care need

13.3.96

Discussion group

27.3.96

Practical skills; last stages of life and last offices

10.4.96

Ending of group. Reflections and the way forward

APPENDIX 25

Group A (Action Group) Main Study Group 9/95 Cohort

Diary of Meetings

12.10.95

At the meeting of the 15th September I briefly explained my study to the whole of 9/95 cohort and asked for volunteers for the next stage of the field work. Forty Seven students attended the first open meeting on the 21st September, which resulted in seventeen students coming together to form the Action group (group A).

During the meeting of the 21st September it had been discovered that the students were constrained as to which group they could be part of due to their cohort timetable. However the 17 students who formed group 'A' seemed happy with the way the large group had been divided and appeared keen to commence their contribution to the study.

Having used Ong et al (1991) technique of rapid appraisal I had a summary analysis of the two pilot study groups field work. This had given me some ideas as to how I thought and hoped that the next cycle of field work would progress.

We started the meeting by clarifying the group's perception of our role within this part of the study. We then decided on a course of actions for change and how to progress them.

This activity generated quite a large list of ideas and a rough programme of sessions which the group members called 'activity' sessions. We then agreed when each activity session would take place. These were interspersed with discussion meetings.

This initial meeting although amicable did produce quite a lot of avid discussion before the first list of topics was agreed. This first list of suggestions was revised as the number of suggested topics was too many for the number of meetings we had arranged within our six months time span.

I requested that we include some discussion sessions so that we could record the progress and thoughts of the group

1.11.95 Seventeen students present. This was an activity session

The topic: Exploring our own feelings and vulnerability.

My role during this session was that of facilitator.

We decided on two methods of facilitation for this session

The first method utilised simple drawing and art work and the second required the students to write on small sheets of papers questions or concerns they had and share these with the rest of the group. Both these methods enabled the students to focus on their concerns and use them as 'triggers' for the discussion part of the activity.

Both activities were deemed to be successful. We decided to further evaluate this work at the end of the group's time together.

15.11.95 Sixteen students attended this meeting. The student who could not attend sent apologies via other students.

I had been asked by the group to present a tutorial related to Communications.

I had been asked by Pilot group A during their field work time for a similar session which had been positively received. I decided to utilise the same teaching plan and tutorial pack with this group.

Our last activity was to decide on the communication tools which the students thought were most important and useful for them at this early stage in their course.

They listed; understanding the importance verbal and non verbal 'cues' when talking with patients/clients and the use of appropriate touch.

This led to further group work using 'cameo' role play, utilising different scenarios to demonstrate how verbal and non verbal queues as well as appropriate touch could be used by students.

This proved a successful interactive session.

29.11.95 **This was to be a discussion meeting.
However due to timetable changes in the student's real
programme this session had to be cancelled.**

13.12.95 Fourteen students present at this meeting.

This taught session builds on the communication processes we discussed and developed during our previous activity meeting.

This session utilised a video programme and some small group role play.

We utilised the principles of a 'goldfish bowl' workshop so that the students could learn, comment and ask questions during this role play activity in a safe environment.

After this activity session we had a short discussion related to our group work so far. It was an interesting discussion highlighting some interesting views and experiences of group members.

We confirmed the content and methods of teaching for this next session.

17.1.96 All group members attended this taught 'activity' session
The topic was: Theories of Loss grief and bereavement

Before I presented this small group lecture I asked the students to write down the learning outcomes they hoped to achieve from this session.

There were some interesting responses. The student's main expectation was that they would be able to understand what loss grief and bereavement was.

I had utilised (although greatly simplified) a lecture related to theories of loss grief and bereavement which I usually present to post registration students who are undertaking the ENB 931 course. This abridged and simplified lecture seemed to provide for the groups perceived needs and learning outcomes.

31.1.96 Twelve group members present at this meeting. Apologies were sent by two students.

The students were happy for me to tape this session. I also took notes.

My role was to be the facilitator of this discussion; however other group members also took this role at times.

The students were very interactive and quite a number of them shared incidents which had occurred during their clinical placements. These were sometimes quite sensitive, but the whole group appeared able to cope with the information they were listening to. I did check that the students felt emotionally 'comfortable' before the group ended today.

At the end of the discussion we confirmed the date and time of our next meeting.

14.2.96 The students had requested a tutorial or taught session related to 'different ways of caring in the acute and community setting'.

As it is some time since I had worked as a general nurse (adult nurse), in the community setting I asked a colleague with a community (district nurse) qualification to co-facilitate this session so as to ensure accuracy and currency in relation to the information presented to the students.

This interactive group session enabled the students to participate in the development of this tutorial/workshop.

I had devised a small work sheet to act as a subject trigger for the students. The group members completed this work sheet and then presented their ideas back to the group.

Based on the ideas presented by the students my colleague and I then presented our interpretation of the role of professional health carers in acute and community settings.

The main themes of our presentation focused on needs of clients/patients and their relatives in relation to aspects of physical and psychological loss.

This session appeared to be successful and was well received by the group

28.2.96

There were 14 students present at this session.

The topic for this activity sessions was: Knowledge of different religions and their influence on professional health care needs.

This session was presented as a lecture accompanied by a brief hand-out for the students.

Prior to this meeting I had contacted some of the group members to discuss how to present this session. It was agreed that a lecture format would be the best option which was chosen from the suggestions put forward.

Again this activity session was well received by the students present. A copy of the hand out was given to the students who had been unable to attend this meeting.

13.3.96

The whole group were present at this discussion meeting.

I had brought the transcripts of our previous discussion meetings with me for the students to check and agree as accurate.

Again this was a very interactive session. We discussed the taught sessions the group had experienced so far as well as their clinical practice experiences. Some of the student's anecdotes were very personal and emotional to them; however the group appeared positive throughout the meeting. Nevertheless I remained cognisant to the need to ensure emotional safety for the group members.

At the end of this taped meeting I reminded the group that we were near the end of the groups 'life' and that we should be thinking about 'endings'.

We confirmed that our next session would be our last 'activity' session and that the following meeting would be our last. It was agreed that that each member would think about how to evaluate the groups field work activities and bring their ideas to our next meeting.

27.3.96 There were sixteen students present at this meeting

The topic of this activity session consisted of a short taught tutorial in which I presented the terminal stages of life and the possible health care interventions which may be used and why. This was followed by a practical session related to 'last offices'.

The group were very active throughout this session and worked hard. They also asked quite a number of pertinent questions.

At the end of this exercise we spent a little time discussing how we would evaluate our field work as the action group for this part of the study. The group had asked if the pilot study group A outcomes and ideas could be available for them to see. This seemed a reasonable request as it meant that a cycle of reflection and change could be initiated to review the field work so far. A process for our last meeting together was also agreed.

The time and venue for our last meeting was confirmed.

10.4.96 There were sixteen students present at this meeting. It was agreed that I could take notes during this session.

The session was divided into two parts.

During the first part of the meeting the group reviewed the activity sessions they had suggested. This evaluation of the field work focused on the practical benefits of the activity sessions in relation to their clinical practice as well as the personal value to each group member.

We then revised our programme and added a time frame as to when we thought the sessions should be presented within a pre-registration programme.

The second part of the meeting was a group discussion.

We completed the meeting with each person making a brief statement about their participation in the group.

APPENDIX 26

9/95 Cohort - Main group study - Group A.

Plan of Action Topics

- **Exploring Own Feelings and Vulnerability Concerns and Questions;**

- **What do we understand about death, dying and loss**

- **Communications - What it really means to nursing.**
 - Session 1: **Defining communication**

 - Session 2: **Breaking bad News**

- **Theories of Loss Grief and Bereavement**

- **Care in the Community and Acute settings**

- **Understanding different major religions and various cultures**

- **Body changes as death approaches**

- **Last offices**

APPENDIX 27

9/95 Cohort - Man group study - Group A

Revised Action topics (suggestions for pre-Registration Programme)

- **Exploring own Feelings and Vulnerabilities**
 - *Questions and Concerns, preparation for clinical practice**
 - *Becoming Self Aware of own Needs**
- **Communication Skills:**
 - Week 1: Clarifying Verbal and Non Verbal Communication**
 - Workshop to practice skills**
 - Week 2 Breaking Bad News**
Skills for junior nurses
- **Theories of Loss Grief and Bereavement**
- **Care in the Community and Acute settings**
 - Focus of patient/clients and relatives experiencing aspects of loss**
- **Major Religions and cultural needs,**
 - How these impinge on nursing intervention**
- **The last stage of living, biological and psychological change**
- **Last Offices**

APPENDIX 28

First tape recorded Discussion meeting with Group A (action group)

9/95 cohort

31.1.96.

There are twelve students at this meeting. Those who could not attend had sent messages via their colleagues or phoned me.

I checked again that the students were aware that I had my tape recorder working and asked them to confirm that this was still ok with them.

At first some of the group members looked a little nervous and apprehensive. I kept smiling at them and commenced the tape recording.

QUESTION: Thank you for coming to today's meeting.

I wait a little and sit quietly so that the group can begin to settle to the task ahead.

We have been together as the action group for about three months. How have the extra sessions we have experienced helped you with your programme, both from a theoretical and clinical perspective?

There a short pause. The students seem to be looking at one another willing someone else to speak. Eventually one student starts speaking.

RESPONSE: I found the sessions really useful. I suppose I could say that's because I helped choose the content of the sessions....but I think it's more than that. We have had lots of tutorials and lectures and my own personal tutor is very good, but she doesn't really understand about this part of nursing. When I asked her about death and what to expect when looking after people she told me not to worry about it and if I needed help there would be lots of people on the ward to help me.

At this point there are groans and sniggers from various group members.

.....Her comments only made worry more. I kept thinking about what to expect. When I got to the ward I was really well looked after. My supervisor made me welcome and told me what to expect and how they didn't expect me to do a lot and never on my own.I thought this is ok ... why was I worrying.... The third day on the ward we were working in our bay (*referring to a six*

bedded room within an acute adult ward). We were expecting a new patient to come in from home (*referring to an emergency admission via a GP admission*) when the lady in the corner bed suddenly started to cry out for help..... There was no one else in the room and so I went towards her to ask her what she wanted. She grabbed hold of my arm and hand and started to cry and tell me how scared she was. I kept trying to tell her not to worry, but I was really frightened. I didn't know what to say or how to leave her and get help. She got louder and louder telling me about her diagnosis and how frightened she was about the treatment she had agreed to..... She had cancer I think I must have looked really useless just sitting there.... I didn't know what to do..... Eventually one of the other patients went and got some one to come and help me.

The staff nurse who came was really good, she closed the curtains around the patient and us and sat holding the patient's other hand and asked her to tell her about her concerns and kept asking her to tell her so that she could help..... She was great. but I felt really stupid. After a while the patient calmed down and staff (*referring to the staff nurse*) got a doctor to come and talk to the patient. Later she came to find me and asked why I hadn't got some one to help me. She seemed a bit huffed until I told her it was only my third day and my first ward. She was a bit different then..... All this happened before we had had our sessions about communication and breaking bad news. I have thought since....had I had known what to expect I may not have been so useless.

There is a pause and all of the students seem to be looking at me to say something.

Q. It seems to me that you dealt with the situation very well. You say that this event took place on your third day in clinical practice.... How do you think we could have prepared you so early in your course?

R. Well....I suppose if we had been told a bit about what to expect I may not have been so surprised. I suppose because I had asked my tutor and she said what she did I felt a bit 'put out'.

ANOTHER I understand what you're saying.....I had similar feelings..... you know worried about what to expect. I went up to the ward before I started to get my off duty, it was really busy. I kept thinking about this and what I would be expected to do. When I started I was shown around by sister as my supervisor was not on duty until later that day. When my supervisor came in she spent some time asking me what I wanted to learn about and what opportunities there were for me. I felt that I couldn't say how frightened I wasYou know just being there. I worked in a nursing home before I came onto the course but it was nothing like this.

Again there is short silence; the group seem to be think about what has been said.

Q. *(Looking at the student who had just spoken),... ..How do you think you could have been prepared for this part of the course.*

R. When we first got together (*referring to group A*), some of us suggested some sort of group work and we did have the session of at the beginning (*referring to 'exploring our own feelings and vulnerability session'*). I found this really helpful. I had not been one of the groups who had suggested it but I am glad we did it as one of our activity sessions.

Quite a number of the group were nodding their agreement or muttering positive statements to each other in relation to this statement.

ANOTHER I was really lucky, my ward is not that hectic but I know what you mean (*looking at various students who have spoken so far.*) You asked how the sessions have helped so far, well I have found them really interesting and it has made me think about this aspect of nursing. I thought I understood about death and dying but I don't think I realised how useful it would be to know about it in a broad sort of way, you know about what loss can really refer to. I have told lots of people I work with in other groups and they tell me that I seem to understand better than them.

Looking around at the whole group.....

Q What have you experienced within your current programme, either practical skills or theoretical taught sessions which you think has helped prepare you for this area of nursing intervention.

- R That's the problem, nothing really. I realise what the others (*referring to students in the cohort who are not part of the study group*), are missing which could help them.
- ANOTHER I think so too.
- ANOTHER Yes, I think that some of the sessions we have had are good, and I think they have helped meyou know..... feel a bit more confident.
- ANOTHER We have just started our reflective group (*referring to small group educational reflective sessions which are part of the current programme*). The problem is they are too big and I don't want to say anything... I am not the only one in my group.
- Q Why do you think our discussion groups and activity sessions are different? What makes them different to your reflective groups?
- The students seem to be thinking about the question. One or two of them are quietly conferring with each other.*
- R The reflective group started too late. Lots of us already had problems and questions with no where to go....and like (..) some tutors don't help you when you have questions. I also think that this group is looking at one particular part of nursing but it is covering lots of areas within ...I don't know how to say it..... At first I didn't really think it was that important but I was interested to be part of the research...Now it think we are really luckyI have learnt so much.
- I wait to see if any one else comments, no one does.*
- Q So.... to go back to a question I asked earlier, what do you think you need early on in your programme to help you prepare for this aspect of the nursing intervention.
- R I think all students would find the small group session (*referring to the exploration of feelings and vulnerability session*) really useful.

ANOTHER I think it was useful, but I was wondering if students could be given some sort of reading list, then we could do some reading, you know about what to expect. You gave us a lecture about self awareness (*referring to a psychology lecture which is part of the current programme*)...that was good,..... it made me think, especially when we had our own group session it sort of helped me to see what concerns I had,... and think about ways to deal with them...you know get help.

There were lots of nods at this comment and one or two student's muttered words of agreement.

However to check ..I asked.

Q Do you all agree with this comment or do any of you have other ideas.

There is a pause and some of the students are looking around the group.

There is no clear dissent but I feel that I must try and clarify so as to present a clear translation of the group's thoughts.

Q Ok, to clarify, so far you seem to be saying that you think that a session early on in the course which enables students to explore their concerns and ask questions would be useful, and this should be undertaken in small group. You also suggest some sort of reading list should be developed to enhance and support this topic.

R Yes I think that's what we're saying Lynda.

There are lots of nods of agreement at this statement.

Q Can I ask you to think about the other sessions we have had so far, those related to communications, breaking bad news and theories of loss grief and bereavement?

There is a short pause; the students seem to be thinking about the question.

R I have seen lots of people on my ward have bad news given to them, not always about them dying....., but you know..... sometimes they can't go back to where they live and sometimes their relatives can't seem to look after them ... which some of them find quite hard and upsetting. I have found some of the work we did really helpful. I don't always do a great deal (*referring to clinical work*), ..., well I can't really as I am so junior, but I don't worry, and I feel more comfortable with what to expect....I find just sitting with people really helps....and I feel useful.

ANOTHER Mm...yes... You know I am on the ward next door (*talking to the student who has just spoken*) and we have similar patients, what I found good is learning to look at 'body language, you know non verbal. The practical tips we had ... you called it matching verbal and non verbal language Lynda, really useful.I was fascinated with this session we had, and I went and looked up some of the stuff you told us and it really works. We haven't done anything as useful in our programme so far.

ANOTHER It's the same for our area (*referring to another branch in nursing*).... we are supposed to care for the child and the relatives and the siblings, but now I realise how non verbal language can help you pick up other things.... It's really useful...I try ever so hard when I am admitting someone (*referring to the admission of a client/patient to a ward or unit*), to look at how they are speaking and if they are sounding happy but looking frightened or sad. It's really interesting watching all the different bits come together.....well that's what I think.

ANOTHER I not sure that I have learned what you have (*looking at one of the recent speakers*), but I realise much more about loss and how it's not just about dying. I think this is one of the most useful things I have got out of our sessions.

There is a pause, the students seem to be looking at one another and then back to me, almost expecting me to ask another question. However I wait a short while in case anyone else starts to speak or 'lead' into another area of debate. No one speaks and so I resume the role as facilitator.

Q I have found all of your thoughts and the sharing of your experiences really interesting. However I am aware of the time and we need to start thinking about finishing this meeting. Does anyone have anything they want to say before we stop?

I sit quietly, smiling at those who have eye contact with me.

R It's probably not important, but I wondered if we will have time to look again at our plan of sessions. Although I have found them interesting I have had some other ideas.

Q This will be up to all of us to decide. I was hoping that we could evaluate the whole of our field work, the activity sessions, the taught sessions and our discussion groups at the end of our time together. The previous group A did it this way. Perhaps we need to be thinking about this in the near future. We may want to evaluate and consider changes using different methods to the previous group.

R Yes, that's good; we need to think about it then.

I wait to see if any one else speaks. I sit quietly smiling at various group members and giving short eye contact with all of them. No one else speaks.

Q Ok.... (*I stop the tape*). Thanks again every one, that was brilliant.

APPENDIX 29

Second tape recorded Discussion meeting with Group A (action group) 9/95 cohort

13.3.96.

The whole group are present at this meeting. I had brought the transcript of the previous discussion meeting and prior to starting this group meeting I asked that they check what I had transcribed. A number of students agreed to do this.

The students have been working on the clinical areas for some time and they have recently changed to a second clinical experience. Quite a number of them look tired. The 'mood' of the group seems sombre. I feel that I need to start the group.

QUESTION: Hi everyone. It's nice to see you again. It's really good to see that all of you have been able to come today. Some of you have come in after working on the wards. I'm impressed!

The students smile and nod positively at me and each other. They seem to become slightly more relaxed.

Q Last time we met we focused on the activity sessions we had already undertaken in our group and considered if you benefited from these in relation to your current practice. We have now experienced further activity sessions in our own 'programme of activities' as well as the taught sessions in your current programme. Could we please think about the sessions we have had since we had our last discussion group. How have these helped your clinical experience.....

