'A Case Study of the Experiences of Nurse Teachers following the

the Merger of Nurse Education with Higher

Education

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A thesis submitted in Partial Fulfilment of the Requirements of the

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ABSTRACT

Over the last decade nurse educators have been subjected to two of the most fundamental changes in nurse education this century. These changes included the introduction of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting reforms (UKCC 1986) and the subsequent transfer of nurse education provision into higher education institutions.

The purpose of this study was to explore and evaluate the process as viewed by nurse educators. A case study approach was adopted involving in-depth interviews with staff in order to address the following questions:

    1.   What are the nurse educators views of the merger with higher education institutions, particularly in relation to:-
- Terms and Conditions of service?
- Roles and Responsibilities?
- Links with Clinical Practice?

    2.   Are these views consistent both internally within institutions of a given type and across the sector? (that is, views of staff in 'old' and 'modern' universities and colleges of higher education)

    3.   If they are not consistent, what determines these views. For example are they Influenced by subject specialism, career pathways, professional identity or external influences?

The challenge in this study was to explore and identify the most pertinent issues for staff. An ethnographic approach was used for data collection. This involved undertaking in-depth interviews with staff in two institutions. Data were then analysed using a grounded theory framework for analysing and coding. From the verbal exposition of the respondents, eleven concepts were identified that served to explicate the pertinent issues for staff. These were subsequently subsumed into the four larger categories of: 'The Process of Transition'; 'Working Life in Higher Education'; 'Professional Practice in a Higher Education Context;' and 'Higher Education Culture;'. These categories served to explain the trajectory experienced by staff. Finally, three types of responses were identified from the data and these are compared with key literature on change theory.

Declaration

This work, or any part thereof, has not been previously presented in any form to the university or any body for the purposes of assessment. Save for any express acknowledgements, references and/or bibliographies cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and no other person.

Acknowledgements

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Foreword: Aims of the Study

The merger of colleges of nursing and midwifery with higher education institutions has presented immense challenges. Most of the recent debate has centered on academic rigour of programmes and the academic credibility of the staff involved. It is not the intention here to revisit these discussions but to explore the effect of the merger on the staff who were centrally involved. The general view within the profession was that the tension generated between research, teaching and delivering clinically credible experiences for students had been difficult to manage and that the impact on both staff and students cannot be underestimated.

Contact with colleagues during that time highlighted the tensions that existed between managers and staff. A major issue for staff transferring into higher education was the issue of academic contracts. Key funding in universities was related to research activity which is measured nationally by the research assessment exercise. As academic staff, nurse teachers would be eligible to be added to the research assessment exercise yet may well not have a publishing record. This led to the suggestion that they should be classed as 'teaching only' staff (Triesman 1996) which meant that they would be paid on a different salary scale from colleagues and would not be expected to fulfill a full academic role. Predictably, in some institutions this caused a great deal of anxiety for the staff concerned and may well have set the stage for the different reactions to the changes taking place.

Anecdotal evidence and some literature on mergers and culture tend to imply that the experience of staff undergoing change across organizations is similar. However, research in this area is limited in relation to changes in nurse education, partly because it's a fairly new phenomenon.

This research study focused on the experience of the merger from the perspective of staff who were centrally involved. The aim was to provide 'thick description' of their experience and utilise the data and literature as a means of identifying theoretical insights into this experience, with a view to identifying whether there were commonalties or individual differences.

The research aims were: -

(1) What are the nurse educators' views of the merger of nurse education with higher education institutions, particularly in relation to: -

    (a) Terms and Conditions if Service?

    (b) Their Role within the Organisation?

    (c) Links with clinical practice?

(2) Are these views consistent both internally within institutions of a given type and externally across the higher education sector (i.e. the views of staff in 'old' and 'new' universities, and university colleges?

(3) If they are not consistent, what determines these views? For example, are they influenced by subject specialism, career pathways, professional identity or external influences?

It is also important to acknowledge my own involvement in this process. I had been centrally involved at a senior level, in the preparation and merger of a college of nursing into a university.

My role as Vice-Principal of the nursing college with specific responsibility for academic standards ensured that I was centrally involved in the planning of programmes for conjoint validation and ensuring that the quality monitoring of the programmes reflected the university as well as the professional requirements. This experience allowed me to become very familiar with the higher education sector. I had been centrally involved in the development of programmes and managing the student experience from a higher education perspective. Following integration I was appointed to the role of Associate Dean within the school of nursing and midwifery, with similar responsibilities. I was also appointed to the English National Boards Course Validation Panel Registry and I was external examiner to two colleges, which were undergoing (or had only just undergone) a process of merger. This allowed me to observe and discuss with staff what the transition meant for them. It was these discussions and a developing awareness of the views of the staff involved that led me to decide to investigate their views further.

A qualitative research approach was utilized and the main aim was to allow the respondents to give an account of their views of the transition. Staff at Lecturer/Senior Lecturer/Tutor level were chosen specifically since they are usually the largest group in colleges and to date, in this researcher's view, had been the least vocal.

The study commences with an overview of the historical developments in nursing. Chapter 1 concentrates on the background to recent developments in nurse education that have led to the mergers of colleges of nursing and midwifery into higher education. It also looks at the context of change in relation to government policy and details key reports and proposals that have led to the changes.

Chapter 2 begins by addressing the literature related to mergers and acquisitions, concentrating on these phenomena in relation to education. Literature on occupational culture is also discussed here, in relation to its potential relevance to this study. The discussion attempts to pull a variety of themes together to explicate the experience of the respondents. This chapter also sets out the range of theory which was found to help to describe and explain the data generated from the interviews with the respondents.

Chapter 3 deals with the main methodological issues and the rationale for the research design, indicating choice of qualitative method, the unstructured interview technique, selection of respondents and the practical issues which

arose. Grounded theory procedures were used to interrogate the data. Concepts were generated from the data and these were combined to create categories that were used to explain the data.

Chapter 4 describes the development from the data of the concepts that have been used to organize and explain the data. These concepts are grouped into four major categories, entitled 'The Process of Transition', 'Working Life in Higher Education', Professional Practice in a Higher Education Context' and 'Higher Education Culture'. These categories are then explained in Chapter 5 drawing on the related literature.

Chapter 6 moves from generalisation to differentiation, describing the three types of response in relation to the categories generated from the data, which explains the differing responses of staff to the transition process. The chapter both describes and illustrates the typologies and compares them with key literature on change theory. Finally, the chapter moves from characterising each group to providing an account of the rights of each position.

Chapter 7 draws together the main aspects of the research and makes suggestions for further research. A short reflective discussion is given at the end of this chapter offering a personal view of the experience of undertaking such a study and how the work undertaken for Part One of the doctoral programme resonated with this final dissertation, to offer a cohesive whole.

CHAPTER 1:

Developments in Nurse Education - Context of the Study

Introduction

This section gives a chronological overview, based on government policy reports, to trace developments in nurse education prior to its merger with higher education. The information is drawn principally from British literature but some of the literature from overseas is also alluded to, particularly the Australian experience insofar as it enhances the story unfolding within the British context.

In order to set the study in context, this part of the thesis will examine the impact of these developments by highlighting the main recommendations made in several key reports. There will be an more extensive discussion of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting Report: A new preparation for practice (UKCC 1986) and its subsequent influence on the merger of nurse education with higher education. The recommendations for change came from the need to review the problems of recruitment and retention within the profession. It was thought that raising the academic level of the training programmes and linking with higher education institutions would make nursing a more attractive career choice. However, the impact of these changes has never been explored. This study aims to make a contribution to the debate particularly relating to the impact on the nurse teachers' role within the wider academic community.

Recently within the United Kingdom there have been several changes in the structure of nurse education. The imperative for these changes came from a number of sources, including the Royal College of Nurses for the United Kingdom (RCN) which is the professional organisation for nurses, the English National Board for Nursing Midwifery and Health Visiting (ENB), the national board controlling nursing and midwifery education in England, and finally, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), the statutory body responsible for nurses, midwives and health visitors.

Recent proposals have ranged from full integration of nurse education into higher education (Royal College of Nursing 1985), to collaborative arrangements and partnerships to be set up between higher or further education (English National Board 1985, United Kingdom Central Council 1986).

The issues central to the demand for change included service delivery, recruitment and retention of students, changes within the National Health Service, the perceived health needs of future populations and the need to make nursing a more attractive career choice. One perceived way of achieving the latter, as mentioned previously, was by raising the academic level of the programmes. To make sense of the need for change argued by these reports, we need to look in more detail at how nursing has developed over the last century.

The 'Nightingale' model of nurse education cannot be underestimated for its influence on developments over a considerable period of time. The Nightingale

notion of nurse education was that training should be essentially practical, achievable with very limited resources, and informed by medical rather than nursing perspectives. O'Brien & Watson (1993) have argued that this was a notion suited to its time. Medical dominance meant that the practice- relevant knowledge for nurses was deemed to be a pale reflection of that possessed by doctors, who were involved in curriculum issues such as programme building (Jolley cited in Reed & Proctor 1993). Doctors were designing and planning nursing courses and deciding their content.

However, there were people prepared to challenge this model of nurse training and in 1919 approval was achieved to create the General Nursing Council and the establishment of a Register for nurses. This resulted from the work of Mrs. Bedford-Fenwick in spite of opposition from Florence Nightingale (Ramprogus 1995). The underlying aim of this proposal, in addition to professional regulation, was to offer a standardised programme of study.

Nevertheless, the influence of the Nightingale Model persisted and nurse education in the United Kingdom continued to be organised on two principles:-

    1. A traditional apprenticeship system.

    2. In almost total isolation from the tertiary education of other students.

Because schools of nursing were provided by, and located in hospitals or on hospital property, the needs of the hospital, or service needs, generally took

precedence over educational needs. Historically schools of nursing would recruit approximately 20/30 students four times per year.

The Chief Nursing Officer of a District Health Authority was responsible for identifying the size of student intakes based on his/her assumptions of the likely demands for qualified staff in local hospitals in three years time.

Each hospital provided its own training school and, to a large extent, trained its own nurses. This often meant that nurses studying for different parts of the Register would be trained in their own specialist group without reference to any other specialism. Until the introduction of 'project 2000' (UKCC 1986) in the 1990's each school of nursing, of which there were over 600 in England, would offer a three-year programme. There were four separate training courses each leading to initial registration for 'Registered' Nurses (the highest level of qualification):

(a) Registered General Nurse (Preparing students for caring for adults and for elderly people with physical disabilities);

(b) Registered Mental Nurse (Caring for people with a psychiatric illness);

(c) Registered Sick Children's Nurse (Caring for children with a physical illness);

(d) Registered Nurse Mental Handicap (Caring for children, adults and elderly people with learning disability).

Each course lasted three years, with approximately 24 weeks allocated to school based studies and the majority of the time dedicated to learning, but also providing a service contribution in a variety of clinical settings, including a short time in a community placement. The 'theoretical' component of the programme concentrated mostly on disease processes and was usually taught in two-week study blocks. Assessment consisted of one written examination for theory in the final year and a series of three practical assessments carried out over the three-year period by approved clinical supervisors. The academic levels of these programmes were generally regarded as 'certificate level'. This relates to the Council for National Academic Awards categorisation of the academic levels distinguished within a three-year Honours degree programme: year one relating to Level 1 or certificate level study, year 2 to level 2 or diploma level study and year 3 to level 3 or honours degree study.

There were also separate training courses in each of the above fields of practice for 'Enrolled nurse' qualification. These courses lasted for two years and focused on basic nursing care. The theoretical input was reduced and assessment consisted of one examination at the end of the second year and two clinical assessments undertaken by clinical assessors. These courses were available to students who did not have the required educational qualifications to meet the entry criteria for 'Registered Nurse' training.

Concerns regarding nurse education has been the focus of ongoing debate since the Horder report (1942). The issues central to the debate were those of

recruitment and retention, reduction in the numbers of schools of nursing & midwifery (Horder 1942, Wood 1947, Platt 1964, Briggs 1972) educational standards, service delivery and skill mix (Briggs 1972, Judge 1985, UKCC1986) and finally, changes within the National Health Service and the perceived health needs of future populations (UKCC 1986)

The main resistance to these reforms came from the professional and statutory bodies, principally the Royal College of Nursing and the General Nursing Council for Nursing. This was largely because the membership of these bodies consisted of hospital matrons whose main concern was the provision of a service (Ramprogus 1995) the needs of service prevailed and in the short term the profession rejected the recommendations made out of hand. However, some of the proposals indicated long term trends which have emerged more strongly recently.

The reports all made an important contribution to the development of nursing over the last few decades by keeping alive the issue of educational reform. Collectively they served as a foundation for the United Kingdom Central Council proposals for the most fundamental reforms of nurse education last century (UKCC 1986).

The Nursing Reconstruction Committee (Horder 1941), and the Working Party on Recruitment & Training of Nurses (Wood 1947), published reports during the time that the Labour Party was preparing for the National Health Service. While

both of these reports dealt with nurse training, the emphasis of the Wood Report was on supplying labour for hospitals while the Horder committee concerned itself with the retention of staff and the status of the students as employees (Ramprogus 1995). The latter report also recommended separating nurse education from service provision, streamlining nursing schools and linking them to general education, consider student rather than service need, introducing student grants. Furthermore the Horder report recommended that students should be freed from non-nursing tasks and that an auxiliary grade should be introduced to assist nurses, thus removing the need for a second grade of nurse (Ramprogus 1995).

These proposals were recognised and tried to rationalise a growing need for more highly trained and educated nurses in the light of developments in medical technology, the need to ensure retention of qualified staff, and the need to provide a reasonable standard of care. The Wood report, did not share concerns regarding the quality of care and there was also considerable disagreement in both reports on the length of training courses.

In the light of such conflicting evidence the Ministry of Health in 1948 proposed a structure similar to that for medical education. This included independent regional training councils to organise, supervise and fund schools of nursing. Such organisations would have the responsibility for the design of curricula, conduct examinations and act as funding bodies (Ramprogus 1995). However, there was strong resistance to these proposals from both the Royal College of Nursing and

the General Nursing Council. Since as suggested above the membership of these bodies consisted of hospital matrons, whose main concern was the provision of a service, the needs of the service generally prevailed. In 1949 the Nurses Act was passed which made only minor changes to the general organisation and structure of nurse training (Ramprogus 1995).

By 1960, however, the Royal College of Nursing was also raising concerns in relation to the increase in unqualified nursing staff and the lack of supervision and clinical teaching of students. In response to these concerns a committee was set up through the Royal College charged with looking at the reform of nurse education (Platt Report 1964). This Report made similar recommendations which are summarised by Ramprogus as follows: -

(a) Reducing the number of schools of nursing from 987 to 200
(b) Separating of training needs from the obligation to provide nursing services to the hospitals
(c) Setting up independent schools of nursing under Regional Training Councils
(d) Giving students a grant, not a salary
(e) Raising the entry standard to five 'O' levels
(f) Retaining a three year training course for Registered Nurses
(g) Instituting a two-year course for enrolled nurses with lower entry requirements and to be trained by schools of nursing.

(Ramprogus 1995 p5)

The reaction of the main stakeholders (Matrons, Hospital Administrators, Medical Profession) to this report was no different from that given to the previous reports.

It was rejected on the basis that breaking up the hospital service if the students were withdrawn from it was not desirable, that nurses would become too academic and it would be difficult to recruit the numbers needed with the required educational qualifications of five 'O' levels (Ramprogus 1995). Once again the

profession was unable to agree on an appropriate course of action to alleviate the problems within the profession.

Finally, in the early seventies, as wastage on nursing courses continued to rise, the government conceded that there was a further need to review the nurse training and set up a Committee on Nursing chaired by Professor Asa Briggs (Briggs1972). The recommendations from this committee reflected much of what had been proposed in the previous reports;

(a) There should be a single central body responsible for professional standards, education and discipline in nursing and midwifery in Great Britain

(b) There should be three distinct nursing and midwifery education boards for England Scotland and Wales, responsible to the council.