There is quite a long time where no one speaks. I sit quietly waiting for someone to start talking.

R Oh I'll start..... I have found our session interesting. Quite a lot of people in my group (*referring to the cohort group*), are quite 'sick' that they aren't part of it.....My friend..... who I share a house withthere are quite a few of us in the house..... seems to have had quite a lot of problems.... She is down at the(*The name of one of the hospitals is mentioned*), and there seems to be quite a lot of people admitted who are not English... British... She is English (*later corrected to be British*), but her religion can some times make it difficult for her. She says she doesn't want to cause a fuss, but she is not supposed to look after men of her Religion it could be insulting them and their family. We have told her to tell someone, but she won't.....It's a shame.

Q Has your colleague talked with her personal tutor or the link teacher or staff on the ward. I feel she needs to, especially as it's important to her, and seems to be causing her some distress.

R I don't know...I have told her to go and tell some one,..... you know on the ward.

ANOTHER It seems daft, she shouldn't have to do what she doesn't want to.....we supposed to be supernumerary.

ANOTHER I was given a file on my ward which outlined about some of the main Religions and gave lots of information about who to contact. My ward manager also sent me to see the cultural nurse, she was really good.....although I don't think she knows about all the Religions... she didn't know about mine.....but this stuff was really useful. I found our activity session about Religion good... but I think we need to know more about the Christian faith, you know for me ... it's not mine. Lot of clients can't really explain what their needs are... except a Jewish lady I worked with... she was really interesting.

Q Can I clarify some of the points that has been made? First of all(*speaking to the first student who had talked about her colleague whom she shares a house*), Have some of the groups suggestions helped you . I would strongly suggest that your friend speaks with either her personal tutor and or her link teacher.

The student nods and smiles.

Q It seems that most of you are saying that it would be useful to have a taught session about religion and culture early on in your programme.

There are lots of positive nods, I note this and carry on speaking...

The session we had was presented as a lecture with a hand-out giving you further information and reading. Was this also useful.

Again there are nods and mummings of agreement.

R I think that it was useful and I think that it being a taught session was right. I liked the hand out because we didn't have to take lots of notes.

ANOTHER: It's useful session for all branches. I think it came at the right time in our planned sessions. You can't have everything at once can you.

ANOTHER No, but we haven't had how to lay somebody out yet (*referring to last offices*), and I have had to help lots of times. I think this session is going to be helpful but needs to be earlier.

ANOTHER So do I ... although I suppose Christmas and our holidays spread our meetings, didn't it.

ANOTHER When we first made out plan I wasn't sure if it mattered where and when the sessions were slotted in but now I think we could have done it different.

There are quite a few nods and some of the students start to speak among themselves. I bring the group back together, explaining that I can't hear all the comments and that it will be a shame if every ones ideas and comments are not heard. The group acknowledge my plea and explanation. We continue the discussion.

Q Do you think there is any session which we have not put in our programme which you now think you would have liked to include?

R Not really, I think the sessions we're having are useful to us in different ways..... I know that a lot of the other students in our group wish they could have joined in....I was wondering, how the other students will get this information.

Q As you know this is a research study programme and before changes are made we have to study what we want to change and why. Because we are making changes through our actions, although at the moment only for us, it may be that if enough student groups agree we can propose changes based on our lived experiences. However your programme does have quite a bit in relation to death and dying in the last year of your course. .

R That's what I think is so important... we are having it *now*... and *later* is too long to wait.

The whole group seems to agree with this statement, either saying yes or similar comment or nodding their heads.

ANOTHER: When I completed my questionnaire for you I put down some ideas, now I've changed my mind. I said that I didn't think we could be taught some of these things... I have changed my ideas quite a bit... I think having taught support and being able to talk about our experiences really helps... but you do need a teacher who know what they are talking about.....

I laugh at this and question whether they think I know what I am talking about! The students laugh.

ANOTHER I know it's your thing (*referring to my research and my clinical experience*), but I do think this area of nursing needs to be taught by people who really understand communication and loss and stuff in their own branch.

ANOTHER Yes, but surely all nurses should have some ideas about it, after all people don't come into contact with hospitals and social services ... you know health..... unless they need help and it often involves death and loss and grief for the patient and the relatives..... That's what I think now

There is a pause and the group become quiet. They appear to be thinking about the comments and idea recently made by various group members.

I am aware of the time. The group has been talking for nearly one and half hours I decide to suggest we consider finishing this discussion group.

Q We seem to have come to a natural end. We have been talking together now for about hour and a half. Unless anyone has anything they would like to add at this time. I suggest we stop.

R I think we have had an interesting talk. Some of the ideas have made me think, but I think it's a good idea to stop.

ANOTHER Yes, let stop now.

Q Thank you again for your time. *(I stop the tape.)*

After I have stopped the tape I ask the group if they are all feeling alright. I remind them that they are not to go home and worry. If they have any concerns they should come and speak with me or another teacher.

APPENDIX 30

Personal Interviews with Students from Group A (Action group) 9/95 Cohort

The sample of volunteers from this group were selected by a mixed process of self selection (volunteering) and random selection from the group who volunteered.

The students were asked by me if any of them would be available for a 'one to one' interview. I asked them to contact my secretary if they wanted to participate in this part of the study to. I felt that by involving a third party in the random selection process, impartiality could be demonstrated within that component of the study. Nine members volunteered from this group of seventeen students. My secretary selected at random four names from the volunteer group and gave me a list with student's names and contact numbers so that I could arrange meetings with them.

For personal reasons one of the four students who agreed to be interviewed was unable to attend our interview meeting. As this event occurred was very near the end of this groups six months involvement in the study it meant that only three 'one to one' interviews were achieved with this study group.

APPENDIX 31

Personal Interview with Student 1 - 9/95 Cohort - Group A (Action Group)

QUESTION: Thank you for agreeing to meet with me. As we discussed earlier, this taped interview is to gain your personal views and experiences regarding this area of care in relation to our study.

The student nods, smiles and seems relaxed.

Q. Before you came into nursing what experiences do you consider you had in relation to this aspect of care.

R. I think I have had quite a bit really, although until now I hadn't really thought too much about it..... All my grandparents are dead, and I can vaguely remember some of this happening, I saw quite a lot of people very ill and some of them died when I was working as an auxiliary nurse..... At times this scared me, although nobody seemed too concerned about me ... I suppose I just got on with it..... The worse thing which happened to me was my ex boyfriend....he died....in..... unexplained circumstances.....

The student looks sad and kept looking at the ground... ..I wait to see if she feeling alright. She does not appear to be crying and I do not want to upset her train of thought. The silence goes on for some time and so I lightly touch her hand with mine and make eye contact. We both sit quietly for a couple of minutes with only the noise of the tape recorder in the background. After a while she looks up.

R I'm ok, pleasecan we carry on.

Q If you are sure, I can always stop the tape

R No I would like to continue.

I smile and continue with my questions

Q You seem to have had a lot of experiences both personal and professional. How do you think these experiences have influenced your expectations of nursing care regarding this area of care?

R Because I've worked as an auxiliary, I knew that we would have to care for people who were very ill and patients when they died. But I suppose because of my personal experiences I had thought a lot about those who are left behind, you know, the family and friends. I was quite surprised when we did not look at this before we started our clinical work.....I thought we would have done this at least.

Q What would you have liked?

R Oh that's easy, just the same as we have done in our group (referring to a group A activity session). I think the session we had about questions and concerns was just what I thought every one would have..... We (referring to group A) all enjoyed this session.....It was brilliant.

Q Can we talk a little about the other sessions? You've clearly had a lot of personal experience in relation to this area of life. What are your personal views about our action sessions?

R I enjoyed all of them, some more than others, but they were all useful.....I suppose it's what you make it....A bit like tutorials we have (referring to the students 'normal' programme), If you are working with a group who are interested and the topic is interesting and the teacher is good,you know, they know their stuff, it's a lot better.....You can't like everything can you.

Q In relation to the topics in the action sessions, did these meet your personal needs and have they enhanced or helped your knowledge and practice.

R Yes, definitely... You see I thought I had quite a lot of experiences but I hadn't really thought about it in such a broad way as you have encouraged us to do.....This is so useful, it has helped and I know that goes for lots of the group (referring to group A)... You have said to us it's not just about death, and this is so true. I think we should all have this and quite early so that students can understand this message before they get hung up about it being just about dying.

Q During our activity sessions we have used quite a lot of different teaching techniques. By this I mean lectures, workshops, discussion, and small group work. Could you comment on the various methods we have used?

R As I said just now, I've enjoyed all the sessions.....I don't know a lot about different ways of teaching, but everything we have done seems presented in a ways which is useful,.....You know,..... We can all join in and when you are teaching us ... like the religion session.....you taught us (*referring to the lecture method used for this session*). I like the variety, like discussions, being taught and using brain storm and listening to videos. I have liked it all. It all seemed right to me.

Q You seemed to imply earlier that the activity sessions have helped or enhanced your knowledge and practice. Can you explain this a bit more for me?

R The taught sessions you gave us has helped me understand things, like other people's religions. I realise the importance of this. I have also found the communications sessions really good. It has given me confidence to speak with people without worrying that I shouldn't. I think the best bit is understanding that you don't have to say anything... (*the student starts to smile and laugh*)....although I still think I try and talk too much...you know.....fill in the silences.

Q It sounds as if you are a real asset to your colleagues in the clinical areas. I am sure they appreciate your efforts as part of the team.

The student smiles at me but doesn't say anything else.

Q I have gained a lot from this meeting, is there anything else you want to say before we finish.

R Not really, just thanks for everything.

We both sit quietly smiling at each other for a few moments and then I stop the tape.

APPENDIX 32

Personal Interview with Student 2 - 9/95 Cohort - Group A (Action Group)

QUESTION Thank you for agreeing to meet today to do this taped interview with me. In relation to the study and the areas of care we have focused on, have you had any experiences in relation to loss, death or dying before you came in to nursing?

There is a slight pause, the student seems to be thinking about the question

RESPONSE I suppose I have had lots really. I put some of them down in my questionnaire. One thing particularly affected me. Once I saw a young cyclist in a race we were watching... my friends and me. We were quite young, I suppose early twenties. This young fit man just got thrown up in the air and came down ... crashed and died.... We were all cheering and just watched him die..... That was pretty grim. I think it affected all of us a bit..... When I was in the..... (referring to a branch of the armed forces), I saw lots of things when I was in (name of a place)..... I saw some things which made me think..... you know little children and young people... ***(Some words removed from transcript agreed by both student and Lynda)***..... People are worse than any animal I have watched..... at least they kill to survive..... but man, well sometimes I am disgusted.

There is a brief pause.....the student seems calm. I wait a while. The student remains quiet, so I continue speaking.

Q How do you think these experiences have effected your expectations regarding nurse education and training?

R I suppose I am a little bit disappointed, I thought we would be better prepared, even in the (*referring to a branch of the armed forces*) we are given some idea about what we might see and how we might feel and what to do..... It seems in nursing we are supposed to know. I think students; especially the young ones should be looked after a bit more. I have spoken with second and third years (*referring to student nurses*) and some medical students, they all say the same. We don't get enough about death and dying until it's too late.....I believe we get some sessions in our third year. I think that's too late.

Q In relation to this area of health care, what would you like and when.

R I think we should have some sessions like the ones we have developed in our action sessions (*referring to group A*). We developed these (sessions) from ideas about what we wanted without knowing if we would get them or not. Now we know we haven't, well not so far, (*referring the timetabled programme*) it seems that we (*referring to group A*) were right. It's stupid if students seem to know, why teachers can't and people who design courses.

The student's voice became quite loud towards the end of this last statement. I wait a little to see if the student continues talking. The student appears relaxed and seems to be waiting for me to carry on speaking.

If I can clarify what you are saying. You seem to suggest that sessions related to preparing students as to what to expect or may experience in clinical practice, regarding this area of care, would be useful.

The student nods at this statement. I continue speaking.

Q. You also seem to imply that some sessions related to specific types of communication skills and some taught sessions such as lectures about theories of loss grief and bereavement and major religions would be useful.

The student nods again.

R Yes. I know we haven't had everything yet (*referring to group A activity sessions*), but so far we've had nothing like in our tutorials and lectures (*referring to the real programme*). I know we need biology and stuff, but ours (*referring to group A action sessions*) are so useful and we seem to have picked the right time.

There is a short pause; the student seems to be thinking. After a few moments the student looks at me and continues to speak.

R I don't want to appear as if I am moaning about the course, because lots of it is good, but I am sure that as we have so much contact with very sick people in all branches (*referring to the four branches of nursing*) and lots people, relatives as well seem to be experiencing grief and loss.... really think we should have something about this quite early on.

I smile at the students but make no comment as I do not want to bias the interview or future aspects of the study.

Q You have already completed one clinical placement and are currently in your second placement. Have the groups sessions (*referring to group A*), helped you in any way.

Again there is a short pause as the student appears to be thinking before answering the question.

R My first clinical placement was quite quiet really, but I was able to spend quite a lot of time talking with the patients and their relatives. They are so interesting, when you talk to them, they have done so much. I use to find just talking to them and listening seemed to help..... I found our discussion groups (*referring to group A*) really useful for this. It helped me to see how useful it was to really listen..... Now I am on (*the name of a ward is stated*), we are so busy....I realise how useful it is to have done these things.....being aware of what they sayI can't give you one specific thing that has happened at work..... but these things have really helped me.

There is a slight pause before I continue speaking.

Q You have given me so much to think about during this interview, before we stop, is there anything else you want to add.

The student sits for a moment and appears to be thinking about the question.

R I don't think so. Can I just check that what I have said will not go public?

Q I will transcribe this tape and give it to you to read. I will make sure there are no names or places mentioned. You can then alter anything you want. I will give you the amended version if I have to alter it. The final typed interview will be part of the study. It will be public in as much as it becomes part of the study and may be in my thesis. However you will not be named or be able to be traced.

R Thanks for explaining. I was worried really. I just wanted what I said to remain.... I suppose I mean anonymous. Thanks again Lynda.

I smile at the student and after a minute or two stop the tape.

NOTE: After this interview I confirmed that the student was happy for me to use this taped interview. The student confirmed that I can use all of it and wishes it to remain part of the study.

APPENDIX 33

Personal Interview with Student 3 - 9/95 Cohort - Group A (Action Group)

QUESTION Thank you for meeting with me today. As agreed I have started the tape.

The student smiles, nods but says nothing. I continue talking.

In relation to loss grief and bereavement as well as death and dying have you had any experience related to these areas of life before you came into nursing?

RESPONSE I wrote masses about this on my questionnaire, I've had quite a lot really, and I think these influenced me to want to become a qualified nurse. I have worked in palliative care (*names specific places*) and a friend died tragically quite recently.....I lost my grandfather who was special and a boyfriend died of cancer.

There is a short pause

Q Bearing in mind these experiences, has your taught sessions within your programme, helped you prepare to deal with this aspect of nursing care.

R Not at all. The two wards I have worked on have had quite a lot of death and nursing people who are really ill, you know people who are going to die because of their illness and lots of people including relatives and staff who are distressed because of loss. I think being prepared to deal with this area of nursing is really important.

Q What sort of things would you liked?

R Interpersonal skills, like counselling, well not proper counselling, but specific ways about what to say and what not to say.a bit like our workshop (*referring to the group A communication sessions*) I would also like stuff about complimentary therapies. I suppose quite a lot of this is because of my personal experiences and what I did and where I worked before I came *here* (*referring to the University and the nursing programme*). I think we should have had some of this by now. We have been in our course for nearly six months but had nothing

Q Our group (*referring to group A*) sessions have been facilitated using a variety of teaching methods. Do you think these were appropriate?

R I liked the variety of sessions. The taught sessions were good; I liked the hand outs and things you've given us. I liked the videos and when we did things (*referring to interactive or group participation sessions*).

Q Is there anything you would have liked in our group sessions which we have not included.

R I would have liked to have had specialist speakers like HIV nurses and alternative therapist, but this was not voted for by the group.

Q How do you think the group A activities have helped you in your current practice?

There is a little pause; the student seems to be thinking about how to answer the question

R There are quite a few things really..... Yesterday at work..... I was working with two other students' one from... (-).group and ... (name of student) from my group. ... (*named student*) had been asked to look after this lady who arrested (*referring to a cardiac arrest*) and died. Everything was rushed, staff looking after the patients and phoning relatives (*named student*) was really good but quite distressed, I think we all were. After it all settled down sister (*referring to the ward manager*) checked that we were feeling alright and then sent us for a coffee break. I started talking to (*named student*) about how I felt... she seemed quite shocked..... She told me she thought it was her fault, the way she felt shaky and frightened, she also said she felt stupid..... I know I have had previous experience but she hadn't. The stuff we have done in our group (*referring to group A*) has enabled us to talk things..... She hasn't had any of this. She made me realise how lucky I was, me and the rest of my group to have had our sessions. I think we (*referring to the whole cohort*) should all have stuff like our sessions (*referring to the group A activity sessions*).

Again there is a slight pause the student looks at me and seems to be waiting for me to continue.

Q Thank for telling me about this incident. I think you are saying that sessions like we have been having (*referring to group A activity sessions*) would be helpful to all students.

R Yes that's right.

Again there is a pause. I am aware of the time we have spent together and think that I should be finishing this interview.

Q Thank you for answering my questions. I really appreciate your time. Unless you have anything else you would like to say I shall stop the interview.

R No I've enjoyed it.

I stop the tape.

APPENDIX 34

9/95 Cohort - Main group study - Group B
Diary of Meetings

Dates

15th September 1995 - Initial meeting with whole group. Self selecting group sought

**21st September 1995 - Students attend 1st meeting if they wish to be part of next cycle of study.
Forty -seven students attend this meeting.
After discussion the group divided into two groups. This division is influenced by their programme time table.**

Group A (action group)	17 students
Group B (control group)	30 students

Group B

12.10.95 Discussion group (untaped)

13.12.95 Discussion (again not taped)

----- Students Christmas Holiday Break

31.1.96 1st taped discussion group

20.3.96 Discussion group

24.4.96 Ending of group - Reflection and group work

APPENDIX 35

Group B Main Study, 9/95 Cohort, Diary of Meetings

12.10.95

At the groups meeting on the 21st September it had been discovered that one of the main constraints to the students participating in this study was their own current programme timetable. The students had already been assigned to smaller groups within their cohort and their programme of activities and free time within their programme was dependant on this group division. This meant that the students could only participate in this study according to the timetable that had already been planned for them. This resulted in the two groups being unevenly divided in number.