(c) A statutory standing committee should represent midwifery interests. The committee would advise the council and boards on midwifery education and have direct control of midwifery practice.

(d) Responsibility for nursing and midwifery education should remain with Department of Health & Social Security, Scottish Home & Health Department and Welsh Office.

(e) Schools of Nursing should be rationalised to form colleges of nursing and midwifery.

(f) Entry requirements should be widened.

(g) There should be one basic course of eighteen months for all entrants which would lead to an award of a statutory qualification, the Certificate in Nursing Practice. This should be common to both prospective nurses and midwives.

(h) A further eighteen months course, also modular and open to those holding the certificate should be provided. This should lead to a second statutory qualification, Registration.

(i) The education boards should consider the best forms of educational provision (a) for graduates entering nursing (b) in conjunction with universities, for students wishing to combine nursing with a degree.

(j) Consideration should be given to increasing the number of university places and the number of universities offering degrees.

(k) Educational and financial provision must be made in order that the nursing and midwifery profession should become research based.

(l) A new approach should be made to the training of teachers, who should no longer teach all subjects.

(m) Nursing practice should be 'patient centered' rather than 'task' orientated.

(n) The management of colleges of nursing should be separate from the service management structure, with college principals being responsible to the Regional Committees.

<div align="right">(Briggs 1972 p 212 - 213)</div>

Twenty years later, what has happened is much more complex. After much debate and negotiation, the Committee's idea of a structure bringing the countries of the United Kingdom together has been instituted. The 1979 Nurses, Midwives and Health Visitors Act inaugurated five statutory bodies, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) and four National Boards, one each for England (ENB), Wales (WNB), Scotland (NBS), and Northern Ireland (NBNI). The statutory structure for regulation came into operation on 1st July 1983. The UKCC was charged with establishing and improving standards of professional conduct and training, and its remit covers both the content and the standards of training leading to registration. The Council's training rules state the competencies to be achieved and the length of training required for entry to the Register.

The National Boards have responsibility for education and training in their respective countries, which involves interpretation of the Council's requirements. The Boards approved both the providing institutions and the training programmes submitted by these institutions.

These bodies have been reviewed twice since their establishment and the recent review by the Government has led to further changes (DOH Act 2000) including the recommendation to establish a single Nursing and Midwifery Council to replace the United Kingdom Central Council and the National Boards. This new body would have a duty to treat the interests of the patient and clients as paramount in carrying out its functions, to collaborate with key stakeholders, to consult fully with all those affected by its work and to have regard to the interest of the four countries of the United Kingdom.

Many of the arguments put forward by the Briggs Committee were taken up in the major reform proposals of Project 2000- A New Preparation for Practice (UKCC 1986). This was yet another major enquiry, set up by the newly formed United Kingdom Central Council for Nurses Midwives & Health Visitors.

The project was established : -

> *'To determine the education and training required in preparation for the professional practice of nursing, midwifery and health visiting in relation to the projected health care needs in the 1990's and beyond and to make recommendations'*
>
> (UKCC 1986 p3)

The major recommendations of the Project 2000 proposals were: -

(a) The amalgamations of schools of nursing to form larger colleges of nursing and midwifery.
(b) A common foundation programme of eighteen months for all students entering the profession, irrespective of which branch of nursing they were to register.
(c) Branch specialist programmes in Mental Health, Learning Disability, Adult and Child following the common foundation programme.
(d) Supernumerary (student status) for students

(e) Formal links being forged with Higher Education

(f) The award of a Diploma of Higher Education for successful students

(UKCC 1986 p 69)

In setting out its recommendations for change the UKCC focused its arguments on the continuing decrease in the number of school leavers available for recruitment, the need for cost-effectiveness and value for money in the NHS and the emphasis on community care and prevention of ill-health (Ramprogus 1995). This changing pattern of health care needs meant nursing would have to change if it was going to continue to recruit people in sufficient numbers, and enable it to respond effectively to changing health care demands.

Other changes in health care delivery impacted on the reforms of nurse education. The policy statement Working for Patients (H.M.S.O. 1989a) provided the first statement of intent to reorganise the delivery of health care. The shift of emphasis from institutional care and treatment to health promotion and care in the community presented a significant change in the scope and nature of health care delivery.

This change in emphasis strengthened the UKCC's argument for the introduction of the 'project 2000' programmes, contending that the existing programmes were too 'sickness orientated' and did not prepare students for the consequential changes in health care needs following 'Working for Patients'. The new educational programmes therefore had to produce practitioners who had a greater understanding of the health promotion needs of a wider community rather

than the more traditional concentration of hospital based care with the emphasis on the 'sick' role.

The main substantive emphasis within the report was on the notion of the registered practitioner as the 'knowledgeable do-er' (UKCC 1986). However, the concept of the 'knowledgeable do-er' was not clearly articulated and was instead placed in the context of broader social forces influencing nursing such as epidemiological changes, health service changes, wider economic changes and the need for the new nurse to be a flexible practitioner who has the confidence and readiness to embrace change. Throughout the proposal, the idea was promoted of the new practitioner as the lynch pin of professional practice, whose educational programme would prepare her/him for enhancing practice and for exercising greater autonomy in clinical decision-making, in partnership with patients (Ramprogus 1995). Prior to the changes recommended above nursing education in the United Kingdom followed an apprenticeship model. Health authorities employed recruits as student nurses who received their professional education from the authority's designated school of nursing. This involved 'on the job' training with short periods spent in classroom teaching. The philosophical underpinnings of the nursing curricula of this era reflected heavy reliance on a training paradigm, the medical model approach to health care, technical and procedural mastery and task orientation. The employment status of the student nurse also meant that a significant service contribution was commensurate with the role (Daly 2000).

The other major recommendations within the UKCC report was that the programme of study would consist of 50% theory and 50% practice, divided equally throughout the duration of the course and finally, the amalgamation of schools of nursing (of which there were 600 in England) to form larger colleges of nursing and midwifery.

These proposals differed from the previous reports in that they had the full support of the Government, which in May 1988, formally accepted the proposals and the recommendations for their full implementation. The 'project 2000' proposals were implemented starting with establishment of colleges of nursing and midwifery from 1989 onwards.

These recommendations had far-reaching implications for the profession, not least in financial terms. Moving from the traditional apprenticeship schemes of training, where students made a substantial contribution to the labour force, to a scheme where the contribution to the workforce was sharply reduced, proved extremely problematic. The impact of replacing the student workforce created problems for the key stakeholders who had to provide the replacement costs. However, one fundamental difference between the Project 2000 reforms and other previous reports was that a substantial costing exercise had been commissioned by the UKCC. This allowed the Council to identify the cost benefits of its reforms (Ramprogus 1993). The initial recommendation was that students should have full student status and time spent in practice would be supervised. To meet professional requirements nursing programmes are required to meet

4600 hours of theoretical and practical study (ENB 1996). However, the end result has been a compromise where students in the new educational programmes are required to contribute 1000 hours of the 4600 programme hours to practice which is undertaken in the third year. During this period the students are treated as full time members of the ward team. Prior to this the students are 'super-numary' in practice i.e. they practise under the supervision of a registered practitioner, and therefore make no independent contribution to staffing.

The move from this so-called 'apprenticeship scheme' and the notion of 'the worker' student to the idea of a 'proper' student was interesting and slightly at odds with the apparent changes occurring in the rest of the education sector.

While the United Kingdom Central Council was making recommendations to make nursing 'education-led' with the introduction of supernumerary status and proposals to link with higher education institutions and other occupational contacts, the Government was advocating employer led training and established the National Council for Vocational Qualifications. The increasing emphasis on 'core skills', 'transferable skills' and 'key skills' all serve to highlight the increasing vocational emphasis in this sector.

The emphasis was moving towards more vocational degrees to meet the needs of employers. So while other occupational groups were becoming more vocationally orientated, nurse education was criticised by some sectors of the profession (principally the practitioners) for becoming too 'academic'.

Furthermore the development of an 'internal market '(DOH 1989), where health care was divided between those who commissioned or purchased care and those who delivered care, presented a major organisational shift. The sharp competitive edge of this philosophy was subsequently transferred to educational environments where professional education was negotiated on a contractual 'purchaser - provider' basis, between the NHS Trusts as purchasers and colleges of nursing as providers. Previously the funds for nurse training had been largely conflated with the funds for health care delivery. It was argued that if this arrangement had been retained in an internal market, the health service providers might have sought to cut the costs and level of nurse education in order to make their prices more competitive in the short term (Humphreys 1996).

The implications of these legislative changes were outlined in Education & Training: Working Paper 10 (DOH 1989a). Here new arrangements were outlined for non-medical workforce training within the competitive National Health Service market that was proposed (Traynor & Rafferty 1998). The amalgamated colleges now had to contract with local providers to meet the staffing and skill-mix needs which the latter identified. Working Paper 10 advocated greater competition and marketisation of nurse education, and for employers to have greater control over nurse education (Francis et.al. 1998). This was to be achieved by concentrating purchasing, and hence workforce planning, at Regional level.

By 1992 the elements of a market in nurse education were in place in England, with supply being located in colleges of nursing, providing to the demand of

Regional Health Authorities (RHAs) and National Health Service Trusts (Humphreys 1996). However, further restructuring at Regional level into Offices of the National Health Service Executive cut across this, and a new framework incorporating Education and Training Consortia was established at sub-regional level (Traynor & Rafferty 1998). These Consortia are groups representing health care providers and purchasers in particular geographical areas. Each consortium should include a representative from each trust in the area, one from each health authority, representatives of General Practitioners, a representative of each social service authority, and representatives from the private and voluntary sectors (Francis et al 1998). The Education and Training Consortia approach is deemed to provide employers with a more strategic approach to skill mix, and with a budget in the region of a million pounds for each consortium drawn from a specified non-medical education and training (NMET) budget, employers are able to influence education and training as never before. Consortia began to take responsibility for educational contracting from April 1996. This NMET budget is top-sliced from all the health service employers of trained nurses, is controlled by the National Health Service Executive, and bid for by consortia. In other words, while the internal market in health care is currently being dismantled, the market in nurse education remains intact (Francis 1998).

Workforce planning in the National Health Service is set for further major changes following the publication of a consultation paper 'A Health Service for All Talents-Developing the NHS Workforce' (DOH 2000) This paper emphasises the importance of integration in planning, in education and training and in working

practices. In the future, education consortia are likely to be replaced by local workforce planning teams and consortia will merge to form larger confederations. The impact of these developments has yet to be analysed.

These developments, with their emphasis on the purchaser provider role, and the National Health Service Trust status for management, have all had effects on educational needs, the implementation of educational programmes, and the future management of colleges of nursing and midwifery.

Transfer to Higher Education

One of the unforeseen implications of the 1990 NHS and Community Care Act was that schools of nursing no longer had a place within NHS provider trusts. There was no provision within this Act for the delivery of nurse education. The newly formed Trusts were not permitted to support activity outside of care provision and this provided the impetus for the exit of nurse training from NHS provider units (Traynor & Rafferty 1998).

While all of the reports discussed above suggested that the removal of nurse education from service provision was desirable, nowhere was there any discussion as to where it should be located. Likewise within the policy reforms there was no indication of how colleges of nursing and midwifery were to be managed. What was notably lacking in the reports was any suggestion that nursing should be merged with higher education. The Briggs report encouraged

the pursuit of research mindedness, calling for funding for nursing and midwifery research and highlighted the need for more collaboration with universities to increase the number of degree places for nurses and the number of universities offering nursing degrees (Briggs 1972). The United Kingdom Central Council in its report on the changes needed in pre-registration education (Project-2000 proposals), argued for closer links with higher education which were to be delivered principally through the conjoint validation process, with the professional bodies and the awarding institutions jointly validating programmes.

Again, nowhere in these reports was there any suggestion that full-scale mergers with higher education institutions were a possibility. This absence was not widely recognised; like many working in nurse education, some of the respondents in this study tended to talk about 'project-2000' developments and the higher education link as if they were the same.

However, the lack of clarity regarding the future of nurse education following the creation of the new self-governing trusts caused quite a lot of concern. There was little consultation about the most appropriate location for nurse education, the assumption being that location within higher education was desirable for all concerned. There has been little attempt to evaluate the impact of this decision, this study aims to make a contribution to the debate.

Following the development of NHS Trust status for hospitals many principals of colleges of nursing & midwifery canvassed for self governing trust status for

colleges. However, in October 1992 Eric Caines, who was then Director of Personnel at the National Health Service Management Executive, issued a letter on *The Future Management of Colleges of Health (EL9270)* which set out the issues concerning the future of the colleges but ruled out the option of self-governing trust status. It indicated instead that there was support for closer working arrangements with higher education including full merger where appropriate.

Several commentators before and after this announcement have remarked on the benefits of reforming the nurse education system (Owen 1993,Mangan 1993, Draper 1996 & Barton 1998). The main benefits highlighted by these authors include: -

(a) *The lack of academic status and recognition while nurse education remained outside higher education.*
(b) *Reducing the isolation experienced by nurse educators in relation to their colleagues.*
(c) *Increasing resources to promote innovation and creativity.*

All of these factors were put forward to justify the move of nurse education into higher education. However, several authors have contributed more convincing reasons. Mangan (1993) contends that to allow the changes in nurse education to take place required it to be firmly embedded in the world of higher education. It was also hoped that diploma and degree level study would no longer be seen as an optional extra for those whose career was taking them away from direct

clinical work, but would be the minimum requirement for first registration and necessary to be recognised by higher education.

Draper (1996) states a more fundamental view that, as the final phase of integration of colleges into higher education is achieved, nurses in the United Kingdom will achieve what their colleagues in America and Australia have enjoyed for some years; that is a unified educational system in which nursing is recognised as an independent field of study whose educators and trainers have the same rights and privileges as those of other academics (Draper 1996).

However, it has also been suggested that the move into higher education occurred for reasons that have little to do with educational idealism. Draper (1996) suggested that

> 'A cynic might argue that the merger of colleges of nursing with university departments is occurring because the desire of health authorities in the UK to dispense with the inconvenience of nurse training coincides with the willingness of the universities to take over a promising business opportunity'

> (Draper 1996 p216)

Fletcher (1995) similarly highlights the fact that universities can achieve an instant increase of up to 30% in student numbers following these mergers.

Changes in the Higher Education Sector

Since the Second World War the expectations placed on the higher education sector have changed considerably, from being an autonomous, elite system to serving as a centrally controlled mechanism for meeting the needs of industry and of the country's economy by producing a suitably prepared workforce in appropriate numbers.

Even in the 1960s the elitist view that universities should only provide the next generation of scholars and leaders was beginning to fade under a growing pressure for wider employment relevance (Rafferty & Traynor 1998). The challenge to expand allowed the system of local authority controlled colleges and polytechnics to grow alongside the universities. However, over the next 30 years the polytechnics gradually took up many of the traditional universities' aspirations while universities, for their part, moved towards meeting the market needs mainly met by polytechnics and colleges (Becher & Kogan 1992).

In 1992 the 'binary divide' was abolished leading to the polytechnics and larger higher education institutions acquiring university status. Universities started to offer more vocationally orientated courses such as nursing.

The new post 1992 system of funding distributed by the four new national Higher Education Funding Councils made it necessary for higher education institutions to become more competitive in student recruitment and in the range of courses on

offer. Links with colleges of nursing and midwifery were attractive for many higher education Institutions because of the potential to increase student numbers and attract more funds (Carlisle et al. 1996). For colleges on the other hand it gave an opportunity to go for the best deal, at least if more than one higher education institution was interested in expanding its health care programmes.

According to Triesman (1996) the main concerns for colleges were the funding arrangements and the status offered to the school by the host institution, which may or may not have offered better terms and conditions for staff. (There was a down side to the new purchaser/provider funding mechanism: university contracts with the National Health Service were too short to offer long term security for teaching jobs. This was an area commented on frequently by the respondents in this study.)

It is no secret that negotiations took place regarding the length of the contracts. Moreover, competitive bidding for the colleges had in some cases driven through transfer at absurdly low cost and without the resources for research (Treisman 1996).

Fletcher (1995) highlighted the possible risk from institutional amalgamations, notably of fragmentation of nursing and midwifery education. He contended that institutional links might lead to the development of some elite qualifications based on schools of nursing located beside medical schools which could benefit from a track record in research, with other qualifications provided by institutions that

have little or no research culture. The issue of elite qualifications has been highlighted once again with the publication of the National Health Service plan and the consultation document on the review of workforce planning mentioned earlier.

These documents emphasise the need for more flexibility in working patterns and the notion of developing more flexible training arrangements, so that NHS staff can switch between different professions during their training without starting again at the beginning. Recommendations include the opportunity of shared learning for nursing and medical students to meet the requirements of changing health care needs and the developments of a more technological base of professional knowledge and practice. The Committee of Vice – Chancellors and Principals in their response to the plan have raised concerns about the situation of the 'new' universities. Fears that qualifications from institutions unable to offer shared learning will be deemed to be of a 'lesser' academic standing.

There is further concern about the internal organisation and role hierarchies in the departments of nursing within universities. University departments historically have had rather flat structures in which all members of staff share the work of teaching, administration and research. University authorities will say that each of these is given equal value, even though in practice, research is clearly given greater status across the higher education system, although not necessarily greater in time and resource. (However, the balance may be dependent on the institution concerned Fulton 1997). In colleges of nursing on the other hand, there

was historically a strong division of labour between the senior and junior staff. Senior staff were responsible for administrative work involving programme planning, student records and assessment but frequently little or no teaching. Junior staff would have been involved almost entirely in teaching. Until recently staff within colleges of nursing and midwifery would not have been involved in original research. This has created tension for staff transferring into higher education institutions and who, in some cases, suffered adversely in terms and conditions of service.

Summary

This chapter highlights concerns regarding nurse education that have been the focus of on-going debate for the best part of the last century. Prior to the changes brought about by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting reforms of 1986, nurse education in the United Kingdom followed an apprenticeship model. There was heavy reliance on a training paradigm, the medical model approach to health care, technical and procedural mastery and task orientation. The employment status of the student nurse also meant that a significant service contribution was commensurate with the role (Daly 2000).

The issues central to the demands for change included service delivery, recruitment and retention of students, changes within the National Health Service and the perceived health needs of future populations. Implicit if not explicit within this call for change was the agenda to raise the status of the profession and thus

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make it a more attractive career option. The introduction of the proposals designed to address these issues were introduced from 1989 onwards (UKCC Project 2000:a New Preparation for Practice).

It could be argued that these proposals succeeded where other recommendations failed, principally because of the other changes taking place in the Health Service. However, one notable omission from these proposals was the future location of nurse education. In the United Kingdom, the 1991 NHS act cut across the nurse education reforms and unintentionally provided the impetus for the merger of nurse education with higher education (Traynor & Rafferty 1998).

The merger of nurse education with higher education took place at a time of unprecedented change in the higher education sector following the Further and Higher Education Act of 1992. Nowhere has the impact of these changes on nurse education, and more particularly on nurse educators, been investigated. To date there has been no research or evaluation of these mergers.

The majority of nurse teachers experienced major changes in their terms and conditions of service, infrastructure and culture. Many nurse teachers had no experience of higher education and were unprepared for the changes in their role. This study aims to contribute some understanding of the impact of the transition on staff. The process of transition will be explored in the context of the literature on policy reforms, and utilising the literature on occupational culture and mergers in the education sector to help to understand the process under study.

CHAPTER 2

LITERATURE REVIEW

There is a paucity of literature on the transition of nurse education into higher education in the United Kingdom, and that which is available largely concentrates on aspects of the nurse teacher's role and how the role has changed. This chapter will draw on evidence from some of this literature where it is deemed to be relevant to the subject under discussion here. The literature discussing rather similar reforms in the Australian system will also be discussed, since the transition of nurse education into higher education took place in Australia immediately prior to the United Kingdom reforms. This chapter will review the following literature:-

- Changes in Nurse Education

- Mergers & Acquisitions

- Occupational Culture

Section 1

Changes in Nurse Education

As suggested above, recent literature on nurse education related mostly to the changing role of the nurse teacher. Several research reports have examined the

effects of this changing role. However, these studies have been principally concerned with the teacher's role in practice, and had concentrated initially on changes that occurred following the introduction of diploma level programmes and the resultant closer working relationship with higher education (Crotty 1993, Hardiman 1993 and Camiah 1996). The studies highlighted the multifaceted nature of the nurse teacher's role and identified the difficulties of trying to define the role in any meaningful way. However, Crotty (1993a) undertook a Delphi study using an expert panel of nurse teachers, which revealed four main categories of the teacher's role. These were teaching and learning, monitoring student progress, management activities and administrative duties. Many of these features resonate with the key features of the roles undertaken in higher education. It would appear that the aspect of the nurse teachers' role that makes it more complex and difficult to define is the clinical component, on which other studies have concentrated directly (Crotty 1993b, Clifford 1996 and Lee 1996). The research to date emphasises the difficulty that nurse teachers face in attempting to fulfil these roles and offers some explanation for the difficulties they experience.

There is no doubt that nurse teachers experience 'role conflict' arising from expectations relating to their role in practice. The demands placed on nurse teachers to remain clinically credible while removed geographically from clinical areas were an area of concern highlighted in this study. Barton (1998) reporting on a study undertaken to review the historical developments that led to the integration into higher education, states that teachers were evenly divided on how

their role would change. He contends that half saw that there would be a widening educational/clinical role, and half did not. According to Barton it was apparent that the move into higher education culture had caused a crisis of conscience for many nurse teachers, with demands for a scholarly role removing them from what they saw as their core role of teaching and practice.

Carlisle et al (1996) carried out a Delphi study exploring changes in the role of the nurse teacher following the formation of links with higher education. This study explored the changes in the role arising from the amalgamations of colleges and the links formed with higher education (Carlisle et al 1996). The most common type of link arrangement identified was that of conjoint validation. However, the respondents predicted that all nurse education would be transferred to higher education within five years. At the same time 55.4% of the respondents did not see this change as desirable (Carlisle et al 1996). One reason was the concern about job losses and less favourable terms and conditions of service. However, staff in university departments of nursing were also concerned about the implication of merging with nurse education colleges. Their main concern was that an organisational culture they perceived to be hierarchical and inflexible (Draper 1996) would overwhelm them. Clearly it would be unwise to underestimate the differences that exist between both institutions on opposite sides of mergers.

Sutton (1996) in discussing these issues in relation to the Australian scene highlights nursing's lack of effective adjustment as well as changes in higher

education as creating concerns regarding staff morale. In Australia during the 70s and 80s, nurse leaders had called for a relocation of nurse education into higher education. This call received lukewarm responses from governments. However, by the mid-80s the contribution of three new factors served to ensure the success of the reformers plans (Traynor & Rafferty 1998). These were greater political effectiveness within nursing organisations, a newly elected State Government and a financial crisis in the New South Wales state government which made the movement of cost of the nurse education to higher education budget more attractive.

Robinson (1997) identifies one further political contingency in the Australian Federal Labour Government's policy, its commitment to increase female participation in higher education. Clearly, admitting large numbers of nursing students could go some way to meeting this commitment. However, like the United Kingdom, the transfer had its problems. Nursing was initially accorded low status in the academy; the degrees that nurses obtained were deemed to be of lower status; and new nursing academic leaders had little involvement in the institutions. Sutton (1996) showed how the transfer of nurse education in Australia highlighted many of the issues now being identified in this country as causing a degree of concern and unrest. Incorporating nurse and midwifery education into higher education has not been an easy task. Moreover, in any context merger and rationalisation represent one of the greatest upheavals which organisations and their employees' face and we now turn to the literature on this topic.

Section 2

Mergers & Acquisitions

Mergers within educational institutions appear to be an under researched area of study. Much of the literature available is dated and its main focus is on events in North America and Australia. Within the United Kingdom there is limited literature considering that there has been considerable activity in this area over the last few decades.

The available literature concentrates on four main aspects of mergers; firstly, the definition or the variety of terms used to describe the phenomena; secondly, the impact of merger on institutions; thirdly, the impact on staff; and finally, the practical issue of bringing together different work cultures. These areas will be discussed in turn.

Terminology

Some literature refers to 'mergers' while in other writings terms like 'acquisitions' and 'affiliations' are frequently used to describe the same phenomena. In the nurse education literature the process of merging with higher education is frequently referred to as 'integration'. The literature draws a distinction between mergers, acquisitions and integration.

Mergers are generally described as a combination of two or more willing and more or less equal organisations to form one entity, while acquisitions are defined as a union of unequal partners where an organisation with one function or limited function and meagre resources is incorporated into an organisation with considerably larger funds, programmes and personnel resources. Integration, by comparison, is regarded as a much slower process. It is generally viewed as a process following merger or amalgamation when components of the organisations are combining, for example libraries, central administration and student services. The process of integration may take years (Meek et.al. 1988).

The fact that a number of different terms are employed to define aspects of this phenomenon encourages the belief that members of the merging institutions may view and interpret this event in a variety of ways (Cannon 1983). In a paper presented at the Annual Meeting of the American Educational Research Association on 'The Organisational and Human Implications of Merger' describing four types of institutional arrangements in America, Cannon offers a useful comment from Majaro (1972) relating to the often painful misunderstandings and experiences.

'Managers normally talk about mergers and acquisitions almost interchangeably. As the words imply, the merger is ostensibly a marriage between equal parties. An acquisition is a total or partial purchase of an enterprise by another company, which implies that one of the parties is dominant – and if a controlling interest has been acquired, it is tantamount to occupation – a conquest. The way in which the victims will be treated depends entirely on the good sense, the mood, the decency and the competence of the occupation forces.

Cynics would say that in practice there is not such a phenomenon as a merger – and that all mergers are acquisitions under a guise of marriage between equals. Many acquisitions, in fact, are made to look and sound like mergers – mergers are never made to sound like acquisitions. Mergers enjoy great social acceptability, and can be made to look benevolent and highly beneficial to the community and to the consumer. Acquisitions, by their very acquisitive title, are more difficult to justify in social terms'.

(Majaro 1972 in Cannon 1983 p9)

It is difficult to decide whether the transfer of colleges of nursing and midwifery into higher education institutions could be described as 'mergers'. Assuming that a merger is a marriage of near equals, colleges of nursing could not easily be defined as equal to the much larger and more diverse institutions of higher education which are made up of many schools and departments. It could be argued that where colleges that were transferred into institutions with no medical faculty or other health care provision and became a 'new' school or department within the institutions, then this should be deemed to have merged, while a college that merged with a university or college with respectively a medical or a health care faculty could be viewed differently, and sometimes as exhibiting features of acquisition.

Purposes of Mergers

Harman (1986) highlights developments in the United Kingdom in the 1970s where mergers and closures were used extensively to deal with problems of major contraction in higher education enrolments in non-university institutions. While Martin et al., commenting on the merger scene in America, states that a

growing number of colleges and Universities have been employing mergers and acquisitions to advance their quality and breadth of service (Martin et al 1993-94).

> 'Without a planning model to follow, dozens of institutions have been attempting to use mergers or acquisitions strategically to enlarge their scope, deepen faculty resources, expand student opportunities, and achieve new levels of academic excellence'

> (Martin & Samels 1993-94 p3)

The difference here is that entrepreneurial planned mergers begin with a distinctly different perspective. According to Martin et.al. planners seek out colleges with roughly the same mission, and hope to redesign the nature of the institution itself through the acquisition or merger.

This philosophy is somewhat different from the experience of staff in colleges of nursing and midwifery as they merged with higher education institutions in this country. Following the guidance from the Department of Health, regarding the future management of colleges alluded to in Chapter 1, Regional Health Authorities (now the National Health Service Executive) were charged with the responsibility of determining the most appropriate arrangements for colleges.

Since the initial implementation of Project 2000 programmes from 1990 onwards, links with higher education had progressed at varying rates, ranging from some instances where arrangements remained at conjoint validation of programmes to some colleges which were now firmly integrated (Jowet et al 1994). What is

important here is that the Region's decision regarding a college and higher education institution link was generally made on economic grounds following competitive tendering by the higher education institutions; decisions were not necessarily made on the basis of choice, or from a similarity of educational values and philosophy (Stanton 1994).

There were a few exceptions to this generalisation where there was an existing link which had been developed for diploma level programmes. In these cases, if the links were considered to be satisfactory, they were allowed to continue.

However, in some cases the links were inappropriate geographically, with students having to travel long distances to attend lectures and visit libraries. In these situations new links with a more local educational provider were recommended. Since the breaking of links with an existing provider caused a great deal of concern for the staff involved. (Staff in one such institution were included in this study). The college had undergone the breaking of links with an 'old' university and development of links with a 'new' university, which was perceived as a retrograde step by many of the staff).

However, Fletcher (1995) does make the point that the mission of nurse education is not far removed from that of higher education. He highlights a comment by Andrew Mayo (1993) Director of Human Resources for ICL, pointing out why many mergers fail because of the unwillingness of the parties to recognise their cultural differences. However, he further suggests that academic institutions devoted to professional training and academic institutions devoted to

academic education which may lead to entry to the professions, may seem to fall

outside of the types of institutions Mayo is referring to:

> *'After all, they have in common a commitment to academic, cultural, professional, and epistemological values, '*
>
> (Fletcher 1995 p36)

Both Australia and Britain have experienced cross-sectoral amalgamation (i.e.

the merger of a university and a non-university institution). The obvious case

alluded to in the British literature is the merger of the New University of Ulster

with the Ulster Polytechnic (Meek 1988). This was a controversial case since it

involved bringing together two institutions from different sectors (Harman 1986),

following a public investigation into the needs of higher education in Northern

Ireland. The New University of Ulster had been defined by policy makers as being

seen as a rurally-situated institution that had failed to respond to the economic

and social needs of the Province, while Ulster Polytechnic was seen as an

institution whose provision was more relevant and which had a more successful

record (Carr 1984).

Mergers between institutions with different strengths, courses and traditions may

hold out opportunities for growth and innovation that simply are not present in the

absence of a merger (Meek 1988). However, mergers also highlight the practical

issues of bringing together different work cultures to deliver a high quality service,

and are said to represent the greatest upheaval an organisation faces

(Cavanagh 1996).

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The Monopolies and Mergers commission crudely classifies corporate mergers into 3 categories: -

(a) *Horizontal Mergers – mergers between companies that sell the same product or products that can be easily substituted for another.*
(b) *Vertical mergers – mergers between companies of which one is an actual or potential supplier of the other.*
(c) *Conglomerate mergers – mergers between companies that do not produce similar products and where neither is an actual or potential supplier of the other.*

(Meek & O'Neill 1988 p 146)

Meek et al. contends that a conglomerate merger of a university and a non-university institution may have greater potential. Drawing on the literature on amalgamations in the business world, Meek et al. point out that successful mergers seem to be between corporations with different traditions, structures, technologies and customers. However, they further contend that governments favour horizontal mergers for reasons of rationalisation; the merger of educational institutions with the same functions provides maximum potential for redundancy (Meek & O'Neill 1988).