After further discussion it was agreed that the group with the smaller number of students in it would become the Action group (group A) and the larger number of students would participate as the control group (group B).

At this initial meeting of group B. it was agreed that the large number of students in the group could make a discussion group difficult to work. However I expressed my concern as a group member that I didn't want any of the students to feel unwanted or that any contribution would not be valued.

My comments were acknowledged, however the rest of the group were agreed that a large number of people would most likely inhibit open discussion.

I suggested that they all take a questionnaire to complete. This way each person would make a positive contribution to this control group. This was agreed but still no way forward was clarified. I decided to wait and see if any one else had any suggestions before I spoke again.

After quite a long silence a person asked how many sessions we were likely to have together. I stated that it was up to us to decide but that each session would always be a discussion group.

Another person stated that it seemed reasonable that some of them 'dropped out' but received feedback later, perhaps at the end of the groups time together.

This idea brought a number of nodes and further discussion took place. After a short while the suggestion to reduce the number of

participants in the group was agreed as a good way forward. The students divided themselves again into two groups. This division was based on convenience for some, a wish to have representation from each 'branch' in the group and some students felt very keenly that they wanted to actively participate in the discussion group.

After a further short discussion the group parted amicably, agreeing to complete the questionnaires and return them to me.

A time for the next meeting was agreed by those who were going to continue as the 'control discussion group'

13.10.95 Fourteen students attended this session.

The group members seemed enthusiastic to participate. I had mentioned taping this session at our previous meeting but I asked again if it was OK with them. It was clear from their faces that this idea was now quite overwhelming for some of those present, but they seemed surprised that I did not progress until I had gained their permission. Again I reiterate that this was *our group* and that any decision had to be agreed by all or at least the majority of members present.

After a short silence I was asked if I would mind if this session was not taped as it now did feel uncomfortable for some of the group and some stated that they did feel a bit 'overawed'. I agreed at once but asked if they would mind if I took notes. I clarified that everything I wrote would be seen by them and would not be used in the final text without their agreement. This seemed to put them at ease. It was agreed that I could make notes.

This interaction seemed to confirm our trust in each other. Quite soon a very interactive discussion took place.

Date and time of next meeting was agreed.

31.1.96

The students have been away on their study leave and Christmas holidays.

It had been agreed at our last meeting that I could tape this session, however I still checked again with the rest of the group.

This was our second time together and at first the group felt a bit 'stilted'. However after a little while where the group members talked in general about their holidays, study and then their current areas of practice the 'mood' of the group became very much more dynamic and soon became a very interactive discussion group.

My role in this session seemed to be that of facilitator, although many of the students also asked questions and 'led' the group in the discussion.

This was quite a long session and we did run over our agreed time. However we concluded that the extra time was of value.

At this meeting I asked if anyone would be prepared to have a one to one taped interview with me. I had quite a few volunteers. It was agreed that all names would be given to my secretary and she would select the names of four people at random who would be contacted by me to arrange a time to meet.

Date and time of next meeting agreed.

20.3.96

Most of the group attended this session. Those who couldn't have either contacted me or sent messages via other group members.

Again I note that the students are becoming tired. They have been working very hard both academically and in the clinical areas. Some of the group seem a bit distressed and state that they want to tell the group about their experiences and how they feel. Again I ask if I can tape this session. The group would rather I just take notes. I agree. Some of the comments are heart rendering. I listen and have to keep stopping myself from 'leading'. I want to get as much of the conversation as possible on record.

They share so much and I make great efforts to reassure them as to their practice and the expectations they have of themselves and the course.

I also remind them that the group must come to an end soon. Although they had been aware of the 'life' of the group they seem shocked and sad that it was nearly time to complete this part of the study and their contribution.

We agree the date and time of the next meeting and confirm that it will be the last meeting of the group.

24.4.96 All the group are present at this meeting. There seems a strange atmosphere

I tell the group that I am hoping that we can record this session in some way. It is agreed that I can tape this session and that I can also take notes.

We discuss how we should progress. I remind them that we had agreed that we wanted to record our contribution to the study. One person suggests a sort of 'brain storm' exercise. This idea is agreed to by the rest of the group.

Each person writes down their own ideas before coming back to the main group to share their thoughts. We then decided to use the blackboard to write down our thoughts.

Each person writes or draws on the board. They all speak as they write so that I can tape their thoughts and ideas.

This is a very energetic time. Each person contributes but also listens when others are speaking. They have some interesting ideas which they want used as their contribution to the study.

Again I promised that I will ensure that the group members see what I have written before it is presented in the final text.

We end the group by forming a circle and each making a personal statement about our experience during our time within the group.

This is quite an emotional time. Some of the student's statements are very powerful messages. These statements appear to make the group feel 'emotionally charged' and I am concerned that we complete this ending with all the group members feeling both psychologically and physically safe

When everyone including myself has made a statement we have a few moments of silence. I then thank the group for their contributions. I then asked them what they are going to do this evening. This seems to break the 'tension'. People started smiling and shouting about going to the pub and meeting various friends. I laughed and said that I would be transcribing the notes and taped record of this meeting and asked them to spare a thought for me. This relaxed social conversation seemed to enable the group to have a 'good ending'.

APPENDIX 36

First Group Meeting with Group B Main Study Group, 9/95 Cohort 12.10.95

At the previous group meeting on the 21st September we discovered that the students had already been allocated to smaller groups within the cohort. These groups indicate when the students will be either in School or in clinical practice. There were 30 people in this original group B and it had been agreed by all those present that due to the constraints of time and programme planning and the large number of people in the group, they would subdivide again. This resulted in 14 students remaining as the control participants and the remainder of the students only contributing by completing the questionnaires.

Second meeting with Group B Main Study Group 9/95 Cohort 13.10.95.

Fourteen students attend this meeting.

I have tape recording equipment with me and have it set up ready to run. However before I start I ask the group again if it is OK for me to tape this session.

QUESTIONS: Can I put this tape on and make notes while we work.

The group are quiet, some looking at the floor others looking at each other; few seem to make eye contact with me.

QUESTION I think it is important that we agree whether I can tape this meeting or not. Please tell me how you feel. I would like the group to decide how I should proceed.

RESPONSE: It's difficult, you are the teacher, we haven't started yet but already we are not doing what you want us to do. I feel a bit uncomfortable.

QUESTION: Thank you for saying how you feel. I don't want to do anything which has not been agreed first but *us* as a group. Does anyone else have a view?

RESPONSE: I agree with You did ask us last time but I didn't really think about it then, now I feel I won't be able to say anything, and up until just now I wanted to tell you something.

ANOTHER: Yes ... I don't want to be difficult Lynda but really I am worried about the tape.

Others are nodding at this statement and giving fleeting glances to me and back to the speaker(s).

I smile at them before I speak. I want to give others a chance to communicate their thoughts. No one else does.

QUESTION: It seems to me that the majority of you would rather I did not tape this session. Would you mind if I take notes. It will help my memory, as I need to keep some record as part of the study.

RESPONSE: That's fine.

ANOTHER: Yes...it's OK with me.

ANOTHER: I feel much better about talking now.

I smile again at the group and explain that I will show my written notes to them as well.

QUESTION: OK let's begin. You have now been on the course for a few weeks I would like to ask you how you are feeling at this point of the course

There is a shuffling of feet and people start to look at each other. I wait quietly for a first response.

RESPONSE: It's strange. I am really enjoying the course, but I am so worried at times. There is so much to do, you know learn and I am really unsure of what I am supposed to be doing. I keep thinking, what shall I do or say to people. There is a person on my ward..... he is so sad. I want to ask him how he feels. I know he has some sort of problem but I don't know where to start. What will I do if he asks me something I can't answer, or he goes off on one.....

ANOTHER: I feel the same. I am working with some really smashing people, but I am so afraid that someone will ask me something I don't know. What if someone dies, what I will do.

ANOTHER: YesI was helping staff (*nurse*)....with a lady who had to leave her husband, cat and dog at home. It was strange but she seemed really concerned about her animals. I felt they were really important but I didn't know where to start.

ANOTHER: Its daft we get all these lessons and lectures but what I really want to know is what to say to people who are frightened. I am not sure who is worse... them or me.

ANOTHER: I was asked to look after these two people who had come to see this ... (lady). I knew they were upset but I was ... scared that I would be left with them. I have seen very sick people before, but now its different I suppose, you know....I am a student.

At this point there are lots of nods and murmurs of agreement.

Others are making comments which are similar to those above or saying yes, no.

I wait for the group to stop talking.

QUESTION: How do you think we could help you at this stage of the course?

RESPONSE: Well as I said in my form (*questionnaire*) I want to know how to help people... you know... listen to them make them feel that someone cares.

ANOTHER: Yes I agree, we need some basic help early. Everything we have is good, but some things would be more useful than others and having some help with people who are very sick or frightened themselves would be useful.

ANOTHER: And us... You know I am so pleased we have this group, already it feels ok just to know that others are feeling like me. I thought I was the only one who feltstupid.

ANOTHER: I think we should have small groups early on which let us know about things... you know prepare us.....and even more with stuff like..... people who are sick and dying.

ANOTHER: Not just people, you knowsometimes the children have really important things to say but I am sure there is a different way to help them...I don't know perhaps every age group needs special help.

QUESTION: Are you saying that the programme should have some group sessions, where you can talk and express how you feel?

Lots of nods and murmurs of 'yes' are expressed before I have finished speaking.

QUESTION: What do you think the purpose of these group sessions would be?

RESPONSE: I don't know, but I think students should be able to tell people how they feel, so that they are prepared.

ANOTHER: Yes, you know a small group like this where we could tell some one how we feel and the teacher can help us understand what to do.

ANOTHER: I don't think the teacher can tell what to do, but they can give us some ideas, you know, like what not to do.

The group laugh but there are nods and people saying, yes or expressing agreement with the statements which have been expressed.

RESPONSE: You know the staff are great to the students on my ward, but every one is so busy, I don't like to keep asking about patient's problems or what to do. I am a bit afraid of going into a room and finding someone being really sick or dead.

ANOTHER: On my ward, Sister...is good and so is but some just don't seem to realise that this is our first ward. It's awful so many people are sick and sad and want help.

ANOTHER: I was asked if I wanted to help to lay out a patient (*last offices*) the other day. The nurse was really good, but ever so rushed. I kept thinking I would be more help if I knew what to do ...at least I could go and get things....you know things like that. After we had done it ... she said she would talk to me but it got so busy she never did. I didn't like to ask.

QUESTION: Your comments are really helpful. It seems that you are saying that you would like some time, early in your course when you could express your concerns.

There are nods and 'yes', 'that's right

QUESTION: You also seem to be saying that you would like some practical skills related to listening and speaking with people, especially those who are really sick....Am I right. I don't want to put words in your mouths or wrongly translate what you have said.

RESPONSE: I think that's right. *The group all seem to respond positively.*

QUESTION: What else would you like?

RESPONSE: I don't know yet, but I would like to think.

RESPONSE: Now that you have asked I would like time to think about it. Can I tell you next time we meet?

QUESTION: I think that is a good idea. Perhaps you would all like to think about this question. I would also like to hear your experiences and thoughts again at our next meeting.

You have worked very hard. Thank you for taking the time to answer my questions, and thank you for letting me take notes.

RESPONSE: Will you use our names?

QUESTION: No, I will only write down what you have said and then ask you to check it when I have typed it. Is that OK?

The group are nodding. I feel that the session should close now

QUESTION: Right,... it feels like a good time to stop unless anyone wants to say anything else.

RESPONSE: Yes... I have found this meeting really helpful. It's better than I thought it would be.

RESPONSE: Yesit was good listening to others. I hope we can do this again.

I sit quietly waiting to see if anyone else wishes to speak. After about a minute I suggest again that we stop.

We agree a date and time for our next meeting. Before we go I ask if I can tape the next meeting.

The group members either say yes or nod.

APPENDIX 37

Third meeting with Group B Main Study Group 9/95 Cohort 31.1.96

(First taped Meeting)

There are thirteen students at this meeting. One student is off sick, but asked her friend to send her apologies.

QUESTION: Hi everyone, Happy New Year. I know it's a bit into the year but this is the first time we have met since the Christmas break. I hope you all enjoyed yourselves.

RESPONSE: Yes it was great to be home.

ANOTHER: I needed to come back to stop eating.

ANOTHER: If I hadn't come back soon I don't think I would have come back at all

ANOTHER Why's that?

RESPONSE: Well I don't know I started to think about what I had been doing just before I left at Christmas. ..

(There is a long pause but no one speaks. The group member carries on speaking)

It was really awful. I have been working with...at ...unit. Its great there all the staff are very kind....has(*diagnosis is stated*). Suddenly he developed this awful cough. Because of his (problems) he couldn't get up easily to breath or take his drinks.(*Name of senior qualified staff member at the unit*) was very good and kept telling me what was going wrong for I felt just awful, I didn't expectto get sick. We are told in our group (*Branch name group*), that disability is not an illness.no-one said they would get sickyou know like in hospital (*referring to acute/general hospital*) I felt so inadequate... He was so poorly.

There is a long pause again. All group members keep quiet but are looking at the speaker)

The doctors came and said we should get (the client's name) mum and dad. When they came it was bloody awful, they kept asking me what was wrong, and why couldn't we make it easier for... to breath. I did as I was told and remembered what you had said in a lecture about listening to people. So I kept trying to listen to themIt didn't seem right to smile...but I did talk to ... (*the client*) and smile at him. He didn't seem to know me whereas before he had jogged up and down when I came into the unit.

The doctors said he would have to go to the ... (*name of a hospital*)..Every one was upset and said that they didn't want him to go. They would look after him. The doctor said ok but only if the parents agree and if he could get a nurse (*referring to a district/community nurse*) to come in. His mum and dad stayed and said that they didn't want ... to go to hospital. He just got worse...the doctor called another doctor in which was nice for the parents. They said because of his.....he needed.....but his parents didn't want this to happen. They got really upset.

ANOTHER: God how long did all this go on for?

ANOTHER Shut up..... is talking.

ANOTHER: Sorry.

RESPONSE (*1st student carried on speaking*) It's ok... Oh for hours, I just stayed on I didn't want to leave.... I suppose I was awful, but I wanted to 'see' what was going on. Anyway, there were lots of people coming and going. Some of the other.... (*people in the unit*) kept trying to come in but they were carefully encouraged to go elsewhere. It was awful..... (*long pause*)... He died (*long pause again*) I thought, bloody hell...I didn't know what to do when... was alive and now I still don't know what to do or what to expect I was just so F... mad.....Sorry Lynda....but you know..... I was.

There is a silence. The atmosphere feels 'electric'. No one speaks but all seem to be looking at me.

QUESTION: Thank you... for telling us about your experience, I feel so privileged that you felt you could speak about this to us. I have learned so much. Do you wish to say anything else?

RESPONSE: No but thanks for listening.

There are nods and mutterings of ok by others in the group. I am concerned that this does not get too emotional for the group. However I am aware that the group members have equal ownership but I am aware of the groups safety needs. Another group member puts there arm around the person who has been speaking but says nothing.

I decide to try and move on with the group work

QUESTION: I have put the tape on, I am sorry. I was going to ask but whenstarted talking I just pushed the knob. May I have the group's permission to keep taping?

RESPONSE: I guess so, it doesn't seem to have mattered, that is ifis ok about it.

There is a positive nod by the student who had been speaking.

QUESTION: Thank you... Ok you have all been working on the course for some time now. How has the programme helped you to work in clinical practice so far in relation to loss grief and bereavement?

RESPONSE: Well for me not much good. Well that's not fare... I suppose I have learned lots, but now I am quite sure that I could have done with a few more tips, you know practical stuff to do with death and dying.

ANOTHER: Yes... me and... *(another student is named from the cohort but not part of the study)* have been working together and we both think that we could have done with a few other things... you know like what to say and ... not just when someone is dying, but coping with their family.

ANOTHER: You know last time *(previous meeting)* I said I wanted to think about it, well... I think we need time to be prepared....you know ask questions and that. But I think that we should really have some idea about how to look after people when they are going to die or are really sick. I have seen so much andshe's a third year, says that you get sessions in your last year. Well that's no good, is it? I think we should have it now, don't you?

ANOTHER: Well at first I thought I had enough to do without asking for more but now I think you are right.

ANOTHER: It's stupid...the other day I asked about this patient and was told his diagnosis...I thought ok but don't leave me alone...He had this special light by his bed and a little book and his family were always there. I found out later that this stuff was to do with his religion. You know I didn't know, I hadn't thought about it...I suppose I should have done but I didn't.

QUESTION: Do you know if there is anywhere where you could get information on the wards or units about people's cultural needs or a patient's religion which could help you?

RESPONSE: The chaplain, and says that she has been shown a file where there are all sorts of contact names and numbers, but it would have been useful if we all had this information.

ANOTHER: I don't know about any one else but now I think I would have liked something to do with Religions. I am not really interested for myself...you know I don't have a religion to speak of but I think it would be useful before I do anything wrong or say something which is a big 'no no' in somebody's religion that I need to learn about it. Lynda do you have any ideas about this? Do others think this would be good?

ANOTHER: I know you said that we wouldn't have anything in these sessions' just meetings, but when can you put your teacher's hat on and give us some help with our ideas?

ANOTHER: I think that we are getting off the point. I think we should ask Lynda after we have finished our meeting.

ANOTHER: I agree. I am feeling a bit fed up with the course and want to tell you why. Everyone is really good on the placements I go to, not just to me but to all of the students ... that I know of. But it seems to me and spoke to some of my friends,.... but really it doesn't seem to matter what branch we are in we have a lot of stuff and some of us do have talks which come from the topic of tutorialsbut I think we could do with taught sessions about loss at the beginning... well not at the beginningbut quite early on. I mean we have only been here since September and already it seems that most of us are saying we would have liked something. So I think we should have small group meetings and some practical stuff ... you know about dying and what to say and how people cope...you know the patients relatives.

ANOTHER: It's funny but I was thinking the same sort of thing. Last night I was talking toand At the(pub) You know I told them that I was doing this group and they asked me a bit about it, I said that I had volunteered to talk about things...you know. Anyway they both said that they would have liked something when they had started....and is at the end of her second year. Anyway I asked them what they would want and they sort of said similar to you..... And I agree.

ANOTHER: Ye (s) word seems to be getting around. When I was at (*named a community area*) I spoke to my supervisor (*A qualified district nurse*). He said that when he was a student they didn't have much and then it was too late. You know I don't think it should still be the same. He's been trained years!