Meek et al. further contend that much of the research on mergers, that has gone beyond the level of gross indicators of productivity, has concentrated on the concept of 'synergy' i.e. suggesting that the merged institution is greater in strength than the combination of the previously independent institutions. They further contend that:

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'The potential for 'release of synergy' which includes management strength, technological innovation and market diversification as well as profitability – is highest in a conglomerate merger and lowest among companies with common customer'

(Meek & O'Neill 1988 p146)

However, Burkhardt (1994) describing a single recent merger in Detroit, states that:-

'Higher education mergers are not bold collisions of magnates. They are nervous, protracted affairs requiring a special courage, deep pragmatism, and many sensitive deliberations. And they require a kind of planning that is new in education.

(Burkhardt 1994 p19)

He goes on to say that 'we are only beginning to learn how collegiate mergers can best be planned for'. There is, therefore, something to be learned from this study regarding the impact of mergers on staff.

In the nursing context, Fletcher (1995), in a discussion paper on the proposal to merge colleges of nursing and midwifery with higher education institutions, suggested that the prospective mergers were such that they had the potential to divide colleges rather than unify them. His contention was that the diversity of institutions involved could impact either positively or negatively on the staff concerned, owing to the diversity of cultures. Anecdotal evidence would suggest that the staff experience of mergers is not consistent across the sector.

As chapter 3 makes clear, variation in the kinds of institutions involved was taken into account when designing this study; data were planned to be collected from three institutions which were perceived to be sufficiently diverse to generate a variety of data, and to test the thesis that the staff's perception of their experience may vary across the sector.

The impact of mergers on staff

The impact of mergers on the workforce can be considerable, not least because the consequences may include redundancy at worst and almost always changes in career opportunities, working practices, communication patterns and culture. Meek (1988) states that the most significant problems faced by an organisation contemplating a merger are fear and anxiety among staff members over job security and institutional governance, coupled with a feeling of loss of institutional identity.

In support of the argument regarding the feeling of loss, Cavanagh (1996) draws on the work of Jinks (1979) on organisational mergers. Jinks describes the experience of merger as 'a painful social and psychological ripple', felt by most members of the organisation, characterised by a loss of status and identity and often a lack of knowledge about the change process.

Other authors highlight the consequences of the introduction of change as producing feelings of anxiety, frustration and fear. There is a possibility that,

under these circumstances, individuals will choose to leave the organisation. Cannon (1983), in her review of the American literature, highlighted the fact that nowhere does the onset of a merger cause more concern then among those whose jobs are at stake. She further highlights the feelings of compliance, subordination, and role and organisational ambiguity, which contributed to defensive behaviour, anxiety and general dissatisfaction reported by the staff undergoing a merger process.

Meek (1988) recognising this sense of loss experienced by staff, highlights the importance of acknowledging that organisations are more than technical instruments for achieving precise goals – they have a culture as well as a structure and people come to value the organisation for its own sake. He further suggests that it is impossible to overcome completely the sense of loss of organisational identity, and the old institution while no longer existing as a legal entity, will continue to exist in peoples minds. This was certainly true of the phenomena under study here, where in conversation teachers still talk about and identify with the college of nursing and midwifery.

However, recent studies in America and Australia highlight both the problems and advantages of merger. Among the problems are the loss of identity and autonomy for one particular site or campus and increased administrative bureaucracy. However, in some cases staff can come to accept that opportunities for students have been widened, resources have been shared and greater institutional security has been achieved (Barr 1984).

While the impact of mergers is wide-ranging, so too are the responses that individuals can experience when exposed to merger or acquisition. Meek (1988) commenting on the work of Blumberg & Weiner (1975), suggests that tension and distrust among individuals whose position and function will be potentially affected, are inherent features of mergers. Even where there are assurances about jobs, tensions derived from ambiguity of roles and reporting relationships cause concern.

Meek (1988) argues that there seems to be a general tendency for staff to perceive that mergers are associated with the centralisation and consolidation of power and authority. Staff morale and commitment are directly affected by the structure of the merged institution and the question of whether or not to centralise or de-centralise decision-making. Meek also argues that some aspects of these perceptions are based on actual changes in structure, while others are the result of the day-to-day experience of working in a much larger organisation.

Where decision-making powers have moved from departmental to faculty level, staff at grass roots level are likely to feel alienated and disempowered. The merger of colleges of nursing and midwifery into higher education threw this into sharp relief. While previously the College Principal would be responsible directly to the College Board, with sole responsibility for personnel, financial and academic issues, after the merger there were several new layers of management - deans of faculty, pro-vice chancellors and finance and personnel members of

executive. The net effect of this was that each level within the school had a further level of hierarchy above it.

Taylor et al. (1992), in a paper highlighting the experiences of 16 large and small mergers, argue that merger outcome studies indicate that 'hard' organisational factors such as compensation, hours of work, fiscal integration and contractual relationships fare better than 'soft' factors such as job satisfaction etc., and contend that this is borne out by some of the other literature.

They offer useful criteria for a successful merger. The themes identified in this study, which include the staff's uncertainty regarding their role, effects on their terms and conditions of service, and antagonism towards the new organisation, all resonate with what Taylor et al describe.

Taylor et.al. offer the following account of stages in the merger process: -

1. *Premerger – Degrees of environmental uncertainty (technological, market, socio-political) may vary, but respective organisations are relatively stable and members are relatively satisfied with the status quo.*

2. *Merger Planning – Environmental uncertainty increases, which precipitates discussion concerning mergers/take-over possibilities; fears rise that unless the firm grows, larger companies will destroy it, it will become less competitive, or it may even fail; the firm is still relatively stable and discussion is confined to the top executive level.*

3. *Announced Merger – Environmental uncertainty continues to increase, influencing merger decision; organisation still relatively stable, and while members have mixed emotions concerning the merger, expectations are raised.*

4   *Initial Merger – Organisational instability increases and is characterised by structural ambiguity (high) and some cultural and role ambiguity (low); although members are generally co-operative at beginning, good will quickly erodes.*

5   *Physical – Legal/Formal Merger – Organisational instability increases as structural, cultural and role ambiguity increases; mechanistic organisations take on some organic characteristics for a period; conflict among organisational members increases.*

6   *Merger Aftermath – High organisational instability, lack of co-operation, 'we-they' mentality exists; violated expectations lead to intra- and interunit hostility; structural ambiguity decreases but cultural and role ambiguity remains high; dissenters leave the organisation.*

7   *Psychological Merger – Organisational stability recurs as ambiguities are clarified, expectations are revised, renewed co-operation and intra- and interunit tolerance; time-consuming process.*

(Taylor et al. 1992 p39)

The timing of this study did not allow the investigation of the initial stages of this process. However, reference will be made to the subsequent stages, as they become relevant in the analysis. Taylor et al. contend that the positive effects of pre-merger planning should not be underestimated, and that employees' attitudes to change are more critical for success than the magnitude of the planned change itself. In relation to the mergers of colleges of nursing and midwifery, the speed of change militated against comprehensive planning and preparation of staff. However, considering that several institutions already had existing schools or departments of nursing, more strategic planning could have been instituted.

Meek (1988), taking a slightly different stance and commenting on the criteria for successful mergers, contends that there is no one formula or set of rules for a

successful merger. He argues that local circumstances and the nature of the institutions involved will influence either positively or negatively what is happening. This was highlighted in the present study where individual responses varied widely, offering some resonance with the scepticism expressed by Meek as to how much mergers can really be managed.

Meek makes the point that individuals, not institutions, bring about mergers and highlights the need for strong leadership in such an undertaking.

> 'While the achievements of successful merger require skilful leaders, dedicated to the idea of change, the merger process does not easily transcend normal organisational politics and conflicts.'
>
> (Meek 1988 p 346)

Barr (1985) contends that in certain situations mergers can contribute to greater institutional stability, but that effective mergers may only be possible in unusual, some might say desperate situations. He argues that, due to the disruption caused by mergers they should only be considered as a last resort.

> 'Mergers may, in fact, be warranted only when the alternative is widespread loss of jobs, programme elimination, and institutional closure.
>
> (Barr 1985 p53)

Practical Issues of bringing together two work cultures

Taylor et al. in their study, highlighted a number of practical issues, including the difficulties of integrating existing programmes into a new organisational structure; reduction in staff cohesiveness because of the large size of the organisation; and short-term morale problems which drain energy from programme planning. Other problems that they identified include the fact that the groups within institutions, either subjects or departments, can be expected at the very least to attempt to maintain their positions of power and influence both during merger negotiations and after the merger.

It is also true to say that groups from differing institutions that have similar functions will compete with each other over matters such as status and prestige. The more similar the role and function, the greater will be the competition. This was an area of concern in this study where, in one case, there was an existing department of nursing and midwifery in the higher education institution. There was a fear that small departments within higher education would be swamped by very large groups of people coming in from a very different culture.

Meek (1988), reminding us that people, not institutions, bring about merger suggests that much of the merger process involves human ability, foresight and idiosyncrasies. However, according to Meek a degree of staff alienation is probably inevitable in every merger, for well-established and familiar institutional procedures, missions and characteristics, as well as interpersonal relationships,

are transformed or destroyed in the process of creating a new enterprise. It must also be recognised that it takes time to create new institutional loyalties, symbols and meanings. In some cases, this might not be achieved until there is a complete turnover of staff. Mergers, by their very nature, need comprehensive, long-range planning and continuous evaluation. They require detailed co-ordination of programmes and resources. It may also take a considerable amount of time before any benefit is noted from the merger. Merging is also time-consuming. It takes time for the new realities to become generally acceptable and workable to all faculty members (Meek 1988).

Summary

The Literature reveals a paucity of UK studies investigating merger in education and, more specifically, in nurse education. Additionally, most of the literature available concentrates on the American and Australian experience. The literature highlights some important factors in relation to mergers including the purposes of mergers, the impact on staff and the practical issues in relation to bringing organisations together. However, while there is this body of evidence in relation to the experience of staff in organisations outside of education, there is a need to consider these reactions in the more specific context of nurse education

Section 3

Organisational Culture.

Fletcher, in a discussion paper on the future of nurse education, comments that

> *'Informal contacts with staff in numerous colleges of nursing and midwifery have led to the realisation that they perceive profound cultural differences between themselves and their colleges, and their counterparts within higher education and their academic departments'*

> (Fletcher 1995 p37)

It was not the intention of this research to study in depth the cultures of the organisations involved, or how the perceived differences manifested themselves. However, to make sense of the experience of the respondents the values, beliefs and practices of each group required some exploration of approaches to organisational culture.

At a simple level culture can be described: -

> *as 'the way we do things around here'. At a more complex level it is about terms of operative norms, prevailing expectations, and operative goals*

> (Nash & Everett 1996 p11)

According to Schein (1997) it is important to understand culture because it helps us to understand what goes on within organisations when different sub-cultures and occupational groups must work with each other. In any organisation there are

beliefs about how work should be organised, and how authority should be exercised (Handy 1993). According to Handy these are all parts of the culture of an organisation. Several authors refer to the notion of 'organisational culture' and the problems that are inherent in attempting to change a culture through mergers and acquisitions (Meek 1988, Cavanagh 1992 and Taylor 1992).

It is beyond the scope of this study to review the full literature on organisational culture, nor is it the intention to give a definitive account of organisational culture because much more detailed discussions are available elsewhere (Geertz 1973, Alvesson 1993). This section will simply provide an overview of the concept of culture as applied to organisations, the notion of organisational culture itself, and finally the application of elements of organisational culture that appear relevant to the story that the respondents had to tell.

The study will draw on work undertaken in studies of culture in the United States of America and in some of the more applied research in the United Kingdom, principally around the move to a more entrepreneurial culture now prevalent in the United Kingdom higher education system.

Culture as Applied to Organisations

The writer who has perhaps most influenced the growth of interest in organisational culture is Clifford Geertz (1973). Geertz suggested that studies of culture should concentrate on the 'native's point of view'. He argued that the

important aspect was what the people living the culture considered to be significant about the way they live.

Geertz defined culture as follows:

> 'Man (sic) is an animal suspended in the webs of significance he himself has spun. I take culture to be those webs, and the analysis of it to be therefore not an experimental science of law, but an interpretative one in search of meaning.

(Geertz 1973 p5)

There is a practical problem in the use of the term 'culture' in that most people talk about 'culture' and 'organisational culture' implying that it is a phenomenon that is instantly recognised by individuals, and that it means the same thing to each individual. However, this is clearly inappropriate since individuals' understanding of the term 'culture' varies widely. The present study highlighted the variety of interpretations of what constituted a 'higher education' culture.

Schein (1992) states that culture as a concept has a long and chequered history

> ' It has been used by lay persons as a word to indicate sophistication, as when we say that someone is 'cultured'. Anthropologists use it to refer to customs and rituals that societies develop over the course of their history. In the last decade or so it has been used by some organisational researchers and managers to indicate the climate and practice that organisations develop around their people or refer to the espoused value or credo of an organisation'.

(Schein 1992 p3)

Hofstede (1997) suggests that culture is a collective phenomenon, because it is at least partly shared with people who live, or lived, within the social environment. He further contends that culture is learned or acquired rather than inherited, and says that culture is

> 'the collective programming of the mind which distinguishes the members of a group or category of people from another'.

> (Hofstede 1997 p5)

Organisational Culture

Handy, moving one step further and attempting to define the term 'organisational culture', reveals enormous difference in definition. Handy (1993) contends that in organisations there are deep-set beliefs about how organisations should be run, and how people are rewarded and controlled.

These issues are deemed to depend on the degree of formalisation, and raise questions about what is deemed to be important to the organisation. For example, what combination of obedience and initiative is looked for in subordinates? Do work hours matter, or dress, or personal eccentricities? According to Handy these are all parts of the culture of an organisation. Handy (1993) points out that the mammoth teaching hospital has a culture manifestly different from the merchant bank, which is different again from a car plant.

Colleges of nursing and midwifery and higher education institutions may be seen as having similar values. For example, they are committed to academic, cultural, professional and epistemological values (Fletcher 1996). However, the evidence from this study was that the nurse teachers saw themselves as having very different values and beliefs from their higher education colleagues and viewed their work as substantially different, although there was not a clear understanding of the perceived differences.

Recent interest in organisational culture can be variously seen, as a response to the frustration over the dominance of positivistic approaches in American organisational theory, or a strategy for confronting the marketing problems of management consultants and a by-product of technological, social and organisational change.

Nash et al (1996), describing the changes taking place in the American health care system in relation to mergers and acquisitions, state that what corporate strategy was in the nineteen seventies has become corporate culture in the nineteen eighties and nineties. Meek (1988) identifies the extensive literature around the study of organisational culture and contends that the debate will continue for some time. However, for the purposes of this study, some of the more salient points of the literature will be reviewed and considered.

Schein (1990) claims that there is little agreement about what organisational culture as a concept does or should mean, or how it should be observed or

measured, and how it relates to more traditional theory in industrial and organisational psychology. In a later paper Schein contextualises this and states that: -

> *'Managers speak of developing the 'right kind of culture' or a 'culture of quality', suggesting that culture is concerned with certain values that managers are trying to inculcate in the organisation. Also implied in this usage is the assumption that there are better or worse cultures, stronger or weaker cultures, and that the 'right' kind of culture will influence how effective organisations are'*

(Schein 1992 p3)

Contemporary authors have popularised the notion that an organisation can take on socially constructed realities. This concept came to the fore in the 1980s in a series of American and British texts, and more recently it has received a great deal of attention from both practitioners and academics.

It may be that the work of Ouchi (1981), Deal & Kennedy (1982), Peters & Waterman (1982) and Handy (1993) has raised the profile of organisational culture to the extent that it is generally assumed that there is a level of agreement concerning its meaning. However, definitions of organisational culture include the concept of 'dominant values' espoused by an organisation (Deal & Kennedy 1982), while other authors quote a more straightforward view of culture as 'the way things are done' in an organisation (Nash 1996). Theories of culture work on the premise that the norms, values and beliefs of organisations' members are factors that help create consensus, predict behaviour and create unity.

Alvesson (1993) cautions against misleading oversimplification of the terms. He maintains that 'culture' is a word for the lazy because it can be conveniently employed to refer to 'soft' organisational features such as attitudes, values and feelings that defy exact definition. He further contends that organisational cultures are not understandable as a single whole or even stable sets of subcultures, but are often seen as a mixture of cultural manifestations of different levels and kinds. According to Alvesson, people are connected to organisations in different degrees while suborganisational groupings such as professional, gender, class cultures etc. overlap in an organisational setting. Using an example from a university department he highlights the importance of 'cultural traffic'- that organisations are not cultural islands but are affected by societal culture.

'In some respects people shared organisational- level understanding of social relations, but in other instances their actions were informed by the social fields in which they belonged and by their positions within these fields'.

(Alvesson 1993 p118)

The notion of disciplinary culture, where staff are perceived to have more in common with staff in other institutions rather than in their own organisations, is developed further in the higher education literature by several authors including Burton Clark and Tony Becher. Clark (1983) contends that the academic profession is fundamentally different from other professions for exactly this reason. It is characterised by fragmentation, with staff bonded more by their academic discipline rather than by the organisation that employs them.

Becher (1989) argues that disciplinary groups can be regarded as academic tribes, each with their own intellectual values and their own patch of cognitive territory. While this was not an issue that was explored in depth in this study, it was commented on by respondents when questioned about where they felt their loyalties lay since the merger. Several respondents felt that if their loyalty lay anywhere it was to their colleagues in specialist fields, for example, Mental Health and not necessarily even with nursing per se.

Cavanagh (1996), discussing nurse education culture, suggests that using the concept of culture is in some respects a 'comfortable' way of viewing organisations, in that it takes away the hard corporate edge and places in the forefront the individuals who work there. In many ways culture has become a general term that is used to describe a complex set of circumstances that contribute to the distinctive atmosphere or feel of an organisation.

Meek (1988) suggests the following

> *'The contemporary or traditional ways of thinking of doing things, which were shared to a greater or lesser extent by all members of the organisation and which new members must learn and at least partially accept in order to be accepted into the services of the firm'*

> (Meek, 1988 p453-73)

Meek maintains that the present pre-occupation with culture is probably related to socio-economic factors in Western society. He further contends that the problem with some studies of occupational culture is that they appear to presume there

exists, in a real and tangible sense, a collective organisational culture that can be created, measured and manipulated in order to enhance organisational effectiveness.

Several studies of organisational culture tend to support the view that 'culture' is a unifying force within the organisation, and that there exists a unique, homogenous culture. Following Alvesson and others cited above, this notion will be challenged in later chapters when discussing the views of some of the respondents in this study.

However, the process of joining two organisations can raise profound questions about shared values, beliefs and ideology. Even when there are aspects of a culture match, it is argued that there needs to be an understanding of value systems before any changes can take place. Schein (1990) argues that, when analysing the culture of any particular group, it is desirable to distinguish three fundamental levels at which culture manifests itself. These include:-

- *Observable artefacts*
- *Values*
- *Basic underlying assumptions*

(Schein 1990 p111)

Schein (1990) argues that one of the most obvious forces toward cultural change is the bringing together of two or more cultures. He suggests that when organisational culture is clearly defined and used appropriately, it can be an extremely useful analytical concept in increasing understanding of the complex

world of higher education, and nurse education's role within it. Unfortunately, according to Schein, in many mergers and acquisitions, the culture compatibility issue is not raised until after the deal has been made.

Application of the elements of occupational culture to the study

Several authors present models highlighting cultural differences within organisations (Schein 1990,Bergquist 1992,Handy 1993, McNay 1995). Handy (1993) identifies four main types of culture; these are power, role, task and person.

A brief description of each will be now given, with the main emphasis being on the role and person types since they appear to be particularly relevant to this study. The power culture is frequently found in small entrepreneurial organisations. This type of culture is dependent on a central power source, with rays of power and influence spreading out from that central figure. The role culture according to Handy is often stereotyped as bureaucracy. The work of the organisation is controlled by procedures for roles for example, job descriptions, procedures for communication such as required sets of copies of memoranda, rules for settling disputes for example appeals procedures etc. This type of culture is co-ordinated at the top by a small group of senior managers. The task culture is job or project orientated. This type of culture, according to Handy, is extremely adaptable and project teams and task forces can be formed, reformed or disbanded depending on what needs to be done. Finally, in the person culture

the individual is the centre point. If there is a structure it exists purely for the individual. This is not found pervading many organisations (Handy recognises that these descriptions are impressionistic and imprecise and I would agree with that view).

However, Handy further comments on two sharply contrasting cultures described by Schein which may resonate with some of the findings reflected in this study. The two cultures described by Schein share similarities with Handy's 'task' and 'person' culture.

Organisation A operates on the assumptions that

- *ideas come ultimately from individuals*
- *people are responsible, motivated and capable of governing themselves*
- *nevertheless in practice, truth can only be arrived at by fighting things out in groups*
- *such fighting is possible because members of the organisation see themselves as a family who will take care of each other*

It is therefore safe to fight and be competitive.

Organisation B operates on the assumption that

- *truth comes ultimately from older, wiser and higher status members*
- *people are capable of loyalty and discipline in carrying out directions*
- *relationships are basically lineal and vertical*
- *each person has a niche in the organisation that cannot be invaded*
- *Organisations are responsible for taking care of their members.*

(Handy 1993 p182)

According to Handy neither is wrong they are just different, for instance in Organisation A there is an general air of openness and informality, while in Organisation B the atmosphere is more formal and nothing is done without a pre-arranged agenda.

These descriptions of culture relate with what several authors refer to as the 'culture of the academy'. Bergquist (1992) acknowledges that the study of organisational culture is useful since it provides a framework for creating order out of complex and often baffling situations. However, he takes the view that the term culture is ill defined and is not yet adequate to provide direction for an organisation's managers, researchers and consultants (Bergquist 1992). He offers four distinct cultures of American higher education, each with its own history, perspectives and values.

The four cultures are described thus: -

> ***The Collegial Culture*** *– A culture that finds meaning primarily in the discipline represented by the faculty in the institution; that values faculty research and scholarship and the quasi-political governance processes of the faculty... Conceives of the institution enterprise as the generation, interpretation and dissemination of knowledge and as the development of specific values and qualities of character among young men and women who are future leaders of our society.*

> ***The Managerial Culture*** *– a culture that finds meaning primarily in the organisation, implementation and evaluation of work that is directed towards specified goals and purposes. Conceives of the institution enterprise as the inculcation of specific knowledge, skills and attitudes in students so that they might become successful and responsible citizens.*

The Development Culture – *a culture that finds meaning primarily in the creation of programmes and activities furthering the professional growth of all members of the collegiate community; conceives of the institution's enterprise as the encouragement of potential for cognitive, affective and behavioural maturation among all students and staff.*

The Negotiating Culture – *a culture that finds meaning primarily in the establishment of equitable and egalitarian policies and procedures for the distribution of resources and benefits in the institutions; conceives of the institution's enterprise as either the undesirable promulgation of existing (and other repressive) social attitudes and structures or the establishment of new and more liberating social attitudes and structures.*

(Bergquist 1992 p5-6)

Bergquist points out that there is a mixture of cultures in institutions. While most institutions or faculties will embrace or exemplify one of the four cultures the other three are usually present and they all interact with each other. This is a particularly important point since most of the analysis on occupational culture appears to suggest that a mixture of culture is undesirable and weakens organisations, and that strong congruent cultures supportive of the organisation's values are both more desirable and achievable. Bergquist points out that the differences in institutional types are important and that it is possible to integrate them effectively.

These descriptions of academic culture have an affinity to those expressed by McNay (1995) in his description of the changing cultures within higher education institutions in the United Kingdom. He depicts four organisational types: collegium, bureaucracy, corporation and enterprise. Again, like Berquist, McNay

claims that all four co-exist in most institutions but with different balances. McNay's exposition of each of these cultures can be summarised in one word. He identifies the key word to describe the 'collegium' as 'freedom'; In 'bureaucracy' the key word is 'regulation'; In 'corporation' the key word is 'authority'; and finally for McNay in 'enterprise' the key word is 'client'.

None of these descriptions of culture mirror exactly the cultures studied here. However there are elements of these descriptions of culture that resonate with what was observed during data collection for this study.

Summary

The literature on culture and occupational culture is extensive and it was not the intention of this study to offer an extensive review. The main concern was to identify elements of occupational culture insofar as it helped to explain the issues relevant to the present study. Once again, most of the evidence was from American and Australian sources. To explain the data generated from this study, the elements of culture identified in the literature have been drawn together to devise a simple model. The models draw on the work of Handy (1993), Schein (1990), Berquist (1992), McNay (1995).

These can be summarised thus: -

The 'Academic' Culture

- Person orientated

- Collegiate

- Role expertise

This model incorporates elements of the 'Person Culture' described by Handy, the Organisational A culture describes by Schein, and the Collegial Culture of both Bergquist and McNay.

The 'College' Culture

- Hierarchical

- Managerial

- Task orientated

This model draws on the 'Task Orientated' culture described by Handy, Schein's 'Organisational B' culture, the 'Managerial' culture described by Berquist and McNays 'Bureaucratic' culture.

These are not mutually exclusive nor are they precisely or rigorously defined. However, they do help to explain the data generated in this study.

Overall Summary of Literature

The literature highlights some important factors that will be explored further in this study. The nature of nursing reveals some important features in relation to changes in the roles and responsibilities of staff since the move into higher education.

The impact of mergers on individuals and organisations identify some significant factors in planning for and leading change. Finally, the impact of changing occupational cultures and the subsequent impact on staff will be explored further in Chapter 5.

CHAPTER 3

METHODOLOGY.

This chapter considers selection of the research methodology to provide a framework for exploring the views of nurse teachers in relation to the process of transition from colleges of nursing to higher education institutions. Following the literature review the research questions were refined as follows:-

1. What are nurse educators' experience of the merger with higher education institutions, particularly in relation to:-

   - Terms and conditions of service

   - Their role within the organisations

   - Links with clinical practice

2. Are these views consistent, both internally within institutions of a given type, and across the sector (i.e. in 'old' and 'new' universities and 'university colleges')

3. If not consistent, what determines these views? For example, are they influenced by subject specialism, career pathways, professional identity or external influences?

The choice of research methodology therefore focused on the most appropriate approach to answer these questions.

Discussions around methodological alternatives usually focus on the positivistic or anti-positivistic perspectives. The positivistic approach favours the natural science methods, regards knowledge as hard, objective, tangible and adopts a neutral observer role. The anti-positivistic approach on the other hand regards knowledge as personal, subjective, unique and would seek involvement with subjects. These sets of assumptions, therefore, have direct implications for the methodology adopted by researchers. Where one subscribes to the view that the social world is like the natural world, hard, external and objective, then investigations will be directed towards analysing relationships between certain factors and will be predominantly quantitative. However, if one favours the view that understanding the way in which the individual creates, modifies and interprets their social world, the approach takes on a more qualitative aspect (Cohen & Manion 1994).

The qualitative approach was favoured for this study because it allowed the respondents to develop their own realities and meanings within the developments that had taken place. The contention was that respondents would be able to explore their values and beliefs about the changes that had taken place in nurse education. A 'scientific' approach was rejected, therefore, as being too limited. Strauss and Corbin (1990) define qualitative research as research that produces findings not arrived at by means of statistical procedures or other means of

quantification. They also point out that qualitative research allows the researcher to gain novel insights into phenomena about which people may be aware but which are not necessarily understood, whilst also providing intricate details of phenomena that are difficult to convey with quantitative methods.

Although, qualitative methods are less suitable for establishing cause and effect relationships, for rigorously testing research hypotheses or for determining opinions and attitudes of large populations, the approach does provide richness of detail in developing new or fresh insights (Polit & Hungler 1989). Such insights are what this research has attempted to capture. It is based upon the view, that qualitative research can be used: -

> 'To describe a social phenomenon about which little is known by using in-depth interviews'

> (Polit & Hungler 1989 p35)

Marshall & Rossman (1999) suggest that qualitative research methods have become increasingly important modes of inquiry in areas such as education, social work and nursing that have been dominated by techniques borrowed from the experimental sciences. In the past, nursing professionals, as relative newcomers to research and in their desire to gain respectability in the field, have mainly resorted to statistical analysis, measurement scales and generalisable data. However, more recent studies have shown that nursing, like many other social science disciplines is moving towards a more qualitative approach to data collection. This is principally because, in the views of the leading researchers,

hard sciences type methods cannot adequately explain and predict human behaviour and experiences.

The research method thus adopted for this study fits within the broad ethnographic framework. With its origins in anthropology, ethnography involves the researcher in describing the way of life of a group of people (McNeill 1990). According to McNeill, such groups can be large, as in the case of community studies of whole towns, or quite small, as in the various studies that have been made of street-corner boys, groups of school pupils or as in the case of this study, staff in institutions such as colleges. The purpose of such research is to describe the culture and life style of the group of people being studied in a way that is as faithful as possible to the way they see themselves (McNeill 1990).

Over the last few years there has been a growth of interest in ethnographic approaches to research in different fields, including nursing. Punch (1998) commenting on its appropriateness suggests that: -

> '*The ethnographic approach, being a method of discovery, is particularly useful when dealing with something new, different or unknown. It is an excellent way of gaining insight into culture or social process, particularly those complex behavioural settings, and particularly those involving other cultures and subcultures, including those of organisations and institutions'*.

(Punch 1998 p162)

The ethnographic approach, therefore, seemed appropriate for this study with its emphasis on the changing cultures. Hammersley & Atkinson (1993), commenting

on the growth in interest in ethnographic research, suggest that it stems largely from the disillusionment with the quantitative methods that have held the dominant position in most of the social sciences. Punch (1998) also emphasises that, while ethnography is a distinctive approach, there is no one design for an ethnographic study. Its design may overlap, in whole or in part, thus using elements of the case study or grounded theory approaches. However, whatever the design, ethnography typically uses relatively unstructured empirical materials, a small number of cases, and a style of analysis and writing which stresses description and interpretation of social and cultural phenomena (Atkinson & Hammersley quoted in Punch 1998).This study used elements of both case study and grounded theory procedures to implement its ethnographic approach.

Pilot Study

The pilot study sought the staff views on the merger process in one particular School of Nursing and Midwifery. The school had been established from the amalgamation of two former colleges and was merged with a 'new' university.

For the purposes of the pilot study, data were collected by means of focus groups. Focus groups are a form of group interview that capitalise on communication between research participants (Kitzinger cited in May 1996), the purpose being to use the group interaction as part of the method. Focus groups are often advocated when people's knowledge and expectations are being

explored and can be used to examine, not only what people think, but also why they think that way.

Since the pilot study was undertaken in the researchers own place of work, it was felt that respondents would be more prepared to discuss issues in an open and frank way rather than on a one to one basis with the interviewer. However, although there is a danger that the session is dominated by one or two individuals, this was not an issue in this study and all participants contributed to the discussion. This mode of gathering information proved to be a successful way of eliciting the views of the respondents. It was sufficiently informal to allow them to speak frankly, yet had enough direction to be coherent. One of the advantages identified was the fact that the respondents generally felt free to express themselves fully on their terms. Three focus groups discussions were conducted and , group size varied from four to eight participants. As mentioned previously, all participants contributed in a full and frank way to the discussion. The groups identified similar issues.

The data from the focus group discussion were analysed using grounded theory methodology to generate themes. 3 main themes were generated these were:-

(a) Structural Issues
(b) Academic Issues
(c) Personal/Professional Issues

These themes were used to structure the semi-structured interview schedule for the main study.