QUESTION: I think your ideas are valuable and during our last session I suggested that we create some sort of record where we share and collect our ideas. I also acknowledge all you say regarding my 'teaching role' and I would be very happy to talk with you about some of questions you raised. However I can't do that during this session or it would break our contract related to the function of this group. I feel quite uncomfortable saying this but I feel I must be honest with you. I suppose this demonstrates my personal conflict as a nurse, teacher and a researcher. I hope this makes sense.

RESPONSE: It's ok Lynda I think we all know what you are trying to say and your job here. But it still feels frustrating when we've sort of got you and want to use you ... you know as a teacher

There are lots of nods and verbal comments of agreement with this speaker. However the group are smiling.

ANOTHER: You do know that we won't let you go until you have given us what we want.

QUESTION: (*Laughing*) It's so nice to feel wanted... Actually, I feel what has really come out of this session so far is the ability of the group to share our true thoughts and to feel comfortable enough to say what we really want.

RESPONSE: Actually it's quite nice, I don't feel that I am being examined or anything. It just feels ok to listen and then to speak. I don't always agree with what everyone has said, but I sort ofyou know think people are entitled to their own opinions. I have also learned some things.....you know picked ideas just by talking.

ANOTHER: I agree. You know last time I said I wanted time to think about what I wanted. Well last week I went back to my ward and my patients who I have been allocated to since I started is going home soon. You know I feel so confused. Really good that I was part of the 'team' but not sure what I did. She was so ill when she came in and I thought she was going to die. Some times I think she wishes she had. You know she keeps crying about her house. Her daughter says she can't go back at the moment because she has been too ill. I wanted to tell her it's ok and get her to talk to me but I don't know where to start. The staff are ever so kind but they don't seem to have the time to ask her if she is feeling ok. I usually help her wash and I want to ask her but I don't know where to start. I would really like to have an idea what to do. So that's what I would like some 'tips' on what to say.

ANOTHER: And what not to say.....

ANOTHER: (*previous speaker*) Yes and what not to say.

QUESTION: Again, thank you for sharing your ideas. Tell me, have you spoken to anyone on the ward. They could perhaps help you speak with your patient.

I stop myself speaking, I realise that I am going into teacher mode. I think the pause gives the students an idea of what I am trying to do).

RESPONSE: Ok.... back to where we were. I agree you could ask someone to help... but back to what you were saying I think it's a good idea. Perhaps we can make sure we put it into our 'ideas' at the end of our session... you know the last week as Lynda said.

QUESTION: Actually I have just looked at the time. We have gone quite a way over our time so we should be thinking of stopping. (*I pause to give time for this idea to be taken 'on board' by the rest of the group*). Does anyone else have something they want to say before we close?

RESPONSE: I think we should stop don't you (*looking around at the rest of the group. There are nods and people stop talking.*)

QUESTION: OK before we close I wonder if anyone would be prepared to have a one to one meeting with me. The previous group did this and I found it very useful.

There are lots of nods.

Perhaps, if you think you can spare some time you would contact (my secretary). I thought I would ask her to choose the people and then she can tell me their names. I think this method of choosing people would help to show that there was no control or manipulation on my part. What do you think?

RESPONSE: Sounds alright to me.

There are nods and some people mutter yes and ok. I take this as agreement to my suggestion.

We agree a time for our next meeting.

APPENDIX 38

Fourth meeting with Group B Main Study Group 9/95 Cohort 20.3.96

This meeting is not taped at the request of the group.

There are 12 students at this meeting.

QUESTION: Thank you for coming. I realise that you are all very busy.

QUESTION: I have brought the transcript of the last meeting. When we have finished would some of you look at it and confirm what I have typed is ok. I have brought the tape recording if anyone wants to listen to it.

RESPONSE: I am happy with it Lynda if you are. But if it is important to read, perhaps some of us could check it for you.

QUESTION: I would appreciate if it is checked. It complies with standard research procedure, but it is also important to me that I do not write incorrectly what you have said.

RESPONSE: I will do that at the end of the meeting if you like. Does anyone else want to help?

A couple of other group members agree to do this. There is a slight silence and then I begin the meeting.

QUESTION: So how are you all? I know that you have recently changed your wards or community placements I am interested in your experiences and views at this point of the course.

RESPONSE: You know I really enjoyed our last meeting. Although some parts felt a bit tense it made me think.

ANOTHER: And me

ANOTHER: I have recently changed my placement. I feel so confused. I just got used to caring for the clients there (*name of clinical placement*) and now I am having to start again. Some bits of it are quite scary. You know the people are so sick. It's an acute... placement.

ANOTHER: I am working with.....and I find it very interesting although I am still doing things I didn't expect to have to do. You know when I came into nursing I didn't think that I would have so much to do with very sick people.....you know in a physical way....I knew that they would have mental health problems....but this sort of extends into having a great deal to do with loss....I was talking towho is in the other group and she told me about the sessions you are doing together. I really think that some of the stuff would have been useful. She was working with me when this client came in and was really upset....Although they had... (*diagnosis*) wrong with them it was strange that what was making her really upset was being told that she may have to live in a home as she was so frail and was having trouble keeping clean and cooking for herself. She kept saying that turned out to be her husband's name who had died some time ago (and they) had lived in the house for years. Apparently the place is real crap.....all dirty and needs a lot doing to it but to her it was the only place she had known.. At first I wanted to help counsel her and thought the doctors would change her medication. The nurse I worked with kept saying that they had to do an assessment first. When....(*A student from group A*) worked with me she was completely different, she sat and held the lady's hand and kept telling her to tell her how she felt and stuff like this. It was really interesting to watch. Afterwards I asked her how she knew what to do and she said that they had done some theory and a workshop on it in their group (action group A 9/95) and she felt she wanted to see if it would work. I was really impressed.

ANOTHER: That sounds really good.

QUESTION: Perhaps your colleague learnt these skills from other experiences, not just Group A's work.

RESPONSE: No, she said she had learnt it from your other research groups stuff. Anyhow I thought it was good and so did she.

ANOTHER: You know Lynda I have found talking about the things we feel really good but I still get a bit frustrated when I think I should be learning different things than what we are having now.

ANOTHER: I think so too. Some time ago we had a psychology tutorial and you raised the question about self awareness. I thought it was interesting. You said that we needed to become self aware so that we could understand ourselves and in turn start to understand and respect others and how and why they act as they do. At first I didn't really understand how this was going to help me in clinical practice. Now I think that I am becoming aware of me ...you know my actions and fears and what I want...especially in relation to death and dying and stuff like this. I think I would have like some set stuff now so that I could have felt better prepared and more able to deal with things in practice....I know I wouldn't be as good as the qualified staff but I feel that I can't begin to learn because I only seem to realise what I need when it's too late.

QUESTION: What do you mean by 'set stuff'?

RESPONSE: You know things which are already planned in for us, not just if we are lucky to have a session or someone asks a question in our tutorial group.

QUESTION: How do you think we could create a programme which would cater for everyone's needs in relation to this subject at this stage of the course?

RESPONSE: Surely that's what we are doing now. I think if you asked all the students they would probably say the same as us. Every student I speak to seems to say similar things to me and when I ask them about what they have had or what they think they should have had it seems very like my thoughts.

QUESTION: That's interesting. Do you all agree with what.....has just said?

At this point the whole group start to say yes and nod their heads and become very positive in their response which seems to indicate that they clearly do agree with the comments made by the previous speaker.

QUESTION: Thank you for that. So tell me does anyone feel that what they have is adequate and that we don't need to change.

RESPONSE: Well at first, especially before Christmas, I thought I didn't need anything extra but then I found myself at a loss as to what to say or do when relatives were very upset or someone was told something....not just about them dying ...I suppose you would call it loss and grief...and I wish I was better prepared. Last time we met....said that she was working with a third year student who told her that we would have theory sessions in our third year about death and dying. I thought that ok then. I am now really frustrated ...I want something before then. The third year is too f...late.

QUESTION: You seem very angry. What can we do help you.

RESPONSE: Sorry about that....It's ok, but you now I work so closely with people who seem to be suffering from grief ..you know either the doctors give them bad news or the relatives tell something to upset them and come in and just act so awkwardly...I feel that they look at me expecting something more and I can't do it.

ANOTHER: Do you ask the staff on your ward to help?

ANOTHER: They do... up to a point but you know we should have a bit more before we go on the wards.

ANOTHER: I know what you mean I feel a bit like you but I have thought about what I have heard in our meetings and what I see in the places that I am working and I think that although we cant learn everything at the beginning, we could at least have a bit more to do with this stuff so we don't look quite so green. Tell me (*looking at the student who had first started this line of comment*). Has something happened?

There is silence I don't want to interrupt if the other student wants to reply. But I am mindful of the emotion in the room. No one speaks there is a longer silence, by now I feel that the students are looking at me.

QUESTION: Please don't feel that you have to say anything if you don't want to. However by talking to us it may help you think through what happened in a different way.

RESPONSE: At our last meeting I told the group about what happened on my ward and how I felt ...I don't know.....it just seemed clearer in my mind once I had told you. I also found that others felt the same as me.....you know, a bit like today when it seems we are all feeling the same about the course...

(This statement is from a student who had shared something with the group at the last meeting)

Again there is a slight pause. I think that the group are trying to give the first student an opportunity to speak again.

ANOTHER: No it nothing much, I just feel a bit P..... thatseemed confident to deal with the client and I didn't. Anyway I am glad I told you.

QUESTION: Please don't apologise for what you said. I think every ones contribution is valuable. I know I learn a lot from what is said.

ANOTHER: You know every day I go to work (*clinical practice*) and it is so busy. There is so much to learn you know admission, adl's (*activities of daily living, after Roper Logan and Tierney model of nursing care*) I realise that we can't know it all and I do ask my personal tutor, who has given me some ideas of where to get stuff, but I feel very much that we should have a bit more related to death and dying and what to say to people.

There are nods and words of agreement at this comment.

ANOTHER: The other day my new assessor asked me what I wanted to know on my new ward, when I told her she said she would help but it may be difficult. Yesterday we had our first meeting together. I told her I wanted to know what to say to people when they have had bad news given to them and how to look after relatives. You know she said she would try and help but quite a lots of times she didn't know what to say either. I must of looked a bit sick...She said she was going on the 93 or something like that course and this would help her. You know she said she had been qualified for five years. Surely we should have more help when we are training. I felt every so sorry that I had asked.

ANOTHER: I know what you mean. Some of the people I talk toyou know, qualified staff say the same..... they learn things as they go on... some are really good. I just wish we had training and a bit more preparation before we found we got into situations...you know like looking after someone who has had bad news...I seem to have someone in my bay (*a four or six bedded room in a ward or unit usually in an acute hospital*) every time I go on the ward.

There is silence and people seem to be thinking about what has been said during the meeting

QUESTION: I feel very inadequate. I am aware that my role in this group is as a group member. I don't want to stop all the comments that are being made. I have to keep telling myself not to go into teacher mode. However I have to tell you that if anyone feels they need help they must go and speak with their personal tutors or stay behind. I don't want anyone going off feeling they have unfinished business or in some way feel that they need support.

The group start making supportive comments to me. One person asks me if I am ok. One student laughs and says 'do you want to share your thoughts with the group'! (Maybe I am teaching them something?)

I laugh at this last comment. This seems to release the tension I was afraid was building up in the room.

QUESTION: Thank you for listening to me. However I am aware of the time. Does anyone else want to say something before we end this meeting?

Again no one says anything to disagree with my statement. However I feel that I must remind the group again that our next session will probably be our last meeting as we have nearly completed six months as a group.

QUESTION: Ok, Shall we agree on a date and time for our next meeting. Just to remind you that we have been together as a group for nearly six months and we need to think again about 'endings'. I think our next meeting will be the last one for this group.

RESPONSE: It doesn't seem possible that the time has flown so fast

ANOTHER: Do we really have to stop?

ANOTHER: I know we said that we would run for about six months and it seemed such a long time but now I can't believe that we are nearly there.

Other group members seem to be making similar comments. I want this meeting to end on a positive note.

QUESTION: I'm impressed that we all seem to be getting something out of the group, not just from a research point of view. However we do have to stop soon. Why don't we make a date and then think about how we use our last meeting time together.

RESPONSE: What do you mean... can't we have a party...

ANOTHER: Why not.

QUESTION Well we could bring cakes and coffee. However to get back to our next meeting...I meant to ask you how you would like to use the time.

RESPONSE: What did the last group do?

I was unsure how to response, I did not want them to copy the other groups ideas without them first thinking about what they wanted.

QUESTION: I would rather you say what you think you would like before I share what the other group did.

RESPONSE: I think we should sort of do a workshop sort of thing.....you know... more than just talking.

ANOTHER: At the beginning you did say we would always be a discussion group... but can't we do something a bit different?

QUESTION: What do you have in mind?

There is a pause here. Some students talk quietly to each others. Some seem anxious to go as they keep looking at the door and their watches.

RESPONSE: Why don't we sort of brain storm and then share our ideas.

ANOTHER: We could use rough paper and then share our ideas in a discussion.

There seems to be nods of agreement to these ideas.

QUESTION: I will bring large sheets of papers and pens. Can I tape this last session?

RESPONSE: I don't mind but can we tell you when we meet.

QUESTION: Ok. I will bring every thing and then we can decide how we want to spend our time.

The meeting closes.

The three students who had agreed to read the transcript of the last meeting stay in the room and agree to bring the data back to my room when they read it.

APPENDIX 39

Fifth meeting with Group B Main Study Group 9/95 Cohort 24.4.96

This meeting is taped. I also take notes.

There are thirteen students present for this last meeting

QUESTION: Welcome everyone. I am so pleased that so many of you could come. I have brought coffee and cakes as requested. I have also brought paper and pens as we agreed. I have set up the recording tape. Is it ok for me to use it again? As you know this is our last session together.

There seems to be of tension in the room. But very soon I am told that I can tape the session

QUESTION: Ok... last time we met we started to talk about how we wanted to use our time. I just want to remind you of the object of the group. As you knew Group A have been the active 'action group' and you have been the control group. This meant we recorded our experiences based on your current programme and timetable. Over the past few months we have shared our experiences and thoughts. I would like you to consider what you would put into your programme if you could change it. Remember this relates to aspects of death and dying, and loss grief and bereavement. Think about your needs, your colleagues, the patients/clients and their relatives. Please let your thoughts and ideas be as broad as you want. There is no such thing as a wrong answer.

There is a quick response from one student. But the others seem happy for him to take the lead.

RESPONSE: Last time we said we wanted it to be a bit more than just talking. How about the idea that.....suggested last time.... and we use the large sheets of paper... you know, do a bit of writing in groups.

ANOTHER: Let's get into groups and put down our ideas.

ANOTHER: Do we have to do it in any special way Lynda?

QUESTION: If you want to use the brain storm approach and everyone agrees I think it's a good idea. Shall we limit the time so that we can get back together to share our ideas?

RESPONSE: Ok. Let's just get on with it.

There are nods and some comments which seem to agree. The students move about the room and start to get into three small groups with different numbers of students in each group.

They spend some time talking and writing. I wander between each group.

After about ten minutes I remind the group of the time and very quickly we come back together. Some groups have put their ideas onto large sheets of paper.

QUESTION: As I walked around each group I was impressed with your ideas and what I heard. How shall we share our ideas so that it can be recorded as part of the study?

There is a bit of nodding and shuffling between each other but no speaks.

QUESTION: How about if we each write or draw on the board our thoughts and ideas on the board so that everyone can see.

There are murmurs of ok, yes and nods of agreement. All of us write on the board and make statements if we want to. We then spend a short time looking at our efforts.

RESPONSE: Do you notice how we have put down quite a lot about counselling and talking to people.

ANOTHER: And about groups...you know like this group.

ANOTHER: I had put something like that in my questionnaire but it now seems that everyone else is thinking the same.

QUESTION: No one has put a clear time frame. Any ideas?

RESPONSE: I think from what we have said in this group it seems we are saying we don't want to wait until our third year to talk or learn about it. It's funny...I know I said it before but I can really see how important this is to all our branches.

ANOTHER: I think we should have this theme..... isn't that what you call it Lynda,starting quite early on.

RESPONSE: Lynda, couldn't we say that we think that we should have something about looking after people who are dying you know, talking to them and their relatives before the end of the first six months. This is what we have done, and we keep saying we want it now.

ANOTHER: I think we should have a group like our groups now but where we can share our fears and ask questions before we go on the wards. You know sort of prepare us.

The whole group are nodding to this suggestion.

ANOTHER: There are so many skills I want but in relation to this I definitely want to know how to look after some one who has had bad news and also how to look after someone who has died, you know be a useful team member.

Again lots of nods and words of agreement.

RESPONSE: I was talking to my group (*This refers to the cohort set group to which each student is allocated in the current programme*) and it seems to me that we should ask all the groups. Lynda why can't we test our ideas across a whole intake...you know all the students who start.

ANOTHER: You know that's not a bad idea. I don't know how but I think that this sort of group work should be tested with a larger number of students.

Quite a lot of the students seem to be nodding their agreement to this idea.

ANOTHER: I was talking toin the other group they seem to have had some good sessions and I think more students should test those as well.....but I don't know how.

QUESTION: The ideas you have put on the board are really valuable. It's interesting...and I would have to check with the previous control group's work, but you seem to have suggested similar ideas to theirs. I like your idea of working with a larger number of students.

RESPONSE: When I see what we have written and remember what we have said in our group I think we have achieved something...haven't we? I think so. Well at least I have got something out of it. I shall be sad to stop the group.

QUESTION: I have gained a lot not only from your ideas but I feel so privileged that you have shared so many of your experiences with each other.

There is a short period of quiet. The students just appear to be looking at the board work.

QUESTION: Does anyone want to add to what is already on the board. *(There is silence to this question)*. Ok I will take down a rough copy of what is written on the board. Would some one check it before we go?

QUESTION: This seems a good time to stop. You have worked so hard and the work on the board represents a superb contribution to the study. Thanks again. It's such a simple word but I really do appreciate your efforts.

The group are all smiling the atmosphere feels less sombre and less quiet than when we started our meeting.

After a very short pause I stop the tape as a signal that we can get on with the coffee and buns.