Case Study

A case study approach was adopted as it allowed the researcher the opportunity to study the particular set of issues in depth. Bell (1993) claims that the case study approach is particularly useful for individual researchers because it allows for some depth of examination within a limited time-scale. Case studies have become an accepted and popular vehicle for conducting research in several disciplines. Robson (1996) defines the case study as follows: -

'Case study is a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context, using multiple types of evidence'

(Robson 1996 p5)

The case study is said to be appropriate when:-

(1) Researchers want to explore a single unit of study
(2) A small number of participants are involved and examined intensively
(3) Case studies have a potential for revealing important findings that can generate new hypotheses for testing.
(4) Thus case studies can lead to future large studies

(Burns & Grove 1995 p 185)

Denzin & Lincoln (1998) state that case study approach is not a methodological choice but that we choose to study the case and then select an appropriate methodology. They describe three types of study depending on the individual researcher's purpose for the study.

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- Intrinsic case study – This type of study is undertaken because the researcher wants a better understanding of that particular type of case. It is not undertaken because the case is taken to represent other cases or because it illustrates a particular trait or problem which is generalisable, but because the case is interesting in its own right.

- Instrumental case study – This is undertaken to provide insight into an issue or refinement of theory. The case itself is of secondary interest and provides a supportive role for the wider aims of the study.

- Collective case studies – Here there is even less interest in one particular case. A group of cases are studied because it is believed that examining them will lead to a better understanding, perhaps theorising, about a still larger collection.

Denzin & Lincoln make the point that authors and writers rarely fit neatly into each of these categories and suggest that these types are heuristic rather than functional (Denzin & Lincoln 1998). As in the present study, the case study may be undertaken primarily to provide insight into a particular issue in a specific context, but factors may be identified that could well be found in other settings (Bryer 1999/2000). Thus the study described here has elements of both the instrumental and collective case study approaches.

My purpose was not to develop or refine relatively abstract constructs but to understand the process of integration more fully and, in doing so, to compare the views of staff in more than one case study site with contrasting characteristics.

Although there has been an increase in case study research, it is not without its critics. Critics of the case study approach draw attention to the fact that, since the researchers both select the site for study and decide what material to present in the final report, it is difficult to cross-check information and there is, more than in other approaches, the danger of distortion (Bell 1993). Nevertheless Bell (1993), drawing on some of the work by Bassey (1981), argues that relatability rather than generalisability is what is important in case study research. Bassey further contends that an important criterion for judging the merit of a case study is the extent to which the details are sufficient and appropriate for someone in a similar situation to relate their decision making to that described in the case study.

The chief proponent of this particular method is R.K.Yin. He advocates the use of case studies when the phenomenon is not easily distinguishable from the context. The tension between phenomenon and context is central to case study design and these features were particularly relevant to this study; the focus of the research is on the experience of integration (phenomenon) of a particular staff group situated in two distinct settings (context). The aim was to use the case study settings, to generate rich data from a variety of sources, in relation to the same phenomena.

Grounded Theory

Grounded theory principles (Strauss & Corbin 1990) were used during the data analysis and interpretation stage of the research. Grounded theory is a systematic research approach for data collection and analysis.

The aim of the approach is to generate an explanatory theory from the data analysed, rather than to 'fit' the data into an existing theoretical framework (Wainwright 1994). Strauss & Corbin (1990) describe grounded theory as inductively derived theory where data collection and analysis stand in a reciprocal relation to each other. Grounded theorists believe that theory should emerge from the data itself and not be contaminated by preconceptions derived from other sources, for example previous literature on the subject.

Strauss & Corbin state that in grounded theory studies

> *'One does not begin with a theory and then prove it. Rather one begins with an area of study and what is relevant is allowed to emerge'*

(Strauss & Corbin 1990 p20)

Grounded theory processes were not considered appropriate for data collection purposes since a literature review had been undertaken for the pilot study and, coupled with my personal experience of the mergers, this meant that there were already some preconceived views of the phenomena under study. However, this

approach seemed suitable for the data analysis and interpretation processes because grounded theory techniques of analysing qualitative interview data are systematic, disciplined and rigorous in their own right (Strauss & Corbin 1990). Analysis of grounded theory is composed of three major types of coding. These include, open, axial and selective coding (Strauss & Corbin 1990). 'Open coding' is defined as the process of breaking down, examining, comparing, conceptualising and categorising data.

'Axial coding' consists of reformalising the data, by making connections between categories. 'Selective coding' consists of selecting a core category, relating it to the other categories and validating relationships and completing categories that need further refinement and development.

Analysis of the interview data was carried out on two levels, overview analysis and line by line open coding. The interview tapes and transcripts were initially scanned to allow the researcher to become familiar with the relevant ideas and themes. This serves to develop what Strauss & Corbin refer to as theoretical sensitivity, that is, an awareness of the theoretical possibilities in the data. Through listening to the tapes and reading the transcripts, the researcher became very familiar with the data.

Microscopic line by line open coding is necessary to achieve a detailed interpretation of the data. Open coding thus fractures the data and, in this study, allowed the researcher to identify concepts. The concepts were then collated to

form categories through axial coding. Axial coding puts the data back in new ways by making connections between category and sub-category (Strauss & Corbin 1990). During this study interview data were collected and analysed simultaneously so that theories were concurrently related to the respondents' experiences rather than being subject to researcher recall at a later date.

I have attempted to introduce checks to validate the analysis of the data. Initially, during the early stages of the research, I have discussed ideas and findings with colleagues both within my own institution and from other institutions. I have also presented the findings of the pilot study at an international conference. This was particularly useful since it resulted in a lively informal discussion following the presentation, where I was approached by staff from other institutions who were relating my findings to what their own experience of the merger process had been. Finally, during the concept generating process I had informal discussions with other researchers in my own institution to seek their views on the concepts generated and the subsequent development of the four behaviour categories. As a result of this I amended some of my concepts and categories.

Data Collection

It seemed desirable initially, for the purposes of this study, to devise a questionnaire, thereby accessing a much larger sample. However, the disadvantages of this method soon became apparent. The exploratory nature of the study meant that the questionnaire as a data collection tool was not

particularly suitable. It was likely to be an inefficient and ineffective way of data gathering. The structured nature of the tool was thought to be too restrictive, since there was no clear indication in the literature of what sort of questions were to be asked. The interview method on the other hand was seen to offer an opportunity to explore, in detail, the teacher's perspectives of their experience, what its key elements were and how they negotiated the transition.

The research used a semi - structured interview technique with 18 teachers on two sites. A third site was included in the initial design, but access proved problematic (see page 92) it was eventually dropped from the design.

An interview schedule was prepared using the information generated from the pilot study and literature (discussed in chapter 2 p34) and focused on questions that would elicit information in relation to the research questions identified on page 36. These questions concentrate on:

- Respondents role prior to the merger

- Their primary experience of the merger

- The initial phase of merger and its effects on staff

- How their role had changed since merger

- Limitations for nurse education within a higher education context

- Did the merger impact on personal lives.

A more detailed version of the interview schedule is available at Appendix 1

This study also addressed the bigger issue of whether there was any consistency of views across the sector. Some of the commentators alluded to in Chapter 2 suggested that staff's experience of the transition would differ depending on the institutional link. It seemed opportune to explore this issue further by comparing the views of respondents in different higher education institutions.

The choice of sites therefore, included an 'old' university, a 'new' university, and a University College. The rationale for the choice of institutions is discussed later in this chapter.

The Interview

Interviews can range in structure from the formal survey approach, where the interviewer has a set of questions or a checklist, to the completely informal in which the shape is determined by the individual respondents theory. The goal of these interviews was to research the topic from the perspective of the interviewees, and to understand how and why s/he came to have a particular point of view (King 1994). The researcher, therefore, imposed a low degree of structure.

The interviewer introduced the topic and used the same opening remark for all the interviews. This was the only statement that remained constant for all the interviews. The discussion was then allowed to progress in an informal manner, with each one following an agenda in a different way. However, the interviewer had an interview

schedule prepared; this included a list of 'starters' (areas to be covered) to explore areas that were deemed to be important as identified by the participants in the pilot study. The schedule also included a list of possible probes to encourage any reticent respondents (See Appendix 1).

This allowed the researcher to follow up ideas raised by respondents in one interview and test them in other interviews if they seemed to be worth exploring. However, great care was taken to ensure that the researcher was non-directive.

King (1994) points out that there are three sources for topics that may be included in the interview guide; the research literature, the interviewers own personal experience and knowledge, and informal preliminary work such as unstructured discussion with people who have personal experience of the research area. All of these sources were utilised to inform the interview schedule in this study.

The interviewer's personal experience was an important factor in setting up the interview schedule. Anecdotal evidence gleaned from informal discussions during the merger process had highlighted some of the key areas for discussion. The experience of staff involved in mergers was a topic of discussion for many in nursing circles during the period from 1995 until the last colleges were merged in 1997. Another important point was the fact that there had been considerable media coverage of the mergers and the amalgamations of colleges, and as discussed in Chapter 1, more recent media coverage had ensued following the acute shortage of nurses in the Health Service immediately prior to the start of the data collection.

As is consistent with qualitative research, the relationship between researcher and interviewees was considered an important part of the process, rather than a distraction from it. The interviewees were, therefore, seen as participants, actively shaping the course of the interview, rather than passive respondents (King 1994). One obvious advantage of this method lies in the fact that, while certain topics were determined in advance, there remains opportunity for the respondent to introduce issues which may concern them (Field & Morse 1996).

Face-to-face interviews also allow one to modify lines of enquiry, follow up interesting responses and investigate underlying motives in a way that is not possible with postal and other self-administered questionnaires. This style of interviewing allows the interviewer to follow up ideas raised by respondents in one interview and test them in a later interview if the opportunity presents itself or if the points seem particularly worth developing. This was important as it allowed the researcher to test out ideas in other settings. However, there is an obvious disadvantage to this style of interviewing, particularly when the interviewer is inexperienced.

At first glance the idea of collecting data through some kind of interviewing can seem an attractively easy option; it is just talking to people, asking questions and recording answers. However, interviewing can be a complex and daunting task (Silverman 1997). Controlling the interview and eliciting the information you want, rather than what the respondent wants to tell you, is at times rather difficult.

Even so less structured interviews centred on a topic may, and in skilled hands do, produce a wealth of valuable data. Such interviews require a great deal of skill to control and a great deal of time to analyse. Great skill is needed to remain non-directive, or if necessary to be directive (Bell 1993).

This was a particular challenge in this study; while the respondents had a story to tell, identifying the relevant elements to the topic under discussion proved difficult. For example, many of the respondents appeared to consider the commencement of the project-2000 proposals and the merger into higher education as being synonymous. This was significant because many of the constraints experienced by staff were to do with the task of delivering diploma level programmes rather than being part of a higher education institution. Unravelling the implications of these two quite separate issues required some probing. Having 'insider' knowledge of the area of study helped to reduce the potential problems inherent in this line of questioning.

Personal and procedural 'reactivity' (Sapsford & Jupp 1996) is worth discussing at this point, with the former rather than the latter being of concern here. This issue relates to the attitudes and expectations of the researcher, who needs to consider how far the data may have been shaped by their presence. Some knowledge of the respondents' background, however tenuous, and while allowing for stereotyping, was one aspect for consideration.

It is important to acknowledge that, at the time of the study, I was a senior member of staff in a similar institution to the ones I was researching. I was a member of The English National Board Validation Panel Register and an external examiner to colleges of nursing and midwifery, one of which had merged with an old university and one of which had merged with a university college. (Neither of these was a research site chosen for this study). It is likely that some of the respondents would have known me from these professional activities, and this may have influenced their responses. Consideration needs to be given to the notion that respondents may have had preconceived ideas as to the researcher's view of the integration. Certainly most of the respondents would have been aware that I had been centrally involved in a merger of a college of nursing and midwifery, and was therefore likely to have views about the merger process. This was frequently alluded to in the interviews with statements such as 'well you know what it's like'. While I believe these are all valid concerns and need to be acknowledged, I also believe that the richness of the data stems from the fact that my experience allowed me to focus on some of the key elements highlighted by the respondents.

On occasions during the interviews the researcher acted as 'devil's advocate' to elicit more information about points that the respondents appeared to regard as relevant but were unwilling to expand. For example, respondents talked a lot about the difficulty of keeping in touch with practice following the move to higher education. The researcher was able to probe this further by finding out how frequently they had visited practice in the past.

The act of pursuing certain lines of inquiry also leads to a certain amount of personal reactivity. Researchers frequently inhabit two worlds. Not only are they involved in the difficulties of researching in a familiar environment, but they may also be employed in a similar environment. However, there are advantages to the 'insider' role, in that the researcher can have access to data to which other researchers never get close. (Young adopted the insider role in his study of police culture Young 1991). There is also the additional benefit of the researcher having a high level of tacit knowledge about the structures being studied, which enables him or her to follow up issues more easily and quickly than an outsider might do. While this research was undertaken outside of the researcher's own institution, it can be likened to 'insider' research in that the researcher is a member of the professional group under study.

The disadvantages are, however, pretty substantial. Interviewing colleagues can be difficult and there is the more fundamental issue of maintaining objectivity. However, after some initial hesitation, the respondents settled into the interview fairly easily and relaxed into the process. Many of the respondents admitted that it was the first time they had deliberately recalled or acknowledged what had happened during the merger process. However, that being the case, none of the respondents had any difficulty recalling the events as they occurred at the time, although for some this was some three or four years later.

The consensus was that everyone felt comfortable with the interview process. This was, I think, partly due to the fact there was a shared understanding of the role and the changes that had taken place. I also believe that they (the respondents) felt they had a sympathetic listener whom they may never see again and even if they did, the information was confidential so that they felt sufficiently comfortable to be frank and honest during the interview. Allowing the teachers to talk through the process in a 'safe' environment was apparently somewhat cathartic. It would seem that, on balance, in this particular study the advantages of the partially insider role can be deemed to outweigh the disadvantages.

Sampling

Qualitative researchers have not generally been primarily concerned with how representative their sample is of the total population, seeking instead rich sources of data (Reed et al 1996). This is a criticism often levelled against such studies when only a single case, or at best a small number of cases are studied, casting doubt on the representativeness of the findings (Hammersley & Atkinson 1993). While acknowledging the importance of this point, Hammersley & Atkinson contend that the problem also arises with experimental research and that there is no easy answer. They further contend that a randomly selected sample of cases is not necessarily the most useful approach, and in some cases the selection of critical cases may be more fruitful (Hammersley & Atkinson 1993).

For the purposes of this study the sites were chosen because they were deemed to be examples of the variety of institutions where newly formed schools of nursing had been located. I was also sufficiently familiar with the three sites to be aware of the diversity of the experience of merger and, therefore, the potential for the generation of some rich data.

The first, a university college, was chosen because of its location and the fact that it was a multi site institution. Its administrative centre was in a market town, with two other satellite sites where teaching took place. There were also several smaller hospital sites that were regularly visited by teaching staff. Centres were some thirty or forty miles apart and some of the respondents commented on the difficulty of communicating with each other and getting to know staff on other sites. Teaching took place on all three sites which proved challenging for staff in relation to both quality and equity.

The 'new' university was situated in a midlands town, on a city centre site. However, the school of nursing was still located on one of the hospital sites. During the course of the study it was relocated on to a city centre site adjacent to the university but not on the university campus. Most of the teaching took place at the main centre.

The 'old' university chosen for this study was also located on a city campus but again the school of nursing and midwifery remained in its previous premises, in the city centre but not on the university campus. In the case of the university

college and the new university, the colleges of nursing and midwifery were merged with an existing school within the institutions, in which there were already some health care courses being delivered, principally physiotherapy, occupational therapy and radiography. However, the largest group of staff by far within the merged institutions was the nurse teachers.

The institutions were also chosen for their wide geographical spread from the North West of England to the Midlands. More importantly they were also fairly typical of the national situation, representing each of the types of institution where mergers of colleges of nursing and midwifery had taken place. The institutions will be identified as UniC, NewU and OldU to ensure anonymity and confidentiality.

Access

In each case, access was requested through the Dean or Head of School. However, in the OldU, following this initial approach, a request was made for the research proposal to be submitted to the School Ethics Committee. This was duly done followed by a phone call from my research supervisor to support my application for access.

I received correspondence from the secretary of the Ethics Committee two months after my initial approach, advising me of the need to complete their ethical approval forms that I duly completed. The information was then re-

presented at the next Ethics Committee. This was now some six months after my initial approach to the Head of Department. I was subsequently asked to attend a meeting of the Ethics Committee that took place a further six months later. Following the presentation to the Ethics Committee I was told that I would be informed in writing of the outcome.

This delay was by now causing a great deal of inconvenience since I had initially planned to interview four respondents in each institution before analysing the transcripts and following up any key themes that appeared to be relevant, in a further round of interviews with different respondents. Interviews had been commenced on the other two sites while I was waiting to attend the Ethics Committee on the third site.

This whole process took some fifteen months and, despite repeated attempts to contact the Chair of the Ethics Committee by both myself and my research supervisor, which was greeted by promises of imminent positive decision, I have still not received permission to proceed.

The sequence of events discussed is perhaps not altogether surprising. As suggested earlier, anecdotal evidence regarding the merger process suggests that the experience of staff in relation to the merger with higher education has not been consistent across the sector. The higher education institutions' handling of the situation is said to have varied depending on whether the mergers were with 'new' or 'old' institutions. The variation was usually reflected in discussion of

terms and conditions of service, in the status accorded to the nurse teacher's role, and title, and in expectations of research activity. While it would be untrue to say I was refused access to my third site, since I have never received official notification, anxieties about the particular difficulties that staff may have experienced in an old university merger may be one reason why access proved difficult.

At the second stage (individual level) of sampling, samples were drawn from groups of nurse teachers/lecturers (that is at lecturer grade A/B) on each of the available sites. According to Hammersley & Atkinson (1993), selecting organisations as cases for investigation is not the only consequential form of sampling involved; equally important is the sampling within cases. In ethnography, decisions must to be made about who to observe and when, who to talk to and what to ask, as well as what to record and how (Hammersley et al. 1993). Again, for the purposes of this study, a purposive sample of nurse teachers/lecturers was obtained. The principles of selection in purposive sampling are the researcher's judgement as to the typicality or interest that specific participants can represent (Robson 1996).

Miles and Huberman (1994) state:-

> *'that qualitative samples tend to be purposive partly because the definition of the universe is more limited and partly because social processes have a logic and a coherence that random sampling can reduce to uninterpretable sawdust*
>
> (Miles & Huberman 1994 p27).

They further suggest that: -

> *'First you need to set boundaries to define aspects of your case that you can study within the limits of time and means, that connect directly to your research questions and that probably will include examples of what you want to study. Second, at the same time, you need to create a frame to help you uncover, confirm or qualify the basic processes or constructs that underpin your study.'*
>
> (Miles & Huberman 1994 p27)

Such purposive sampling has advantages over random sampling in this kind of study because key informants or sources of data can be identified that might otherwise be excluded if a form of random sampling were used, because their importance may not have been known at the start of the project.

This particular group of lecturer grade respondents was chosen, not only because they were the numerically dominant group in the schools, but also their roles were considered to be most affected by the merger process. Initially, as indicated previously, the dean or head of department was approached in writing with a clear explanation of what the research was about. Following this, access to individual department heads was obtained. In one case the Dean wished for a meeting to discuss the research proposal, following which access was agreed. The heads of department were then asked to seek volunteers to take part in the study.

There are certain disadvantages in this process since I was dependent on the department heads to consider the range of possibilities and identify a diverse range of respondents in the staff groups. However, I made it clear that, where

staff were located at more than one centre, I was prepared to travel to meet with them. This allowed me to meet a wide range of staff, particularly in the multi-site institution (UniC). There is also the possibility that the heads of department could have prevented access to any member of staff that they may have deemed unsuitable. However, I believe that my sample was as representative as it could be, given the circumstances. There was a good range of respondents from differing age, gender and subject groups.

There was also evidence of a wide range of responses without an over emphasis of more negative or more positive reactions. One further positive aspect of recruiting volunteers is that one can presume that they are interested in sharing their experiences, whether positive or negative, with others.

Following two of the interviews the respondents offered the names of two other colleagues who were prepared to be interviewed but had not been offered by the head of department. In total, 18 interviews were conducted. Interviews lasted for a minimum of one hour and some lasted for one and a half-hours. Interviews were conducted at a time and place convenient to the respondents, which was usually in their workplace.

Respondents had been explicitly asked where they would like the interviews to take place, and it was, therefore, their choice to have them conducted in the workplace. Respondents were provided with an outline of the aims of the study and permission was requested to audiotape the interviews. They were also

advised at this point that if at any time during the interviews they felt uncomfortable they were free to withdraw. This information was given in writing and is set out at Appendix 2 and 3. Respondents were told that they could choose not to have the interview taped; however, all of them agreed to the recording. All information collected via this method was then transcribed into text for subsequent analysis.

Ethical Implications

There are ethical implications for any kind of research and more so when the role of 'researcher' and 'employee' tend to overlap. It is also difficult to mask the identity of an organisation when access has to be agreed. However, assurance was given that all information would be confidential and only used for this study.

Handling of the data required extreme caution to ensure that none of the individuals could be identified, since some of the information recorded could be construed as being highly sensitive. No individual can be identified from the audiotapes or the transcriptions and subsequent chapters of this study deliberately do not provide information in a form that could breach anonymity. The institutions were offered feedback from the study once it was completed, and it is likely that this offer will be accepted.

CHAPTER 4:

Data Analysis - Concepts and Issues

Concept One – *Dialogue*

The first concept was developed from the interview question seeking the views of the respondents on whether they felt they had been consulted and kept informed regarding the consultation and negotiations surrounding the merger process. The responses varied from those who felt they had been totally involved in the process to others that articulated strongly that the leaders had taken the decision unilaterally with no consultation. There was little agreement on this issue between staff in the same institutions.

Respondents variously described it thus: -

> ' Yes, we were consulted, the principal of the college called a meeting, informed us all that this was likely to be the way forward and informed us that we would begin by making formal links with the college that we ended up going in with'.
>
> (Site 1 int.4)

In contrast to this statement another member of staff from the same institution had this to say on the topic

> 'The manager that we had seemed to unilaterally decide that we were going with (X institution) and pushed that ahead and basically we were not consulted'.
>
> (Site 1 int.3)

95

Another interviewee commenting on the process described it thus: -

> 'There was 'lip service' paid to consultation but I think that was largely done to satisfy the unions'.
>
> <div align="right">(Site 1 int2)</div>

The lack of consultation and information caused great concern for some interviewees and it would appear from the data that the respondents' interpretation of what was meant by consultation varied widely. Some of the respondents commented that the decisions had already been reached and therefore the process was a 'fait accompli'.

For some, therefore, the consultation process took the form of information giving, while others perceived it as merely reassuring rhetoric. The following comment from one respondent serves to make this point.

> ' I did not feel part of the negotiation. There again that might be my fault because management is not my thing, others were more involved but you know I really feel that at best we were just being kept informed'.
>
> <div align="right">(Site 1 int.3)</div>

There was a general feeling among the respondents that, in the initial stages, the staff from the higher education institutions had tried very hard to keep them informed. However, once again what happened subsequently was perceived differently by members of staff in the same institutions.

This is amplified in the following statements from the respondents: -

> ' We received copious reassurances beforehand and this made me a little anxious because I thought they were probably protesting too much, but basically they have been as good as their word'.
>
> <div align="right">(Site 1 int.3)</div>

And

> '(College) wooed us and supplied us with as much information as they thought we needed and we often had times when there was difficulty in relation to a particular issues, but then they seemed to be addressed, but once we moved here, the minute I moved here I felt very much as if they had lost interest in us'.

> (Site 1 int.1)

However in the second institution staff perceived the consultation in much the same way. This is borne out in the following examples from the data: -

> 'The point was made at the time that we would take the best of university procedures and merge it with the best from the nursing procedures and that is not what has happened in any shape or form. What we have done is conformed to what the university does and says, which was inevitable really. I don't know if that is the right thing to say but I don't think anyone really believed them'.

> (Site 2 int.4)

The general feeling among the respondents was that this was no more than reassuring rhetoric. Both of the case study sites were in situations where there was a choice of higher education institution link. This increased the feelings of non-consultation since there was no discussion about the choice of institution.

One case study site had conjoint validation arrangements with an 'old' university and had worked with that institution for a number of years. The feelings among the respondents were that they would have preferred to continue with that link, but were not given a choice. The respondents felt that it would have been useful to have some discussion about the choice of merger.

However, this was not unique in the nurse education merger processes and it is unlikely that, from a purely pragmatic point of view, there would be anything gained from the discussions since the decisions regarding mergers were taken at Regional Health Authority (Now NHSE) level as part of a 'bidding' process, and were outwith the jurisdiction of many of the 'key' players involved.

Communication was a particular problem in one case study site because it was a multi-site institution. Staff acknowledged that efforts were made by managers to improve communication and that staff study days were planned and delivered to encourage staff to meet and discuss common concerns and developments.

Concept Two – *Roles & Responsibilities*

The second concept developed was Roles and Responsibilities. Interviewees were asked about the changes that had taken place regarding their job and job title immediately on transfer. Staff admitted that they were initially unclear about their future role and this served to make the transfer more traumatic. There were some concerns that certain aspects of the teaching may be 'farmed out' to other disciplines, particularly, to those referred to as the 'ologies'.

One respondent commented thus: -

> 'I am not into non-nurses teaching nursing, so I wouldn't be impressed if the biologists wanted to teach biology here, because we teach applied biology, and there are aspects that we wouldn't cover because it is not pertinent to nursing'.

> (Site 2 int.1)

The subject areas involved here were mostly psychology, sociology and biology. However, there was very little interest from these subject groups within higher education since most of the work was taught at either level 1 or level 0 in other words first year degree level or sub-degree level.

In some cases the degree of concern was much more fundamental and one respondent described it thus: -

> We did not know what we were going into or what to expect or anything about the university environment. In fact I would say that it wasn't even an issue as far as we were concerned. We were surviving and frightened of what was going to happen. We were concerned as to whether we would have a job'.

> (Site 1 int.2)

This anxiety was further compounded because there was a constant fear that there would be job losses. This was more apparent in the larger institution where nursing and midwifery had been merged into a very large faculty and there had been some job losses prior to merger. Interviewees talked about being told they had to go into the university 'lean and mean'. This referred to the ultimate student/staff ratios.

Historically, nurse education was funded via the professional bodies (i.e. the National Boards) and the funding for staffing was based on teacher contact time and took into account the support given to students during clinical placements. The student/staff ratio had been 15:1 and there was a great deal of concern and some tough negotiation to ensure that this was maintained.

These concerns were expressed by several of the interviewees thus: -

> 'A whole layer of middle managers had been made redundant prior to integration'.
>
> <div align="right">(Site 2 int.4)</div>

Another respondent expressed their initial fears in the following terms: -

> "Well I think basically there was uncertainty and there were rumours at the time... but at the point of merging, I think it must have been about a dozen colleagues just disappeared. They took early retirement or mainly early retirement. Packages were worked out'.
>
> <div align="right">(Site 2 int.6)</div>

Another aspect of this category was the changes in the workload experienced by the staff since the mergers. This was in relation to the amount of teaching undertaken by staff. One respondent described it thus: -

> 'My workload has just gone ballistic. I am now admission tutor for the adult branch, and with intakes twice a year we interview two days per week, fifty weeks of the year, and I have to organise all of that ...I have to go out and do all the career talks, and the university has four open days per year and all the meetings that go with being an admission tutor, and that sort of thing. I still teach biology'.
>
> <div align="right">(Site 2 int.1)</div>

The increase in workload was commented on by all the respondents in this study. Some of the interviewees found this quite challenging and suggested that the flexibility allowed since integration made the workload more manageable.

Other respondents, while acknowledging the flexibility, felt that it had impacted adversely on their private lives. Changes in the working day particularly in relation to the amount of time spent at work were seen as contentious.

Traditionally teachers in schools of nursing would typically work from 8.30 to 4.30pm. Much of that time would involve face to face teaching.

On transfer to higher education and particularly since the development of diploma level programmes, with the reduction in service contribution, students were now spending more time on the theoretical input. This allowed teachers more flexibility in programme planning, and with the reduction of student intakes to two per year teachers were able to be more flexible and innovative.

However, one unforeseen element of this was the consequent changes to the work practices of nurse teachers. This was further compounded by the introduction of the academic contract; including longer holidays and self managed scholarly activity time. Merger with higher education was accompanied by the need to comply with the cultural expectation that scholarship was an integral part of the work of lecturers within higher education. Clearly if teachers are spending more time on holidays and scholarly activity then their working day will, of necessity, become longer.

Many of the respondents felt that once the initial anxiety about roles and responsibilities had been overcome the new roles offered a variety of job opportunities and more autonomy. This notion of autonomy was alluded to by most of the correspondents in the study.

Uncertainty clearly causes a degree of anxiety, as does the loss of identity. Some of the respondents talked about having to go through an experience almost like the grieving process. One respondent commented thus: -

'I felt as if it was a bereavement, and somehow I needed to go through a grieving process'.

(Site 1 int.8)

Most staff in colleges of nursing and midwifery had no idea what was awaiting them as university employees, with many holding the view that academic elitism would be detrimental to the profession (Cadman1997). They were also unaware of the profound and rapid changes taking place in higher education.

Concept three – *Contractual Arrangements*

This concept was drawn from the interview data where the interviewees discussed issues around the new contracts that were negotiated on transfer. The majority of the respondents in the study had been transferred to university contracts. This included a rise in salary with the opportunity of progressing up the salary scale, extra annual leave allowance and a period of scholarly activity which allowed staff time for research or professional development update.

In general discussions in the early nineties regarding the mergers of colleges, anecdotal evidence would suggest that the academic contracts, and the potential

changes to working practices, were the main concerns of staff at the point of merger. However, the evidence from this study suggests otherwise.

Only one respondent mentioned concerns about terms and conditions of service spontaneously: she had this to say about it: -

> 'I was apprehensive on two counts. I'd no longer be working in the National Health Service, which was what I had always wanted to do, that was one of my main apprehensions. The other was would I be employed? Because at the time I did not have a degree. The third was a selfish one in terms of what the pay and conditions would be like. So it was really apprehension, fear of the unknown'.
>
> (Site 1 int.4)

With the remainder of the sample the researcher had to probe quite hard to explore the contractual arrangements and the impact of the changing patterns of work. Although there were concerns about job security, for the sample in this study it did not appear to be about the terms and conditions of service. Again the views of the respondents varied on this issue, being apparent more between staff in the same institution rather than between institutions.

There were equal numbers of positive responses to this as there were negative. Some respondents commenting on the generous interpretation of the contracts on transfer felt that the increase in pay, holidays and scholarly activity time all served to make the transfer a more positive experience.

The more negative interpretation was that, while these terms and conditions had been offered, staff were unable to take advantage of them because of the

difference in the academic calendar and the fact that nursing students are being taught over the summer vacation time.