APPENDIX 40

Group B Main Study 9/95 Cohort

Ideas for change to the Pre-Registration Programme

- 1. Small groups for students to talk about issues related their practice and to loss grief and bereavement**
- 2. Communications and Counselling**
- 3. How to talk with patient/clients and relatives**
- 4 How to care for dying patients/clients**
- 5 How to care for ourselves (*related to self awareness*)**
- 6 Where to go for help (*relates to self help groups and voluntary groups with particular focus on loss grief and bereavement needs*)**
- 7 Religions of the world (or those we mostly come in contact with)**
- 8 Special needs of different age groups (children, older people and people with special needs)**

APPENDIX 41

Personal Interviews with students from Group B (control group) 9/95

The sample of four students were selected by a mixed process of self selection in that the students volunteered to participate in a one to one interview with me.

However to demonstrate impartiality on my part and to introduce an element of random selection into the process the students who were willing to be interviewed gave their name to my secretary. She then selected at random the names of four students from those who had volunteered. She gave me the names and contact numbers of these four students. Apparently there were quite a number of students who had volunteered to be interviewed and so she decided to select a further two names as reserves. These reserves were not contacted.

I contacted each of the four students and arranged a date and time for us to meet.

Due to time constraints and at their request, two of the students were interviewed together.

APPENDIX 42

Personal Interview with Student 1. Control Group B. 9/95

QUESTION: Thank you for meeting with me. As we agreed on the phone, I have set up the tape and when I have transcribed it I will send you a copy to check accuracy.

RESPONSE: That's ok.

QUES: Before you came into nursing what experience(s) had you had in relation to any aspect of death or dying or loss grief and bereavement.

RES: Not much really. My grandma has been very ill for a long time and some times she had to come and stay with us. I also did Saturday and Sunday work at a local care centre near where I live. There were some very sad people and although I didn't really think about it then, lots of them had problems. You know, I would now say they had lots of problems to do with grief and loss. Sometimes I felt ever so sad for them but I didn't like to say too much.

QUES: How do you think these experiences have helped you prepare for your course?

RES: Well as I said I didn't really think about it. I suppose I left a lot of the care like that to other staff. However I have thought about it recently and I often wonder how my Grandma felt about always going in and out of hospital and having to rely on my mum and dad to look after her.

I continue to sit quietly in the hope the student will continue talking

RES: But I suppose these experiences have helped me. I think I realise it now, especially since we (*referring to control group B*) have spent time meeting and talking.

QUES: In relation to death and dying, and loss grief and bereavement do you think that your programme has prepared you for your clinical experiences so far

RES: Definitely not (*This is a very quick and strong verbal response*)... .. When I came into nursing I really thought I knew about mental health nursing. You know... I thought because I had spent time reading about it and asking questions at careers stuff at school and then working in the care centre I really thought I had what it took to be a mental health nurse. But now I think that although I can learn a lot and still want to do mental health nursing, I realise that its much broader than I first thought... .. You really do need to know about loss in a very broad way.....

QUES: Taking account of what you have just said, what would you have liked; let's say in the first six months of your programme to help you with your clinical experience.

RES: Well it's a bit difficult... .. We have had a lot of stuff which is really good and I do enjoy most of the stuff we have... .. but at times I think ... this is ok but I want to know about 'X'.

QUES: Can you explain this a bit more.

RES: Well we have just started communication, some of the stuff is interesting but it doesn't really help me to talk with my clients who are facing losses. You know they are fun and I enjoy the theory but until we spoke (referring to a *small group tutorial group outside of the study*), I didn't really realise how useful just sitting quietly with someone would help them. I spoke with my supervisor the other day and said we. It seemed so simple but I was still nervous. My supervisor said he thought it was a very idea good but to remember not to get too close to people if they show signs of not wanting me near them. So I did. I had been asked to look after two people and one of them just kept crying... you know, it didn't matter if we spoke to them or not. I just sat with them and touched their hand and told them that I was here and could I help them. I remembered to keep quiet... the time seemed ages... but I kept quite and they did start to speak, not much just said a few things and then said they wanted a cup of tea..... Well I felt really great.... It doesn't sound much but I that I really understood what we had talked about and the use of being quiet.

QUES: So are you saying that some easy sessions about simple communication techniques would be useful.

RES: Yes, I think that would really useful. We have had four tutorials about communications and so far none of it has really helped me.I suppose it may have helped others in my group but not me.

QUES: What else do you think would be helpful?

RES: Well like we said the other day,(referring to a Group B meeting), I think we need to know what to say to relative, not just when people come in but how to support them when the doctors have told them things. I know that I am very junior, but it would be good not to feel stupid when they (*referring to clients relatives*) ask you something or say something and you know they are upset instead of thinking, God what am I allowed to say, and if I open my mouth I could make it worse.

QUES: Your focus seems to be around communication skills. Are there any other things, you know, theory or practice which you think would have helped you.

RES: Well I am not really sure; I did write on my questionnaire that I thought some sort of group work would be useful. We have been told that we will get a lot of this in branch but we need it now. Since I have been in the group (*referring to Control group B*) I have found talking and listening to others has been really helpful. I think we should have a session where we can talk about our fears and our experiences.

QUES: You refer to fears, can you explain to me what you mean.

RES: I think I mean....well.... when we first started there was a big group of us in the nurses home..... we spent quite a lot of time together. We seemed to talk a lot but not really say how we felt. I know we didn't know one another, but none of us said we were scared, but I know I wasand since talking in our group I know that others felt the same. A session would have been really helpful.

QUES: So to recap, you seem to be saying that you would have like some sessions related to basic communication skills and also something which would have enabled you to express your fears and talk about what to expect when you start clinical practice. Have I got it right?

RES: Yes.

QUES: Is there anything else which you think would be useful

RES: We did speak about other things in our group (*referring to Group B*),and I don't disagree with anything anyone else has said or come up with, but these are things I would have liked.

I wait a little while in case the students want to continue speaking. I smile and start to motion towards turning off the tape.

QUES: Thank you very much for your time. I have learned a lot talking with you.

APPENDIX 43

Personal Interview with Student 2. Control Group B. 9/95

QUESTION: Thank you for coming to this meeting, and thanks for changing the time. It made it a lot easier for me.

RESPONSE: Oh that's ok; I really wanted to do this.

QUES: Prior to coming into nursing have you had any experiences in relation to death and dying and loss grief and bereavement.

RES: Not really, although my grandparents have died, but I didn't really know them. My mum and dad were upset, but I was small and didn't really understand.

QUES: Did you have any work experience prior to coming into nursing.

RES: Yes I did a couple of things. To start with I worked in a little cafe near where I lived and later I changed to work in a shop. Later I worked in the local hospital on a Saturday. They said I needed to get some experience before I came into nursing and this is what I was able to get.

QUES: Do you think any of these experiences helped prepare you and help develop your expectations of what nurses do or what nursing is about in relation to this area of care.

RES: That's why I wanted to come and have this interview I am so pleased my name was picked..... I wanted to be a nurse, and when I got a place and was told to go and do some work I thought I would be really prepared. I use to go to the hospital and give out tea and go on errands and stuff. Some times I would help make the beds and give out stuff. I was also told to go and sit with the patients in the day room or go and speak with them. Although I knew what a hospital routine would be,.....I suppose to a point this really didn't help me.

The student seems to be thinking about how they should continue. I sit quietly I don't want to interrupt their thinking. After a short while the students start to speak again.

You know I suppose I was a bit cocky really. Some of the people in my group have been auxiliaries or support workers and use to say all sorts of things. I suppose I didn't worry too much because I

thought I would now what to expect. Well, I was so wrong....I didn't want to say too much in the big group (*referring to control group B*) but I was so shocked by my first few days on the ward, I nearly left. I didn't know if it was just me..... I kept thinking it must be me, I expect every one else is coping.

I continue sit quietly for a moment

QUES: I'm not really sure that I understand what you are trying to say. Would it help if you explained about your experiences during the first few days?

RES: Yes....I went on.....(*name of clinical area*), I had already been there and checked when I would be starting and to meet my assessor and the staff, you know, like we were told to do.....My first day I walked on and it was so busy, I didn't know what to do or where to start.....Everyone was nice and the sister of the ward met me and gave me to a staff nurse because my assessor was not on duty.(*name of a staff member*), was very nice, but she was so busy. I either seemed to be hanging about the nurses' station with all this chaos going on around me or walking around with She was brilliant and would tell me what we were doing or rather what she was doing. I was shocked. All the patients seemed so sick, you know really, really ill. I thought; God there all going to die..... what am I supposed to do....I can't do this.(*name of staff nurse*), never left me, but I lost my voice. She would ask me questions and I was so stupid I hardly seemed to remember my own name.

QUES: It seems thatwas very good and supportive to you. Also very professional.

RES: Yes she was, but you know Lynda it's not right, we really should have a tutorial where we could have had it clearly explained to us what we could see. Since I started I have spoken with people who have had similar experiences and not just in adult (*referring to Adult branch*) who said that they were so scared and thought it was them.but it isn't.....we really need someone to listen to us, you know like you do and encourage us to say how we feel.

Again I sit quietly, waiting for the student to continue.

RES: That's what I wanted to say. I spoke with some of my friends, they're not all from adult (*referring to Adult Branch*) and they think they would have liked some time to talk about their fears and what to expect. I have also told them about our groupwe weren't supposed to keep it a secret were we....

I indicate by shaking my head and smiling that the student's actions were not wrong.

RES: They said they think we need some sessions on death and dying and loss because so many of them have told stories and since I have been in the group (*referring to Group B*), makes me think we need some stuff early on.

QUES: Are you saying that you would have liked a session in a group where you could explore your fears and ask questions to help you prepare for clinical practice

RES: Yes, and some sessions looking at talking with people. You know if I had some tips on what to say to those really sick people I don't think I would have looked so thick.....you know following staff around and hardly speaking and definitely making sure I wasn't left with a patient.

QUES: How do you think these sessions or topics should be taught?

RES: I'm not really sure, but I said on my sheet (*referring to the questionnaire*) I think small groups and some set reading and some practical sessions. I haven't changed my mind....I still think small group work is good and perhaps some reading...you know handouts which help you to know where to get the information.

QUES: What sort of practical skills do you think would be useful in relation to death and dying and loss grief and bereavement?

RES: Well definitely what to say, when people have bad news and definitely how to 'lay out' some one.....I have seen so many deaths...I have helped and been told what to do, but I think we should have learned this along with how blood pressures and temps (*referring to taking body temperatures and blood pressure readings*).

QUES: Do you have any other ideas about what you think would like to help prepare, either theory or practice, in relation to this topic.

RES: Mmm..... this group has really helped me to realise that loss and grief isn't just about dying. I think this is so important. It so easy to understand once it has been said and discussed. I think we all need to realise this very early on.

I sit quietly again waiting for the student to continue talking.

QUES: Thank you for speaking with me. I really value your thoughts and ideas.

I smile at the student and stop the tape.

APPENDIX 44

Personal Interview with Students 3 and 4. Control Group B. 9/95

These two students had asked to be interviewed together because of transport and times constraints.

Both had confirmed that they would rather be interviewed together than not participate in the one to one interviews.

During this taped interview I refer to the individual students as

R 3 - responses from student 3

and

R 4 - responses from student 4

QUESTION: Thanks to both of you for taking the time to meet with me. I have started the tape as we agreed when we spoke on the phone.

Both students smile and nod their heads appearing to indicate understanding and consent.

QUES: In relation to the subjects of death and dying and loss grief and bereavement, what experiences have you had before you came into nursing?

There is a short pause, both students are sitting quietly; they appear to be thinking about what I said before responding.

R4: Not much really, I don't know what counts. I helped look after my grandmother when she was dying. I found this quite a sad experience.

R3: In the past I have lost friends through 'break-ups' and I did help look after two elderly people when I worked with people with learning disability.

QUES: How do you think these experiences may have helped you or prepared you for what you may experience in your nursing career?

R3: I suppose because I worked in the home and helped care for the two people who died I think I have some idea of what to expect. I not sure that I thought too much about it.... you know about death and dying.....I know that people die and that's lots die in hospital and the community in their homes but I suppose I really didn't think about what I would have to do or how quickly I would be expected to be part of the team... you know in the ward.

R4: I helped my mum look after my Gran and we had a lot of help from the district nurse, they kept coming in and she died in hospital with my mum and dad with her but I still didn't think much about it.. I decided to do mental health, which was interesting but inside..... I thought that more people would die in general hospitals and I would not have so much to do with it so earlyyou know death.

QUES: Do you still think that.

R4: No I don't. Since I have been on the course, I have found the group work really useful. I have a psychology degree, but that wasn't much practical use.

R3: I am working in children's nursing and I have found it really hard working with children who are so sick. I understand that some children are really ill and some die. I didn't really think about the loss bit for them (*referring to the child as the patient*) and their brothers and sisters and their parents. Even if the child isn't dying... a serious illness means every one loses so much. I think this is a really important thing to have thought about... I didn't think about it before. I am glad I have thought about it now I think it will be useful.

QUES: You have been on your course for nearly five and half months, what would you have liked in your programme to help you regarding this aspect of nursing.

Both students again seem to be thinking before they answer.

R3: I think one of the most important aspects is how to care for and speak to those who are terminally ill. They know that they are very ill...perhaps their life will be shorter than they expected, I think this would be very useful. I think it's about what you called loss grief and bereavement. I never thought about these as different but they are to death.

R4: Yes, I have written in my questionnaire that I wanted to know about counselling, but its not really counselling it's more about ways to help clients and relatives, ..as a student. We (*referring to students*) have so much contact with them.....much more that I thought we would at our stage of training. I think we need a bit more practical help with what to say and not to say on a simple level. I think counselling skills are really important but a bit too advanced for us yet,.....Surely there are some simple skills we could use now.

QUES: To check what you are both saying, please correct me if I am wrong. You seem to be saying that you would like some simple, practical communication skills which could help you to communicate effectively with patients /clients and their relatives from an early stage in your course.

R3: Yes

R4: (*Nodding*), That's right. I think we should also have a session early on which highlights that we are likely to have contact with very sick people and some way and where students could ask questions before they are let loose on the wards.

QUES: How do you think these sessions should be facilitated, sorry I may not have made myself clear? Do you think certain sessions should be taught by a teacher, or would videos be helpful? I am trying to make myself clear but not give you ideas which lead you.

R3: No, that's alright Lynda. I think I know what you mean. I think we would really benefit from small group work. I can't tell you how helpful it is to be able to talk in a sort of controlled way. I don't mean that we are controlled as to what to say, but we have you who has some experience in managing who has a turn at speaking. Your way of handling the group also gives me some ideas how to respond...I suppose I mean role modelling, which is another way of learning. I also think we should have some practical skills.

I smile and laugh at this comment, but make no other verbal response as I do not want to stop their thinking and verbal responses.

R4: I think small groups are good. Some of the sessions should be taught, perhaps in a lecture or but I think time to talk and learn in small groups is really useful.

QUES: I am interested in your ideas about practical sessions. In relation to this area of care; what would you add or change in the current programme.

R4: It's daft really, we get important things like hand washing and hygiene but I don't think I realised how many people (*referring to the clients/patients*), in my branch who are very sick or dying. I think we should definitely know about how to prepare someone who has died and know about what not to do because of their religion.

R3: I don't have a religion myself but I should like to understand others who do. It's very difficult with children, their parents and sometimes grandparents all have different beliefs and it can cause havoc when you are caring for the child. I live in fear of insulting either a child or a relative. As for(a specific religion is sited)... I now know that we have to be very careful and I didn't understand at first.

R4: I have found our group (*referring to Group B*), really interesting, it has highlighted for me that we really don't know enough soon enough about dying and loss. I get worried about my own emotions and how I cope. I often feel very emotional when I go home.

I am concerned about this last statement, but I keep quite waiting to see if the students say anything else. The student continues to speak.

R4: On my first placement I seemed to work with so many people who have problems. They may not have a physical disease, but they were losing so much. I have worked with some good staff and they made a point of checking that we understand about a patient diagnosis but I'm not sure that I should feel so emotional. Some patients really worry me. When they leave I sometimes think I could have listened to them in a simple way helped them. I am worried that I will do or say the wrong thing.

QUES: Do you spend time with your assessor or supervisor and tell them how you are feeling.

R4: Yes in some ways, but I am still not sure about me

R3: Don't worry you aren't the only one. I think most of the people I speak to seem to say the same as you. Our group has only made me think about how important this area of nursing is.

QUES: Both of you seem to be focusing on the need for some sort of small group work where students can express their fears and concerns in relation to clinical practice. Is that right?

R4: Yes

The other student nods agreement.

QUES: At what time during your course do you think these sessions should be provided?

R4: We have been on the course for nearly six months. It should be during this time.

R3: I think a session where students have a chance to talk about their fears should be really early

Because there are two students I have extended the interview time, but I am conscious that we have been talking for a long time and I feel it is time to stop the meeting.

QUES: I have found your thoughts and ideas really helpful. Before we finish, do either of you have anything else you want to say.

Again they both sit quietly and appear to be thinking about the question.

R4: Well, I could go on and on; no not really, I have said all I want to say.

R3: No, I think what we have said is OK; but about our group (*referring to control group B*), I think everything we have said is really focused and has helped me to answer the questions today. I've got some ideas for our last group session.

QUES: Thank you both again for your contributions. It has given me masses to think about.

I wait a few moments as neither student speaks. I then stop the tape.

APPENDIX 45

MAIN STUDY 9/95 COHORT GROUP		
Results from Questionnaires	Group A (Action Group)	Group B (Control Group)
Number of students in group	17...	30 volunteered - 18 students formed group
Number who returned questionnaires	10..	24..
Age Range		
18 -25	7..	15..
26-35	2..	7..
36-45	1..	2..
45 and over		
Sex		
Male	3..	
Female	7..	
Any Professional Qualifications	none disclosed	Adv. B. Tech, health care BSc - Social Care BSc - Biology

Question 2		
What experiences do you hope to gain & what education and/or training do you think you would like to receive in relation to caring for those who are dying. This can include people of all ages who are receiving treatment i.e. palliative care	How to care (1)	To understand peoples feelings (4)
	How to counsel / talk with relatives relatives (5)	Working with people who are very sick (1)
	How to break bad news (1)	Confidence/ able to talk with relatives/ people (10)
	How to use counselling skills/ techniques (2)	Professional /Bereavement counselling (4)
	To learn communications skills (2)	Help dying/ very sick people comfortable (6)
	How to communicate with dying people and those who are very sick (1)	Understand sick peoples needs (2)
	To deal with my emotions (3)	Talk with other practitioners (1)
	Learn about interpersonal skills (1)	To empathise (1)
		Learn from experience (clinical) (1)
		To know what to say (3)
		Understand the processes the body go through when some one is dying (Physiology (1)
		To help people grieve (2)
		Listening (1)
Question 3		
What methods styles of teaching/ learning would you like to experience Discuss	Discussion (6)	Taught sessions (14)
	Supervision group (1)	Group discussions/ group work (21)
This question has been slighted amended from the one used with the pilot study groups	Group discussions (8)	Clinical practice / practical skills (13)
	Taught Clinical skills /practical skills (10)	One to one discussions/tutorials with tutor (3)
	Taught sessions (2)	Guided study (3)
The student demonstrated a clearing understanding of this question	Directed study/ specialised self study (3)	Self directed study (2)
		Research (1)
		Role play (1)
		Not lectures (1)

Question 4		
Do you have any concerns related to this area of care?	Not really (1)	Concerned to get it right (2)
	No (1)	I remain emotionally well /Afraid of own emotions (1/3)
As with the pilot groups, there were a number of varied responses	Worried about not acting 'correctly' (1)	Concerns about my feelings / reactions (3)
to this question	How to act 'properly' (1)	I am frighten to see clients die (1)
	How to / what to say to people who are sick / very sick (2)	Worried about not saying the right thing (3)
	Making inappropriate conversation (1)	I do not want to ruin/spoil peoples last hours/days (30)
	Not making the ' process' painful (1)	Worried about saying the wrong thing (2)
	Worried that others will be blasé' (1)	I want this care to be right and for me to do it right (3)
	Worried that I cannot treat people as individuals (2)	Worried about dealing with death (1)
	Worried, yes really worried (1)	Caring for people who are grieving (1)
	Worried about caring for children (1)	I don't know enough about death/dying and loss (1)
	Worried about encroaching into other peoples privacy (1)	Worried about peoples expectations of me (2)
	I think this area of care is special, worried I can cope (1)	Afraid I will become 'hard' (1)
		Will some people recover (1)
		I don't know enough about how to care about peoples minds (1)
		Dealing with people who have 'lost ' their mind (2)
		Caring for people who are mentally ill, they have lost so much (1)
		Doing the wrong thing (1)
		I want care to be dignified, can I do this (1)
		How to deal with young patients/ the very young (2)
		No (3)
		Not really (1)

APPENDIX 46

Post Field Work

Workshop with 9/95 Cohort, Main Study Group

Comparison of Each Groups 'Suggested Programme'

List of similar sessions from each groups 'programme' list

Group A

Exploring own feelings & vulnerabilities.

Becoming self aware of needs
(Small group discussion)

Communication skills & practical
Skills related to understanding
Verbal & non verbal communication
Breaking bad news
(skills for a junior nurse)

Understanding major religions
and cultural needs

Last stages of living
Biological & physical change

Last offices

Group B

Small group work, talking about
issues related to practice, & loss
grief & bereavement.

Issues of concern for individuals
Becoming self aware

Communication skills
How to talk with patient/clients
and their relatives
Counselling skills

Religions of the world
(those we have contact with
in practice)

How to care for the dying

Sessions chosen only by one group

Theories of loss grief & bereavement

Special needs groups
(Children & people with special
problems/needs)

APPENDIX 47

Post Field Work

Workshop with 9/95 Cohort, Main Study Group

Final Composite List of sessions agreed by both groups

- Small group work , exploring own fears, questions about clinical practice

- Communication Skills
 - Understanding differences between communication & counselling

 - Breaking bad news. Ways in which a junior student can support patients/clients and relatives

- Theories of loss grief and bereavement

- Understanding principle religions and cultures and their effects on loss grief , bereavement and death and dying

- Understanding the last stage of living, the physical and psychological effects

- Last offices (understanding this in relation to religious needs)

APPENDIX 48

Suggested Programme Developed by

Collaborating Team

(formed from members of Pilot study and 9/95 Main study groups)

- 'Fear in a Hat' - A meeting with students to discuss their concerns and questions
- First Aid Communication 'Tool bag' A taught session examining ways in which students could use verbal and non verbal communication skills when working with people experiencing aspects of loss grief and bereavement.
- Theories of Loss Grief and Bereavement - A lecture
- Understanding Religion and Culture and its effects on loss grief and bereavement A lecture
- Last offices - A practical skills sessions

APPENDIX 49

9/96 Cohort - Second Main Study Group

Cohort Field Work Diary

8.9.96

I will be meeting with the new cohort on Wednesday this week. I will introduce our collaborative action study to the cohort after I have presented their lecture. I will ensure that they understand the aims of the study and the involvement of the collaborative student groups who have participated so far in this action research. I will explain the next cycle of field work giving the students an opportunity to ask questions. I will also make every effort to ensure that they understand that any student who does not wish to take part in this cycle of field work can 'opt out'.

The first meeting with my 'academic friend' took place during early August this year.. When she had agreed to undertake this role and work with me we arranged to meet again last Wednesday (4.9.96). This meeting gave us an opportunity to discuss the study in more detail. (...) asked a number of questions related to the study and its methodology. Her questions helped me to focus and present a clear rationale and describe the processes undertaken at each stage of the study.

Due to constraints related to the students time table I have had to make some changes to the 'programme' which my collaborating colleagues and I developed for this next stage of the study. Our initial revised programme required five teaching sessions for each group, as each quarter group would be facilitated separately. This meant that twenty separate teaching sessions would have had to have been identified if this programme was to be experienced by the whole cohort. As this number of teaching sessions was not available within the 9/96 time table, neither did I have enough 'free space' in my own diary a compromise had to be reached.

This problem was resolved with support from some of my teaching colleagues. With their help I was able to be available to meet with three of the quarter groups four times in the first term .

I have also booked a further session with each of these three groups during their free time at the end of this term This extra session will be used as an evaluation and reflection meeting.

With the help of some of my collaborating colleagues from both the pilot and 9/95 main study groups I have made some amendments to my original questionnaire completed by all of the students in the previous collaborating groups. I am hoping that a reasonable percentage of the revised questionnaire will be completed and returned by the students participating from the 9/96 cohort.

The fourth quarter group will not have the extra 'Programme' sessions but will become the 'control group' for this cohort. I will meet with this group at the end of the term so that they can present their views and ideas in much the same way as the two previous 'control groups have done.

My 'academic friend' will attend most of the time tabled sessions with each group.

We have also arranged two meetings together, one is planned half way through the programme and the second meeting will take place at the end of this field study cycle.

11.9.96 I met the new 9/96 cohort today. After facilitating one of their lectures I presented the cohort with a brief overview of our collaborative action research.. I explained to the 9/96 students that my collaborative student colleagues and I hoped that they would become involved in the next stage of the research.

Despite my concerns that the time allocated to me to present the study would be insufficient, this proved unfounded. After my introduction I was able to answer questions put forward by various students in the audience.

The students confirmed that they were willing to participate in the next stage of the study. Nevertheless I repeated that if anyone

changed their minds and did not wish to take part they only had to inform me.

I explained that one of the quarter groups would become the control group. Some of the students from this quarter group expressed their disappointment at this. However I tried to explain to them why they had become the control group but also the importance of their role within the study. My explanation seemed to be accepted.

Copies of the 'programme', which included dates and times when I would be meeting with three of the quarter groups was given to the relevant students. I also made copies of this 'extra programme' available to my fellow teachers.

My 'academic colleague' was able to attend the introduction part of this session. I introduced her to the cohort and explained that her role would be to monitor and observe me and my actions. We felt that this early introduction to the students would enable them to become use to her as part of the group and understand her function within it. We hoped that this action would also address some of the negative issues raised in relation to participant observation.

15.9.96

I start working with three of the quarter groups from 9/96 cohort tomorrow. So as to test the 'programme', I will facilitate each session as if it were part of their usual time table. The evaluation will take place at the end of this term. This will enable the students to evaluate the programme as 'a whole'. I hope that the evaluation sessions will lead naturally into a reflective session.

19.9.96

I have met with all three groups and facilitated the first session of the programme with each group. The students were brilliant. The students had not asked or planned this session, nevertheless they readily participated

At first the students worked individually, writing down their concerns and questions. They then shared these with the whole group. I acted as the facilitator and hopefully answered all their questions or enabled them to find their own answers.

Once again similar concerns were mooted by these students as had been highlighted by previous collaborative groups. One of the major concerns raised by students in these quarter groups related to the expectations of others when they first went into practice as well as concerns about their own abilities. There was quite a lot of focus on their own emotions and how they felt they would cope with aspects of loss, grief and bereavement. Once again questions relating to death and dying were raised; what did a dead person feel or look like and what would they be expected to do. Another major area of concern related to what they would or could say to a very ill person or the patient/ clients relatives.

A striking observation for me was the apparent relief of students once they discovered that they were not the only ones with these concerns, questions and fears. This discovery seemed to enable the students to verbalise their anxieties more easily. Again these expressed anxieties are similar to those expressed by previous groups involved in this study.

I tried to remain conscious of my actions and interactions with the students. Giving them time to speak and enabling them to interact with each other. The groups interactions were very good, especially when considering the fact that they have only been together as a cohort for three weeks.

My academic friend observed two of the three sessions and has made her own notes.

6.10.96 I met with the three action groups again this week. Two groups on the 2nd October and the third group on the 3rd October.

I presented the communications interactive workshop, using the same notes and format as I had used with the 9/95 action group. These sessions was well received by all three groups.

I am conscious that having to repeat the sessions three times to different groups is nearer to the 'real world' and the environment of the original 'problem'. A few students have not attended the sessions but most of them who have sent apologies and explanations for their non attendance. I think this attendance again reflects a more realistic setting for the research and hopefully will enhance the overall evaluation and analysis of this stage of the field work.

19.11.96 I have seen all three action groups again over the last two days. Due to time constraints I had to combine the lecture for theories of loss grief and bereavement with the one focusing on religion and cultural effects on loss grief and bereavement. This was quite difficult and I tried to overcome the problem of reducing the taught component by providing a handout and a further reading list. I also had a variety of articles and papers which focused on these subjects as additional resources for the students.

Once again there was good attendance by all three groups and they all appeared to enjoy the session and find it useful

4.12.96 I met with my 'academic friend' today. The students are away until after the Christmas break, therefore it seemed a good time for us to discuss the field work so far.

We decided to come to the meeting with any questions we had and then discuss any issues arising.

My own questions and concerns revolved around her opinion of my group facilitation and I suppose to some extent, my abilities as a teacher. My major concern and questions focused on the issue of possible 'observer bias'.

Her feedback was very clear highlighting some useful points. She was very positive about my facilitator techniques. She was also very positive about the content and appropriateness of the sessions she has observed within the programme so far.

REFLECTION

I remain confident about working with the collaborative student groups.

Much of the content in this trial programme is based on previous sessions which I presented to other groups during the study. The content and presentation of these sessions seem appropriate. I feel it is important to note that students, who did not choose the content of their sessions and appear satisfied with the sessions they have experienced so far in this trial programme.

I need to check the content of the programme and how useful the students consider it to be to them during the evaluation and reflective sessions.

I have always believed that sessions similar to those in this 'programme' should exist within a pre-registration programme. Working in this third cycle with groups of students in the field confirms my beliefs that students should have learning experiences related to this area of health care intervention early in their course.

Incorporating an 'academic friend' at this stage of the study is a very helpful experience. By questioning and reflecting with her has enabled me to clarify some of my concerns related to my role, actions and behaviours whilst working in the field.

15.1.97 Today I completed the taught part of this experimental programme. Over the past two days I worked with the three action groups and facilitated sessions related to 'last offices'.

The students appeared eager and enthusiastic to learn which made the session enjoyable.

I based this activity on the taught skills session which Adult Branch students usually have towards the end of the first six months of their Branch programme. The students in these action groups represent all four Branches. One of the things which is apparent to me is the high value given to this session by students of all branches.

Approximately half of the students said that they have had some experience with this aspect of nursing intervention since they commenced their course and quite a number of them felt they were still not adequately prepared to cope with this phenomenon. Students stated that they found this session useful and some said that they wished they had had this session earlier in their course. Those who have not had experiences related to this aspect of health care intervention said that they were glad of an opportunity to have some education and skills practice to help prepare them for this situation.

These comments support remarks made by students from other collaborative student groups involved in this study.

REFLECTION

It is interesting that the students have got use to having (..... my academic friend), in the group. Although she is unable to attend every session, they are familiar enough with her that when she is present the dynamics of the group don't appear to change.

I think the evaluation and reflective session with each group will be very useful.

All students confirmed that they would be able to attend the evaluation and reflective session arranged for their group either which will take place on the 3rd and 4th February.

I have sent letters to all members of the control group and have arranged a meeting with them on the 7th February.

I also have a meeting with my academic friend at the end of the afternoon on the 7th February.

APPENDIX 50



9/96 Action Study Groups

Trial Programme

Set out below are details of the four sessions in this programme.

Please *CHECK* the *dates and times for your own quarter group on your MAIN TIME TABLE*.

*These sessions will be marked with an * and will have trial programme underneath the entry*

If you have any questions related to this study programme, please do not hesitate to contact me.

- | | |
|-----------|--|
| Session 1 | Concerns & Questions (A discussion session) |
| Session 2 | 1 ST Aid Communication 'Tool Bag' (How to use communication techniques in practice) |
| Session 3 | Theories of loss grief and bereavement & Considerations of Cultural Needs (This is a combined session) |
| Session 4 | Lasts Offices (A practical skills session) |

An evaluation and reflective meeting has been arranged for each group. This will take place in February 1997. Please confirm the date of your quarter group meeting by looking at the: Main time table

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APPENDIX 51

9/96 Cohort - Second Main Study Group

Cohort Field Work Diary

Dates	Group(s)	Session/Workshop
11 th September 1996	Initial meeting with whole cohort	
16 th September “	Discussion session with quarter groups G & H	Concerns & questions)
17 th September “	Repeat session with group F	“ “
2 nd October “	Tutorial with quarter groups G & H	‘1 st Aid communication tool bag’
3 rd October “	Tutorial with quarter group F	“ “
18 th November “	Taught session with groups G & H	Theories of loss, grief & bereavement. Considers of cultural needs
Students Christmas Holiday Break		
14 th January 1997	Practical Skills session with groups G & H	Last Offices
15 th January “	Practical Skills session with group F	“ “
3 rd February “	Meeting with groups G & H	Evaluation & reflection time
4 th February “	Meeting with group F	“ “
7 th February “	Meeting with group E (control group)	Discussion & Reflection
7 th February “	Meeting between Lynda & ‘Academic Friend’	Evaluation & Reflection related to this cycle of field work

APPENDIX 52

Evaluation and Reflective meeting with Action Group (1) from 9/96 Cohort

The aim of this meeting is to enable the students to evaluate and reflect on the 'trial programme' which they have experienced over the past five months.

The group agreed that I could take notes of this meeting. My academic friend was present as an observer. She agreed to take notes of the meeting to support my own data when I transcribe the discussion.

Question: (Q) relates to my questions and comments to the group

Response (R) relates to a response to a question

Another (A) refers to subsequent students responses to the question.

QUESTION

Welcome to all of you and thanks for coming along today. I realise that this meeting is in your 'free time'. I appreciate you making the effort to attend.

When we first met at the beginning of your course I presented you with an overview of our collaborative action research study related to issues of loss grief and bereavement. Like students from two previous cohorts, you have become student collaborators within the study. The aim of this meeting is for us to evaluate and reflect on the 'programme' you have experienced with a view to contributing to the actions for change in relation to this study.

I look around the group and smile at the students as I talk, trying to make them feel comfortable and at ease. The students appear to be listening to every word I am saying and I feel their eyes following me around the group.

I stop talking and wait a little while so that the students can think about what I have just said.

Q.

You and two other groups within your cohort have experienced this trial programme. How useful have you found it?

- RESPONSE I've found it useful and interesting. I forgot that we didn't all have it.
- ANOTHER I think this subject is important and we need this stuff now. When would we have it if we don't usually have it now?
- Q This area of care and intervention is usually formally taught during the branch programme. Each branch facilitates the learning related to their own special needs.
- RESPONSE But that's daft.....how are you supposed to know what to do before then.
- A There is so much to learn, but I think this has been really useful. It helped me understand what was going on in the units where I worked. It's not just death is it.... that's what so useful to learn.
- A I suppose it's something you have to come to terms with. How have all the other students managed?
- A A senior student on my word said when I told about what we were doing that she wished she'd had lessons early on in her course.
- A I suppose it's a subject which you know is there and important but you learn as you go on. I think being prepared and being helped to think about it is really helpful. I am glad we had these sessions. My friend is in the group (...) (control group) and he finds it's really frustrating, like lots of them
- A I suppose if others before us have managed then we would too,....we wouldn't know any different. I think this is better. I think something to do with counselling is really useful.
- A I hadn't really thought of it before you told us about the study. I thought at first...so what..... but now I think we should have these tutorials as part of the normal course.

Q Each session of the programme related to an aspect of loss grief and bereavement. These activities were selected by students from the previous study groups as being useful sessions to have early in the pre-registration programme. What are your opinions and ideas regarding this?

The students sit quietly for a few moments, appearing to think about what I have said and the question I posed.

R I liked the sessions. I think they were useful. They helped me.

There are quite a few nods of agreement from other students in the group at this comment.

R Yes, I had to deal with some pretty awful things when I started my first ward. I had moved away from home which I missed and I had left my friends behind in..... After the first session, when we all talked about how we felt it made me feel I could talk to other students in my group. Because of this session I felt I *knew* that others could be scarred and worried about what to do just like me.

A I think all the sessions were helpful, even though at first I wasn't sure that they would be.

A I think we should all know about how to help others cope with grief and stuff. I think it's important not to feel you can't talk with relatives. I found that session really good. We have communication, (*referring to the communication tutorials within the current curriculum*), but this session was much more practical, It wasn't just games.

Q Can I just clarify? Are you either saying or agreeing that the programme has been useful and appropriate to your needs.

R Yes, we think so don't we (*looking around at the rest of the group*)

There are nods of agreement and some students give positive comments which appear agree with the student speaker.

Q How has this programme helped you?

R Well...I already said that I thought it was useful..... When I stated my ward we had quite a few people who were really sick. The patients and the relatives just want to know what is going on and how they are being looked after, you know getting better or not. I didn't know the answers but after our communication sessions, (*referring to our trial programme*), I felt it was ok to just listen to them and it was ok *not* knowing everything. I now say as you said Lynda.....'I will go and get sister'.....
(*At this comment people start to laugh*)... ..
Its good to know you are part of the team.....I would have liked the first session to have been a bit longer.

A I wished we could have had more guidelines,
hand outs like we did when we had one of the sessions.
(*Referring to the combined session related to theories of loss grief and bereavement and religion and cultural needs*)

Again there are nods of agreement around the group.

A I think the programme has helped me think about this subject. I knew about it but I didn't realise how some practical teaching could be so usefulIt helped me realise why people might be frightened. Knowing that I could touch people was helpful to learn. Just holding some ones hand, its great, I feel that I am helping.

Q Thinking about the four sessions you had. Would you change the order in which they were presented? Was there anything you would have liked to add to the programme?

R I liked the programme, but I did find the session which you had to combine two together. It needs to be two sessions.

A It was alright, but two separate sessions would have been easier.

A I would have like more group discussions, where we could have shared our experiences, a bit like we did at the beginning. I felt shy then and didn't think I had anything to say. Once I got on the ward I wanted to tell people about....my experiences....share them with my group.

Q In relation to the timing. Do you think that the programme was presented at an appropriate time during the course or not..

R I think we need these session, earlier if anything. I would have like everything before Christmas

A If I could choose I would say have it early but we have had so much already ...I'm not sure that I could have coped with more being squashed in at the beginning of the course.

A But we could get rid of some of the (.....) like (.....).

The students start to laugh and make comments amongst themselves.

I wait a while to see if others wish to speak.

Q Does anyone wish to add to our comments?

R I have found the sessions helpful. It helped me feel a bit more like I know about something. So many people are really sick on my ward, and quite a lot of them die....not all at once....you know come back even sicker than before. Their family is so distressed. I have found that these sessions have helped me ...I suppose thinking about dying and grieving is good.

A It makes you realise how inexperienced you are....I suppose I feel that I can talk to others. Yes it was good.

Quite a number of the students are nodding but no one else speaks.

Q Unless anyone wants to add to our discussion I think we shall stop there.....
 Thank you again for your time.

I sit quietly smiling at them and put down my pad and pencil, signalling that we have finished.

APPENDIX 53

Evaluation and Reflective meeting with Action Group (2) from 9/96 Cohort

The aim of this meeting is to enable the students to evaluate and reflect on the 'trial programme' which they have experienced over the past five months,.

The group agreed that I could take notes of the meeting. My academic friend was present as an observer and has agreed to take notes as she did at the meeting with group (1)

Question: (Q) relates to my questions and comments to the group

Response (R) relates to a response to a question

Another (A) refers to subsequent students responses to the question.

QUESTION: Welcome every one and thank you for coming to this meeting. I realise that you have had to give up your free time to attend.

You are the second action group we have met today and the aim of this meeting is to evaluate and reflect on the 'trial programme' which you have experienced over the past five months, since you commenced your nursing course.

As I explained when we first met in September last year this trial programme is the third cycle of field work related to this action research study and you and colleagues from two of the other quarter groups in your cohort have become collaborators working with me to experience this trial programme. Today we need to not only evaluate the programme but consider your ideas for change.

Whilst I was talking the students appeared to be listening intently to me. They seemed relaxed and comfortable. I wait a short while so that they can think about my introduction.

Q In relation to the trial programme, how useful have you found it.

There is a pause but none of the students speak, they are looking at one another as if they are not sure what to say or who should start speaking.

I remain quiet, giving them short eye contact so as not to intimidate them but I hope that they will soon feel comfortable enough to speak.

One student put up their hand and looks at me as if I have to give permission for them to speak. I smile at them and wait, hoping they will start speaking.

RESPONSE: I think the subject (*referring to loss grief and bereavement and death & dying*) is not easy. It is very difficult to watch people close by you in pain and showing it. It's very upsetting.....I think the programme has helped me get through some of the things I have had to deal with since I started the course.

There is a pause and the rest of the group is looking at the student who has just spoken. I smile at her and feel that I need to support this student. However I am aware that I must not forget that I am in the middle of a research interview discussion group.

Q I am interested in your comments.....Would you like to expand on your thoughts.

R Well...to start again. I think the programme has been helpful. I,..... not only me, have seen some awful things. Everyone is very helpful and kind on the ward. If I hadn't come to the lectures and things that you put on I'm not sure I would have felt so able to deal with what I've seen and heard.

There is another pause and then the student continues talking. The rest of the students are quietly listening and appear to be 'supporting' her.

R I was only on the ward for a bit when two people died. It was awful... relatives crying and me and two other students who had just started that day just sort of hanging around. One of us (*referring to one of the students*) is very young. We just sort of stood around. We had had our discussion session (*referring to the 1st session of the programme*) and I kept thinking its ok we are all scared.....After a bit I went and spoke to some one and told them that we had only just arrived and didn't know what to do. Then someone came and took us to a room and welcomed us and explained what had happened. It was a really busy ward, we had lots of days when the patients and relatives were upset. I suppose we got on with it. I think the program helped me. I think the others (*referring to the other two students who commenced at the same time as this student*), felt the same.

ANOTHER(Name of student who had just spoken) is right. My unit was not quite so bad as that , but we were busy and at times I felt a bit overwhelmed. Having the sessions was helpful. I learned about religions and cultures which was helpful and the practical was useful. I have had to help 'lay people out' and go to the mortuary with relatives. I was glad we had the sessions. Although people on the ward showed me what to do,...when we had our session I felt I knew what to do properly. It gave me confidence.

Whilst the student is speaking, many of the other students are nodding their heads and making sounds of agreement.

A I joined in with the sessions but I wasn't sure why. I didn't think ... 'this is important'.... But once I went on the ward I realised that the sessions were helpful. I only missed one. (... ..) took notes and told me all about it. I think the programme has been useful and helped me understand what I'm doing when people feel upset . I think it's important to understand its not just dying people.

A Umm, I think (... ..) is right.

Q Thank you again for all your comments, Now, ...the programme was developed by various groups of students who like you worked together with me to ‘ design’ a programme which they thought would be useful. If you had written the programme, what sessions would you have included in it.

R I’ve spoken to two students who were in this research and they told me how they worked with you, it sounded interesting. I would include a discussion session..... I think all the sessions were useful. If I could choose I would have them all before Christmas, especially the skills one.

A I liked everything and I can’t think how to change it...except to say that as a children’s nurse I would have liked a bit more on babies dying and being very sick. The skills session should be earlier. I know that everything related to all branches. They’re just my ideas.

Q Thank you for your thoughts, I think they are very helpful.

R I liked everything and I don’t know how I would change it ... well not at the moment, but the session we had which had to be sort of ‘doubled up’...you know theories of loss and culture and religion..... that was really interesting. I am glad we had hand outs. I think it should be two separate lessons.

A Poor Lynda, she was trying to help us.....but I agree that the long one would have been better in two sessions. I liked the hand outs. I liked the reading list.....I got some of the stuff you put on it, Its good.

The students seem very relaxed and they laughed when the student gave me sympathy. Again there are lots of nods of agreements to the comments that have been made.

Q Thanks for the sympathy. Again, all your comments are very helpful. Does any one else have any ideas about the programme and what they would change.

R I looked at the box of reading you left for us. I liked the hand out on 'ten different things to help some one who is grieving'. I copied it.It added to the session you did on communication. I think each session should have hand outs.

A I think that something where people can say how they feel is good. The session we had at the beginning was helpful although I didn't realise it then. To talk with other students and teachers and realise that you are not the only one feeling like 'what ever'..... Its important to know you can show your feelings.

A Students need to know where to go to get help and not just dying.When we talked about this it was really good.....I knew this but didn't really think about it as my job. I think discussion groups should be included in our programme.

Q If I can just clarify the points you have raised. You are saying that you found the sessions in the programme helpful..... If you could choose you would like these sessions early in the first year and possibly in the first term. Finally, you are saying that you would include everything in the programme but add discussion sessions.

As I have been setting out these points the students have been murmuring their agreement and nodding their heads. No one appears to disagree with my statements. I wait a little while but no speaks.

Q I take the silence as agreement

Again I look around and give time for students to speak. No one speaks or appears to disagree.

Q Thank you.....Unless anyone else has anything they would like to add, I suggest we close the meeting.

Again there is silence. The students are still nodding their heads and smiling.

R I would just like to say thank you for your help. I've enjoyed being part of this group.

Other students join in and start to say thanks. I stop the meeting at this point.

APPENDIX 54

Evaluation and Reflective meeting with Action Group (3) from 9/96 Cohort

The aim of this meeting is to enable the students to evaluate and reflect on the 'trial programme' which they have experienced over the past five months. This is the last of the three action groups to undertake their evaluation and reflective meeting.

This group as did the other two action groups agreed that I could take notes of the meeting. My academic friend was present as an observer as she had been with the other two action groups. She agreed to take notes of the meeting to help me when I transcribe the discussion from my own notes.

Question: (Q) relates to my questions and comments to the group

Response (R) relates to a response to a question

Another (A) refers to subsequent students responses to the question.

QUESTION: Welcome and thank you for taking the time to attend this meeting. I realise that it has meant that you had to give up some of your free study time.

You are the last of the three action groups to complete the evaluation and reflective process in relation to the trial programme which you have experienced as part of the action research which I introduced to the whole cohort when you first started your course. As I explained to you then, you and colleagues from two of the other quarter groups in your cohort have become my collaborative partners testing the trial programme which was developed by two previous collaborative groups. It's now your turn to evaluate the programme and consider any changes you think we should make.

The students had been very noisy when they came into the room. They took a while to quieten down but once I started to outline the purpose of the meeting they appeared to settle to the task.

Q In relation to the trial programme, has it been useful to you either from a personal or professional perspective

The students appear to be thinking about my introduction and the question I have asked. I wait a little while, trying to present a calm mood. However no one attempts to speak and I feel a 'tension' developing, so I try and prompt the group to see if I can encourage them to interact with me.

Q Do you understand my question, Shall I rephrase it?

There are comments and shaking of heads which I take to mean that they have understood my questions. I smile and try to look relaxed and non threatening.

Q Would any one like to make a start and respond to my question?

Suddenly one of the students starts to talk.....

RESPONSE I think people respond to this subject in different ways. For many it is still very much a taboo. I found the sessions interesting, but I'm not sure that I needed them.

I sit quietly smiling at this response. I notice a lot of the other students in the group giving me indirect looks. Some are muttering behind their hands. Others seem to be shaking their heads in disagreement with the statement just made. I don't wish to appear to take sides but to give equal value to every ones views..

Q I respect your views and I think you have made some valid points. I would also like to hear others views..... All opinions are valid and contribute to the study.

Again there is a slight pause; some students are looking at each other. After a short while others join into the discussion

R No. I found all the sessions helpful, although I didn't get too involved in the first session. I enjoyed the taught sessions and I think they have helped me. They made me think about what I am doing and saying..... One of the things I found helpful is to recognise that people respond differently to bad news. Not everyone shows that they are upset, but they still can be. I found it helpful to understand this, especially in my branch.

A I have always been interested in grief and dying. I assumed that we would have something in the course (*referring to the subject of loss grief and bereavement*). I was a bit confused.....I didn't realise that we would have to wait until Branch and that we had nothing about it in CFP.....

(CFP, or Common Foundation Programme, is the first part, usually the first eighteen months of a course in the Project 2000 Nursing Curriculum).

.....I don't know how I would have learned what we have learned during this programme if I hadn't been part of this group. I know we get lots of help from staff on the wards, but I think we need it as part of our school work. We deal with peoples distress and grief from the beginning, we need something like this when we first start, or near the beginning.

A I think you can feel guilty about not being able to help...you know the clients or their relatives. Having some idea of what to say and understand a little bit about why they might act in some ways is really useful.

A Thinking about itI've learnt more than I realised. It's helped me feel less nervous and a bit more confident when I am asked things about looking after sick people or talking with client who have seen the doctor. I don't always know what to say, but I'm not afraid to meet clients and their family any more. I think these sessions have helped me.

A After you introduced us to your research, I began to think about what we would have. I know we had the list of sessions. I hoped that we would have something about counselling,... not 'heavy', but how to speak to people as new students. I liked the communication session we had. I also wanted something to help me in a practical way, so I thought the stuff we did on last offices was good.

Q You have made lots of very helpful comments about the programme and individual sessions, was there anything you would have liked which was not in the programme.

Again the students sit quietly and seem to be thinking about this question.

R I would have liked more discussion like we did at the beginning. I like listening to others in a group; it helps me get ideas which I could use myself.

A It's not extra, but I would have liked the session we had on theories of grief and culture to have been longer or in two halves. I also wish we had something about different age groups, you know like children, teenagers, and the very old.

Q How do you think these extra sessions would help you?

R The different ages groups session could help us when we work on different areas, like 'elderly care'.

There is quite a lot of nodding and apparent agreement at this comment.

A I liked the way we had some taught sessions and also sessions where we worked in groups and things. It's not so much extra sessions, I just liked the variety of ways we were taught.

A I would have liked more video titles (*referring to the reading and resources list I had given the students*) so that we could have got them ourselves later.

Q That's a useful comment. You all know that we have an excellent resource library for tape slides and videos. It is next to the (.....) library.

R It would have been useful to have included something like a video or computers programmes during our sessions.

Q That's also a good idea. Do you all know how to access information on the computer? If not people like..... and can help you.

The students have become a very interactive group but they are now looking tired. I am also aware that I must not go into 'teacher mode', but remain a group member.

Q Can I just clarify the points which have been made?
Overall the programme was useful and helpful. If you could make changes you would like the session related to theories of loss grief and bereavement and religion and cultural issues to be divided into two separate sessions. Some of you would also like add group reflection and discussion sessions.

As I am speaking the students are nodding and making positive comments.

Q You commenced this programme about four weeks after you started your course and completed it by the end of this first term. Do you think our programme was presented at an appropriate time in your course?

R I liked having the sessions when we did, they seemed to fit with things I needed to know to help me on the wards.

A I would have liked the skills a bit earlier, but that's because of my experiences, I have been involved in helping to prepares people who have died. (*This speaker was referring to helping with 'last offices'*).

A I would have liked this a bit earlier.....well all of it. (*This speaker was referring to the trial programme*)

There are quite a few nods at this comment.

Q Can I clarify again? Are you saying that overall the timing of the sessions within your time table and the content of each session was appropriate.

The students are nodding and making comments which are clearly in agreement with my statement.

R You said during one of our sessions that the tutorial was similar to one that Branch students had,.....I think it is better to have it earlier than later.

A Yes...I know because its not our real timetable and we are likely to have some of the stuff again, but I think it is much better to have it now.

Again there are lots of murmurs of agreement with these last two comments and lots of nodding of heads.

Q Thank you for all the information. You've all worked very hard today..... Does anyone else have anything else they would like to add to our discussion before we stop?

I look around at the group giving time for anyone who wants to speak to do so. As no one appears to want to say anything I close the meeting.

Q Ok, I think we've done enough. Thanks again, I think we'll call it 'a day'.

The students are smiling and appear relaxed and stay around still asking questions in an informal way. My 'academic friend' joins in at this stage. We all stay for refreshments.

APPENDIX 55

Evaluation and Reflective meeting with Control Group (4) from 9/96 Cohort

The group was selected as the control group because they were the only group in the 9/96 cohort whom I was unable to meet with at times that were compatible to all of us.

This fact was explained to the group when I first met the cohort at the beginning of September 1996. All the students knew that they did not have to participate in the study unless they wished to do so. I recently sent a letter to all the students in this quarter group inviting them an evaluation and reflective meeting as their contribution to the study. All but two of the students participated. The two students who could not come to the meeting gave personal reasons for being unable to attend.

The students gave me permission to take notes during our meeting. My academic friend was present as an observer. She also took notes to help me check my notes when I transcribed the meeting.

Question (Q) relates to my questions and comments to the group.

Response (R) relates to a response to a question

Another (A) relates to subsequent student responses to a question.

All the students who agreed to attend the meeting came and settle quickly. They were lively but relaxed and seemed eager to start the discussion.

QUESTIONS: Welcome everyone and thank you for coming.
(Introduction)

As I explained when I met with your whole cohort last September, for reasons which we discussed then, you were selected to become the control group.

This meant that unlike the students in the other three quarter groups in your cohort, you have not have any of the extra sessions in the trial programme relating to aspects of loss grief and bereavement.

The aim of this meeting is for you to consider the experiences you have had so far in your course. In relation to aspects of loss grief and bereavement consider if there is anything either from a theoretical or practice perspective which you think may have helped or enhanced your knowledge.

I'll give you a moment to think about my introduction and then ask you some questions.

- Q In relation to your programme is there anything you would have liked either theory or practical, which you have not had so far in relation to aspects of loss grief and bereavement. Remember, loss grief and bereavement is not just about death and dying, it can relate to the loss of not seeing friends and family or when people move. It can relate to changes in social circumstances such as status, or changes to a persons health.

There is a slight pause. Students appear to be thinking about what I have said.

I realise that the question was very long, but I felt that I needed to explain the context and 'set the scene'.

RESPONSE: There are so many things I would have liked. We have been taught lots of things since we started, but there are things which, since I started clinical (*referring to clinical and community experiences and placements*) I wished I had known. I work with (.....) from....(*a student from another quarter group in the 9/96 cohort is named*). He seems more confident and aware of things. I have spoken to him. He didn't do any nursing before he came on the course, but he seems to know what to do say. He says that some of the stuff he's done in your sessions (*referring to the trail programme*) has helped him.

- Q Thinking about his experiences and your own, can you think of anything which you would have liked.

(The same student responds to my question)

- R I would have liked some practical communication. We have communication tutorials, but it isn't practical.

A I would have liked something to help me with what I had to face when I started practice.

Q Can you expand on this?

R When I went to my first placement I think I knew what to expect, but I didn't know how it would make me feel. It's not just emotional,I didn't expect a person to feel like to they do when they are dead, no one told me. If I had known or been prepared it might have been a bit easier.

A I didn't realise that I would get so close to my patients, I feel so awful about what is wrong with them or how they say they are feeling.....Sometimes I just want to cry with thembut I don't know if this is alright. My friends says its ok, you should be natural, but I wish I could say or do something to help.....I think I would feel better.

Q Do you feel supported by the staff on your ward or unit?

Although I was talking to the student who had just spoken there was a mixed response from the other students in the group. Some were nodding others were shaking their heads.

R The staff are helpful, but if I had had something before I went on the wards I would have felt better prepared.

A I would have liked somethingalmost a warning. On my second day I was asked to help wash a dead body,.....My God!, I didn't know what to do or what to say or where to look. I just copied and did what I was told to do.

A I was looked after ever so well by the people I worked with, but whenever they asked me things I didn't know what to say or do. They (*referring to ward staff*) asked me to sit with some relatives,.....their son was moving to our residences. They seemed ever so upset. They kept saying to me what did I think, They said they couldn't cope any more but felt bad about making.....(*name of client*) come to our home. I wanted to help them but I didn't know how.

Q What do you think would have helped you to cope with this situation?

R I don't really know, perhaps something about what to do or say to relatives

A We need to know how to look after ourselves and relatives when the patient has died or is very ill. Its all very well being told that we are junior studentsbut we are thrown in at the deep end and being the most junior means we get all this sort of thing to do.

There is a lot of nodding heads at this comment.

A I don't know if she was supposed to but one of my friends has been working with you, she is in another group. She told me about the things you have done in the tutorials. I wish I had had what she has had. Quite a few of her group think the sessions have been useful.....it helped them. From what they said I think I would have found some of the things would have helped me in practice situations.

Q If I can recap. Overall I think you are saying that some sessions related to aspects of communication and some skills related to last offices would have been useful.

The group are all nodding and agreeing with my statement.

Q What else do you think would help you in relation to this subject?

R I think we need to need some things which could prepare us for this subject. You said when you first met us that loss grief and bereavement is not just about dying. Having worked in clinical for six months I now really understand what you meant. I think that as we have to work in situations where illness, and grief are there and we have to be part of the team helping people to cope, we should be prepared now not in Branch. That's too late.

All of the students are nodding agreement at this statement. I wait to see if any one else starts to speak. No one does, so I continue with my questions.

Q I note the points that have just been made. Can any of you think of anything else you would have liked.

R I haven't really thought of it, but my friend is in another group and I think all the sessions she has had have been helpful. She showed me the list (*referring to the trial programme timetable*). I think I would have gained something from all of these sessions.

A I think you can learn a lot in practice. The trouble is some areas are so busy they haven't got time to tell you everything, so you have to learn as you go. You only learn what they tell you and this is usually when you are in the middle of some problem....people upset or something.

A I think we are learning in all situations both in school and in clinical... but I think some sessions which focuses on loss ad the effects would have been helpful now.

Q I would just like to clarify again please. Quite a lot of you have either seen or heard about the trial programme, and think the sessions would have been helpful to you. Does anyone think they don't need anything extra and is quite satisfied with the current programme and timetable related to aspects of loss grief and bereavement and death and dying?

The students look around at each other, but no one comments.

Q Am I right in saying that you have preferred something related to this subject, similar to the trial programme within the first six months of your course.

Most of the students are nodding and making comments which reflect agreement with my comment.

R I think we would have liked what the others had and would have got something out of it.....Is that right... (*looking around at the group*). *The students again either make comments or nod in agreement with this speaker.*

Q You have worked very hard and have been very helpful with your ideas and comments. Before we close, does any one wish to add to our discussion?

I wait. No one speaks. I smile at the students and sit quietly for a moments so that they can have a few moments of reflection.

Q I realise that your role as control group may have been difficult for you. However I can only say again how important it is to have a group who can reflect the difference between experience and non experience of change. Your contribution to the study is really important and very much valued. Thank you again.

R I have found it a bit frustrating, especially when my friends told me what they were doing, but I can see the relevance now. Will this make a difference in the future?

R What happens now Lynda? Will all this work make a difference? You said some time ago that as students we had a voice. Do you really think that is true?

Q I believe that students have a voice and are valuable. I can only tell you that at this point I am seeing.....to present our work. I hope our evidence will result in change.

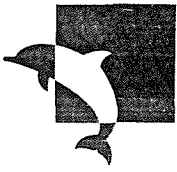
R I am not sure that we really do count. You treat us like we matter. Some people treat usbecause we are students we don't matter.

Q I can't speak for others but I will certainly present our work and argue for change.

There is a period of silence; the group seem to be thinking about the last few comments. . Again I sit quietly for a few moments.

Q Ok, well unless anyone else wants to say something I think we shall stop now.

APPENDIX 56



**University
of Southampton**

**School of Nursing
and Midwifery**

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LR/PhD/9/96/grE

5th January, 1997

Dear

Aspects of Loss Grief & Bereavement. Trial Programme

At the beginning of your nursing course your cohort became involved in the collaborative action research study related to above themes. Your quarter group was designated the control group and as such you had no extra sessions related to the research trial programme, only those in your normal programme time-table.

I realise that you are very busy, but would you be kind enough to take a little time to read and complete the short questionnaire which is attached. I really need this information to help me complete the analysis of the study. Would you please complete the questionnaire and return to me in the enclosed envelope as soon as possible.

As discussed in September during the first meeting with the whole cohort, it was agreed that I would contact members of the control group and invite them to a meeting. The aim of this meeting would be to enable you to express your views and present ideas you may have developed resulting from your experiences since you commenced your course in relation to this study. The date arranged for this meeting is 7th February 1997. Could you please contact (.....) to confirm that you are able to attend.

Thank you again for taking the time to read this letter.

Yours sincerely,

LYNDA ROGERS
Lecturer/Researcher

APPENDIX 57

4) If you consider that you did have some preparation in relation to the subjects set out above , what were they and at what time in your course did they occur:

5) In relation to this subject and reflecting on your experience since you started your nursing course, do you have any further comments to add? If so please write these below. (Should you need more space, please write on another sheet and attach it securely to this questionnaire.

Thank you for taking the time to complete this questionnaire, it is very much appreciated. Please return to me as soon as possible in the envelope provided.
Lynda (Rogers)

LR/9/96grE/Ques

APPENDIX 58

Reflective Meeting between Lynda & Academic Friend.

This meeting took place after my academic friend had observed most of the taught sessions with the three action groups. She was present as an observer at all of the evaluation and reflective meetings with the three action groups and the control group.

The aim of this meeting was for my academic friend to evaluate and comment on the aspects of the trial programme and my interaction within the group(s). She would also comment on the evaluation meetings.

This meeting was taped. We both also took notes.

Lynda - (L)

Academic Friend (Z)

- L If you present your feedback first some of the questions I have may be answered.
- Z You must be exhausted. I have watched you working during a number of the sessions I have attended, the energy you exude is amazing.
- L I enjoy working with the students...they give so much it's easy to become animated with them. I suppose it's also because the subjects and this study are important to me and have become a passion.
- Z That's obvious from the positive interactions which I have seen in every session and meeting I have attended.
- L I suppose one of the most important things for me to know is if you think that I have 'lead' the study in such a way as to make the students do and say things which could be seen as 'observer bias' or creating a 'Hawthorn Effect'.
- Z I will work through my comments and we can decide if your concerns have been addressed.
- L Um' ok.

Z First of all the sessions. It was obvious to me that the students wanted to attend and participate. I do not think you colluded in any way which was not ethical or unprofessional.

From what I have read, I think the sessions were relevant.

(referring to notes, transcripts and various data, so far collected during this study)

Z My opinion is that the work has developed from collaboration between yourself and student groups.

The current groups activities. You made it very clear to them that the sessions they would be experiencing were developed in collaboration with students from previous cohort. You presented this information in a way which was easy for them to understand.....and you gave them a choice to participate or not.

You conducted the sessions much as you would any normal teaching sessions, which I think enhanced the sessions. It made it seem 'normal' to the students.

L Thank you. So are you saying that as an 'outside observer' you were able to see that other people not just me had developed and evolved the various programmes culminating in this current trial programme.

Z Yes I am.

L That's good to hear.

Z The meetings with each group.....

In each case you set the scene and gave the students time to settle in at the beginning of each meeting.

You were clearly the facilitator.,....but I don't know as you could have been anything else during these sessions.

In each case you asked similar questions, which I think is important when trying to get a picture of a whole cohorts views. Three quarters of this group (meaning *cohort*) have

experienced the same sessions so you needed to ask the same or similar questions to maintain research rigor.

I liked the way you kept checking with the speakers if you were not sure what they were trying to say. You kept checking again and again, especially with the last group so that their meanings and your understanding was the same.

L I was very conscious of not 'feeding' them answers. I wanted to check as accurately as possible what I was writing down was what they wanted to say and not just my own translation.

Z You did and I think you succeeded. You did as far as I was concerned.

There is a slight pause

Z The evaluation sessions were relaxed and friendly. You asked the same or similar questions to each group.

My understanding is that the students enjoyed the trial programme and found the content useful. Helpful in a practical way. It also seemed to make quite a lot of them think about what they were doing and to consider their feelings and emotions. The taught sessions seemed to make many of them think about the effects of this information on their practice. Time and again I heard different students relate aspects of the programme to the way they coped in practice and how they used the knowledge to help their learning or interactions with others.

L What about the way I interviewed the groups during the discussion meetings. Do you think it looked as if I was trying to put words in their mouths? I was a bit concerned about this. I have worried that I may not have been aware that I was reacting in a way which could 'lead' them to say certain things.

Z My observations of you were that you were very careful how you said things so that you didn't 'put words in their mouths'.

L We talked about the Hawthorn effect. Did you see this?

Z I can see how easy it could happen. However these students weren't given any choice of the content. Their only choice was to attend or not. I can't see how they would have benefited by creating a Hawthorn effect. It is interesting that they attended everything.....More than we can say about the rest of their programme.

We both break off at this point to laugh about this comment. However my colleague soon goes back to her notes and continues to talk.

Z Overall, I think your conduct was what I expected to see. I have worked with you and you are normally enthusiastic and empathetic with students in the classroom. I think you were very much the same. During the interview meetings. You did not seem to try and bring speakers round to a certain opinion. You kept asking them a question only to check their meaning. I think you were doing the right thing. The students knew exactly what they wanted to say and said it.

L Thank you for these comments. I know that your evidence has its limitations and you being in the groups may well have changed the group's dynamics. However we made it clear to the students that you were observing me and not them. To me it was important to have my own interactions checked. I was quite concerned that I may have been doing or saying something which I was not aware of and which would not be acceptable in research terms.

Z How do you feel after more or less completing this cycle of study?

L I have such mixed feelings. I am really quite exhausted as you say. As much because of having to run all the sessions around my other teaching commitments. (.....) referring to my secretary, has been really helpful in keeping notes and ensuring that the students were properly informed.....I think I feel quite exhilarated and ready to go on.

I think this trial programme has given a more realistic view of what it would be like if it is adopted as part of a curriculum programme. I suppose it really does reflect Robinson's 'real world'.

It seems that we have come to the point where we have to a limited extent proven change as positive. I find this thought exciting as well as frightening..... Does this mean that we have done what we set out to do. It seems that all my student collaborators and I have created change. The next step is to get it accepted. That's too much to think about tonight....

Z Let's recap. My role was to observe you and check for observer bias and see if the Hawthorn effect was in evidence.

I also checked your style of interaction. To see if what you said of the way you presented something influenced always group decisions.

L This is what we talked about. I don't think you could have done much more in the time you had.

Z In my opinion you did not create a negative obvious observer bias. I think you conducted the interviews in a fair and open way allowing the students to say what they wanted in their own way. If you weren't sure you checked.

I noted that you always asked students to check the transcripts. I could see that you were also checking right through the meetings which I attended.

L I can only say thank you for you have done on behalf of this study.

Note: For personal reasons my colleague was only able to confirm this transcript as accurate once I had read it to her via a phone call.

APPENDIX 59

MAIN STUDY 9/96 COHORT ACTION GROUPS			
Results from Questionnaires	Action Group 1	Action Group 2	Action Group 3
Number of students in group	17..	18..	15..
Number who returned questionnaires	14..	9..	8..
Age Range			
18-25	18-45	18-45	18-45
26-35			
35-45			
45-over			
Sex			
Male	0..	2..	1..
Female	14..	7..	7..
Any Professional Qualifications	Non recorded	Non recorded	Non recorded

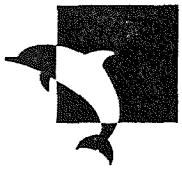
Question 1			
What experiences do you consider that you have had in relation to loss grief & bereavement before you came into nurse education	Nursing home (3)	Worked as auxiliary/ nursing home (4)	Grandparents/relatives/relatives (6) (1)(2)
	Worked as carer (1)	Deaths in family (5)	Friend died (1)
	people died- car crash/ accidents (2)/ (5)	Lost a friend (1)	H.I.V (1)
	Estranged from parents (1)	Moved away from family (1)	Friends moved away (1)
	Physical abuse (1)	Road Accidents (2)	Parents divorced (1)
	Death of relatives (5)	Miscarriage (1)	Counselling course (1)
	Miscarriage (1)	No experience (2)	Have dealt with patients grief (1)
	Children /family becoming independent (2)	I don't think I have (1)	Leaving home (1)
	Hysterectomy (1)		Worked in nursing home (1)
	Burglary (2)		Loss of child (1)
	I have lost control - no knowledge (1)		Made redundant (1)
	Unresolved emotions (1)		
	Very little / no experience (7)		
	Question 2		
What experience do you hope to gain & what education and/or training do you think you would like to receive in relation to caring for those who are dying, This can include people of all ages who are receiving treatment, i.e. palliative care	How to care for dying, all ages (3)	Death of children (2)	Care for grieving relatives (4)
	How to deal with death/grief distress (8)	Say to sick/ill people (5)	Cope with self/own distress (2)
	Help/deal with relatives (5)	Communicate with dying/sick (5)	Communication/counselling/ what not to say (7)
	Deal with patients feelings/emotions (3)	What to say to people (4)	Learn theory/models loss (2)
	How to deal with groups (1)	Learn stages of grief/loss (2)	Deal with grief bereavement process (3)
	How to cope with fears/own fears (2)	How to care for dying (2)	Practical skills/practical (4)
	Care for very sick people (7)	Not sure I can be prepared (1)	
	Harrowing events / sudden death (2)		
	Do/say the right thing (2)		
	Counsel/communicate (6)		
	Deal with patients suffering loss (2)		
	People with mental illness/ill (4)		

APPENDIX 60

MAIN STUDY 9/96 COHORT CONTROL GROUP		
Results from Questionnaires		
Number of Students		19..
Number who responded to Questionnaire		13..
Age Range		Between 18 -35 **
18-25	** Note: less age range than in any other	
26-35	collaborating group	
35-45		
45-over		
Sex		
Male		2..
Female		11..
Professional Qualifications		Non recorded
Question 1		
What experience do you consider you had in relation to loss grief and bereavement and care of the dying person & their family prior to commencing your nursing course	None	(6)
	Death of Relative (s)	(3)
	Worked in a nursing/ residential home	(4)
	Grandparents	(5)
	Sister	(1)
	Left my family in another country	(1)

Question 4		
If you consider that you did have some preparation in relation to the subjects set out above, what were they and when did they occur	Non/ nothing	(10)
	Note really	(1)
	Nothing formal/ organised	(3)
	Had to learn myself/ had to cope alone	(2)
	Myself on wards/ people tried to help but too busy	(2)..
	Reflection had started, but group not safe	(1)
	Nothing of use	(1)
	Only body image / too late	(1)
	In/during group work - nothing formal/arranged	(5)
Question 5		
In relation to this subject and reflecting on your experiences since you started your nursing course, do you have any further comments to add? If so please white them below.	We are expected to muddle through	(1)
	Would have liked practical skills	(2)
	Would have liked stages of loss/ grief	(3)
	Should be prepared much earlier	(1)
	Lessons in 'Branch' too late/ too long to wait	(4)
	Care of dying long before now/not left to branch	(3)
	We should do this subject in first year, not leave it until the Branch	(1)
	Preparation not early enough	(1)
	Staff too busy to teach us, we should learn this in School	(1)

APPENDIX 61



**University
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**School of Nursing
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Ref.: LR/PhD-9/97

21st, September, 1998

Dear

Aspects of Loss Grief & Bereavement & Care of the Terminally Ill and their Family.

At the beginning of your nursing course you experienced a variety of sessions in relation to the above theme which has been developed as part of a my PhD research. Students from previous cohorts have been involved in developing these sessions which have become part of your curriculum.

The titles of the sessions and the units within which they are placed are set out below. Could you please take a little time to read this list and then complete the short questionnaire which is attached. I realise that you are very busy but I really do need this information to help complete the analysis of this research and validate the study.

Unit 1. **'Fear in a Hat'** - A group discussion of issues & questions you may have about starting clinical practice in relation to this aspect of nursing care and intervention.

Unit 2. **'Breaking Bad News'** - 1st Aid Tool Bag of Communication Skills. What you could say and do in difficult situations or with difficult questions when talking with patients and relatives.

Unit 3. **Lecture - Theories of Loss Grief & Bereavement.**

Unit 4. **Lecture - Cultural Norms** - Exploration and consideration of religious and cultural needs and requirements in relation to aspects of loss grief and bereavement and care of the terminally ill.

Unit 4 **Skills sessions - Last Offices** - Practical skills required to perform last offices, encompassing required paperwork and taking into consideration special religious, cultural and legal requirements.

I am also looking for a group of volunteers within your cohort who would be willing to have a short interview with me. If you think you could spare the time would you complete the slip which is attached.

PLEASE TURN OVER PAGE—

Thank you again for taking the time to read this letter. **Please send the completed questionnaire back to me as soon as possible.**

Should you have any questions concerning this research please do not hesitate to contact me.

Yours sincerely,



LYNDA ROGERS
Lecturer/Researcher

I AM WILLING take part in a short interview with you

SIGNED..... PRINT NAME.....

PRINT YOUR GROUP NAME.....

Thank you again for your help in this study. LYNDA ROGERS

APPENDIX 62

9/97 COHORT QUESTIONNAIRE

1) Age18-25
 26-35
 36-45
 45-over (Please tick as appropriate)

EBL group

2) Sex Male.....Female.....(Please tick as appropriate)

3) Please tick the session (s) you attended:

- (A) Unit 1 - Fear in a hat - Group discussion.....
- (B) Unit 2 - Breaking bad News - 1st Aid Tool Bag.....
- (C) Unit 3 - Lecture -Theories of Loss Grief & Bereavement
- (D) Unit 4 - Lecture - Cultural Norms - Exploring Religious & Cultural ... Needs
- (E) Unit 5 - Skills session - Last Offices.....

4) Did you find these sessions useful to your developing practice...

Yes.....No.....

5) (If you answered *Yes* to Q 4) - **HOW** were these session(s) helpful to your developing nursing practice
Please comment:....

6) (If you answered *No* to Q 4) - WHY were these session(s) of no help to your developing nursing practice:
Please comment:

7) Was the order in which these sessions were presented in your nursing units useful or not:
Please comment:.....

8) If you have any further comments or ideas, please write them below: (Should you need more space please write on another sheet and fix it securely to this questionnaire.

Thank you for taking the time to answer this questionnaire. *Please return to it me as soon as possible.*
LYNDA (Roger) Quest/9/97