The following quotations serve to explicate these comments: -

> 'In terms of conditions of service it turned out for the better. The money was better, research and scholarly activity time which we had never had before. More holidays and you became more flexible in your day to day work'.
>
> (Site 2 int.2)

Again another member of staff within that institution reiterated this: -

> 'Well what happened with us was that the salary scale we were moved on to was equivalent to a Senior Lecturer scale and actually as it worked out there were a few more increments so most of us got two or three more increments after we joined. We were actually quite pleased the way things worked out with pension rights and everything was transferred. We took the best of the Health Service contract with us and got the best bits of the University one i.e. more holidays and scholarly activity time'.
> (Site 2 int.5)

The respondents in the second institution supported this positive element of the contracts. One respondent commented thus: -

> 'The people who moved over they respected their contracts, they put us on the pay spine which actually increased people salary and we were given the same treatment as other Senior Lecturers (because we went in at the Senior Lecturer point in the university). We got an extra two weeks annual leave, scholarly activity and all the other things and we were treated exactly the same, and there was no differential element. When we got there we maintained the benefits of our previous contract, terms and conditions, and picked up the extra ones from the university, and we picked up extra increments'.
> (Site2 int.5)

Again another respondent from that institution reinforced this: -

> 'Everything that we had before has remained the same we have got what we would have with the National Health Service and picked up some extra bonuses along the way, so I feel very lucky really'.

> (Site 2 int.7).

By comparison other respondents viewed the issues around contracts in a more negative light, commenting that to enjoy the extra advantage of the university contracts one needs to recognise the structure of the working year and the demands made on people's time.

One respondent had this to say on the issue: -

> 'Although the benefits were there we couldn't make full use of them. We were allowed time for academic study and supposedly clinical study but it's getting your head round all that you have got to do. Up until now I have not taken any of my academic time because of my workload'.

> (Site 1 int.3)

The negative aspects were equally apparent in both case study sites, the following extract serves to explain the views of staff in the second site: -

> ' I haven't had a real radical change in terms and conditions. I get a bit more money. There is this kind of regime that you will teach X number of hours which we never had before. Once you've done your contracted hours, anything outside of that is your responsibility and if you have done more then it is tough luck really'.
> (Site 2 int.4)

When questioned further on this and asked about holidays the following response was obtained: -

> 'Obviously they're (the contracts) better! You know, for the first two years we were in the university because we had extra holidays to take, and there was other conditions which were favourable as well (scholarly activity time) and it became impossible to take all the holiday entitlement'.

> (Site 2 int.4)

These sentiments were expressed in both institutions

> 'We have extra holidays and we get study leave. Though I tend not to take a lot of study leave, we are entitled to five weeks study leave. But last year I only had about a fortnight'.
>
> (Site1 int.6)

Access to the third case study site would have been useful further to investigate this particular phenomenon, since anecdotal evidence would suggest that the experience of staff regarding terms and conditions is not consistent across the sector. Teachers who have transferred into 'old' universities do not enjoy the terms and conditions and job titles of nurse teachers who have transferred into a 'new' university. For example, teachers have been transferred onto 'academic related' pay scales because they are deemed not to meet the criteria for 'academic' pay i.e. engagement in research and publication. For similar reasons they have been denied academic job titles and given the title of 'nurse lecturer'. However, informal discussion with staff in some institutions would suggest that they are not unhappy with this.

Concept four – *Leadership /Management*

This concept was generated from the respondents' comments on the factors that influenced their experience of the transition process.

The significance of management style was identified in the first interview transcript and was explored in subsequent interviews. This comment was identified in the first tape transcribed and served to highlight the importance the respondents attached to this phenomenon: -

'A lot of people were unhappy with the way things were handled initially'

(Site 1 int.4)

Two respondents in this sample had experienced considerable change in their role within the organisation. They had been demoted from a substantially senior post in their respective schools of nursing and midwifery to a lecturing post in higher education. This loss of status served to exacerbate the feelings of hostility towards the institutions.

A comment from these respondents described it thus.

' The first ten months in higher education was the worst ten months of my entire working career. At the end of that ten months the head of department resigned and following that we got a new head of department and things have moved from bad to excellent now and I really enjoy working in higher education now, but first ten months it was awful'.

(Site 1 int.1)

The second respondent had experienced the transition within another organisation and described it thus: -

> 'I was a Director of Nursing at the time running my own school. When the mergers came about I was told that the only job that would be available to me was running the National Vocational Qualifications programmes'.
>
> (Site 1 int.5).

Another respondent referred to the management style thus: -

> 'If the management structure had been different when we first came in I think people would have felt differently, We are particularly fortunate with the current structure, the departmental structure that we enjoy, it is not the same everywhere'.
>
> (Site 1 int.3)

This quotation also serves to illustrate an important link between 'dialogue' and 'leadership/management' style.

Staff in higher education were clearly anxious about being overwhelmed by the large numbers of staff who had no experience of the higher education culture.

In one institution staff were very vocal about the fact that they had no clear Head of Nursing and felt that they were underrepresented at Senior Manager level, whilst being the largest professional group in the faculty.

The following quotation serves to illustrate this point.

> ' No-one has a global view of nursing .We need an associate dean who is a nurse to understand, but I couldn't see the university doing that because that would make us too powerful'.
>
> (Site 2 int.1).

Another commented thus: -

> 'I felt that maybe our profession does not get represented at the higher level of the university, there could be a dean or associate dean representing us'.

<div align="right">(Site 2 int.7)</div>

This notion of leadership is particularly significant in this context in that many of the college leaders were themselves unsure as to their future role in higher education. In one of the case study sites the college principal was one of the managers who had been made redundant.

Concept five – *Autonomy*

During the interviews the participants used the word 'autonomy' to describe changes to their working practices. This concept was referred to principally in relation to how new roles were developed, and included issues such as less restrictive working practices and the flexibility included in the interpretation of the working day.

Typical responses to this phenomenon were: -

> ' I think the flexibility that we have, for example if I have got a large pile of marking and the students are knocking on my door I can take it home, or when I was planning the new programmes I can do that at home, because I would never have been allowed to do that when I worked in the Health Service'.

<div align="right">(Site 1 int.6)</div>

In the traditional nursing programmes the average duration of the theoretical components for students would be two weeks. Teachers would therefore be involved in face to face teaching sessions for most of the day, to allow all subjects to be covered. The move to higher education, or more explicitly the development of diploma level programmes, with the reduction in service contribution, and the introduction of a more student centred approach, allowed staff to be more innovative and flexible in their learning and teaching style.

This was commented on thus: -

> 'I was supposed to arrive at 8.30am and leave at 4.30 am yet I am supposed to be doing academic work which really does not fit into the pattern anymore, Sometimes it can be eleven o'clock at night and I sit down in front of the computer and the words just flow for a couple of hours and I can do as much work then as I do in a couple of days if you put me in the office and said right do it now. I think my productivity is much higher now and the quality of work is better'.
>
> (Site 1 int.3)

Another respondent described it thus: -

> 'It is the freedom that it offers as long as you get your work done you're a relatively free agent. Yes- maybe in the past you felt that the big boss was watching you, particularly on a Friday afternoon, to see if you were still at our desk. Nobody really bothers now as long as you put your time to good use and get the work done no matter where it is. Obviously for certain things we need to give a contact number so that we could come in if we were needed, but certainly there is freedom that way'.
>
> (Site 2 int.1)

Respondents also mentioned increased responsibility and how this enhanced their role because they were taking overall responsibility for all aspects of their role.

This included the planning of modules and the quality assurance monitoring of modules and programmes. One respondent, commenting on this extra responsibility, described it thus.

> ' It now means that things like timetabling and integrating modules into other programmes I take responsibility for myself. I attend the Examination boards to deal with student issues in relation to my module. I think a positive side of that is that I take more ownership'.
>
> (Site2 int.5)

Commenting on the negative aspect of that, the same respondent noted: -

> 'The down side of that is that you have to attend a few more meetings than you might have done in the past but your role has expanded'.
>
> (Site2 int.5)

One further comment that serves to illustrate the more autonomous role enjoyed by the staff was described thus: -

> 'I think there is a lot more to do now, but you know you can manage it yourself and it is nice to be in control. Plus we seem to have got rid of quite a lot of the pettiness'.
>
> (Site1 int.4)

Another respondent commenting on being responsible for their own programme planning had this to say: -

> 'It's the validation type things that I do that I would never be allowed to do before because there would be a curriculum manager for that'.
>
> (Site1 int.6)

Concept six - *Bureaucracy*

This concept was generated from one of the interview questions. Respondents were asked whether they thought there was such a thing as a 'higher education culture' and if they did, how would they then describe it? (This was the one concept where there was a wide variation in description). Some of the respondents were unsure as to whether there was such a phenomenon; others described it variously as 'bureaucratic' or 'academic'. The varying responses to this question were rather surprising, because I believed that staff would perceive the higher education culture as stressing the need to be academic and 'doing research', but there was no clear view about what respondents understood by the phrase.

The following responses serve to illustrate this variety of opinions.

> 'I think its in the bureaucratic approach to things, the thousand and one obstacles that are in your way if you want to make quite minor changes to a course, you have to go through validation documents and committees'.

> (Site1 int.2)

And

> 'An awareness of the power of bureaucracy, you become immersed in it. Today I worked through this horrendous form about information for a course, I had no idea where to get this information; it's about numbers, figures and statistics, it is time consuming'.
> (Site1 int.3)

This apparent bureaucracy was commented on by staff in both institutions.

' Bureaucratic procedure led, say 'no' rather than 'yes', go through 500 committees and fill in 5000 forms. It is all bureaucracy and I think the potential of that is to stifle innovation'.

(Site2 int.2)

This was a particularly interesting response from members of staff who have moved from an extremely hierarchical organisation such as the National Health Service. The respondents tended to use the term 'bureaucracy' in a pejorative way in relation to the higher education culture. However, it is perhaps worth commenting on one possible reason for this perception. Respondents had moved from a situation where the professional bodies validated their courses and programmes and only in exceptional circumstances would they have academic awards. They now found themselves in a situation where the institutions had degree awarding powers and therefore, required quality mechanisms to monitor the quality of their awards.

Concept Seven – *Being Scholarly & Doing Research*

The concept was also generated from the question about higher education culture when one respondent quoted the need to 'be scholarly' and 'do research'. This arose from the perception of staff, that on initial transfer into higher education institutions, nursing was not seen has having any academic standing. Staff commented on the fact that they were deemed to be less academic because the majority of the provision was at diploma and not degree level.

One respondent defined it thus: -

'Laid back, and doing things quite slowly. At first when we moved in they looked down on nurses. We are better than you are because we offer degrees whereas you offer diplomas. We sometimes had difficulty getting people from other departments to teach on our courses'.

(Site1 int.4).

The demands of a research culture caused some anxiety for the respondents, although neither of the case study sites were high research scoring institutions. However, some of the respondents did feel that there was more pressure than previously to be research active, although not all the respondents agreed with this. The following comments were typical of the responses received and serve to describe the diversity of views held.

' I know that the department is trying to increase its research output and it's the number of research papers and things that they publish. I personally don't feel capable of research and I don't think every teacher should have to be a researcher'.

(Site1 int.6)

Other respondents who described it thus gave another view of the higher education culture: -

'Well. There is a higher education academic culture and this notion of academia, but again I don't think we are a part of that. I see that part of culture as the 'school dons'. I think we tinker around the edges'.

(Site2 int.8)

Yet another respondent had this to say

'Well I think there is something going on over there (*the university*) across the road. And even our staff and students talk about going over to the university as if they were not a part of it. I think there is something different going on there but I am not quite sure what it is'.

(Site2 int.7)

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Another respondent had this to say: -

> 'There is definitely a cultural difference between, say, us as nurse
> educators and people involved in, say, other subject areas. They take
> themselves much more seriously as academics and doing their research'.

<div align="right">(Site1 int.3)</div>

Concept eight – *Academic Development*

Another aspect of the culture was the drive for more academic qualifications.

Respondents referred to the pressure to undertake staff development particularly

in relation to gaining Master's degrees. One respondent had this to say on the

issue.

> 'There is a push for more academic qualifications. I have finished a MSc in
> Health Sciences last year. There was not exactly pressure it was more
> covert then that. There was not a declaration that you would do your
> Masters or lose your job in 5 years, but yes, you were certainly
> encouraged to consider the alternatives'.
> <div align="right">(Site 1 Int3)</div>

Another view of the drive for higher academic qualifications was elicited from a

respondent in the same institutions: -

> 'I don't particularly think that this has changed a great deal and those
> nurse tutors that were interested in research and moving to Masters
> programmes are still there, there are large numbers of nurse teachers who
> see themselves as teachers and are not interested in developing research
> and they are still there so I don't think that the research culture has
> improved in Higher Education'.

<div align="right">(Site1 Int1)</div>

This person went on to say that at least in their institution teaching was seen as

important as research.

Concept nine – *Academicisation of Nursing*

The phrase 'academicisation of nursing' was used by one of the respondents and served to explain that persons views about what they saw as nursing moving too far away from its roots within the National Health Service setting, and from the clinical placements where students were still required to spend a considerable period of time. Many of the respondents claimed to have mixed feelings about where the profession was going. They were unanimous in their belief that nursing needed to raise its profile and that the programmes of study needed to be at a minimum of diploma level. However some of the interviewees felt that perhaps the profession had moved too far towards the theoretical and required to reconsider its position within the higher education context.

One respondent had this to say in response to the question about being a professional in higher education: -

> 'I've got mixed feelings, I think that we as a profession need to be highly educated, you do need a depth of knowledge to be able to give care properly. I was worried that people would see the qualification and the academic side as more important than the caring side, and I am still worried about that'.

> (Site1 Int6)

The participant who coined the phrase 'academicisation of nursing' had this to say: -

> 'I am not altogether in favour of nursing being academicised as it is. I mean there are some good points to it but I think there is some 'mumbo-jumbo' that nurses are supposed to cram into their heads which really just messes things up'.

> (Site1 Int4)

This anxiety of the academic side taking precedence over the caring side was alluded to by more than one person: -

> 'Basically in nurse education, yes, you are looking for someone who knows what they are talking about. You are looking for a safe practitioner and the emphasis on that is somewhat reduced by the over emphasis on the academic side'.
>
> (Site 1 Int4)

This increase in academic level had another dimension as far as the interviewees in this study were concerned. It raised questions about the appropriateness of the programmes for practice and caused concerns regarding the links with practice.

One respondent very succinctly put it thus: -

> 'I think that is something that we still do with difficulty, kind of trying to put an academic window on practice'.
>
> (Site 1int.4)

Another respondent described it thus: -

> 'I think this is likely to divorce us from practice. That is my worry about moving further'.
>
> (Site 2 int.4)

This criticism of the academic/idealist approach is a frequent challenge from the mainstream of the nursing profession. Apart from the misconception of what a college-based course entails, (allowing for the integration of theory and practice), there is an assumption within some sections of the profession that theoretical knowledge cannot be translated into practical skills.

However, there is no empirical evidence to support this, In fact there is considerable evidence to support the view that students on undergraduate programmes measure up well in terms of practical skills in comparison to traditional course students (Owen 1988).

Concept Ten – *De-valuing Practice*

The concept 'de-valuing practice' was generated from the data where respondents felt that the institutions, and the senior staff within them, did not understand the nursing profession and, in consequence, the programmes that were being delivered.

For staff used to dealing with modular undergraduate programmes, with students constructing courses by selecting modules, the prescribed nature of the nursing programmes presented some challenges. Academic regulations presented some problems for staff particularly in relation to allowing for 'condonement' and 'compensation' in assessment, taking on board the prescribed nature of a programme designed to prepare practitioners for safe practice presents challenges. (The professional bodies tightly control courses, and students are required to complete successfully all aspects of the programme). These aspects of programmes require a fundamental change in thinking, particularly for organisations where choice and flexibility of programmes are the norm.

There were clearly concerns that the nursing programmes are delivered over a forty-five week year and that because there are two intakes of pre-registration students each year to the diploma programmes, it makes the programmes difficult to deliver in a higher education setting. This was particularly complex in organisations where the academic year is semesterised and the programmes are modular.

There was constant reference made to the fact that institutions failed to understand the practical difficulties that the nurse teachers faced and the respondents referred to the fact that they were perceived as being difficult because they would not conform.

Several respondents made reference to this point and the interview extracts below give an indication of the strength of feelings displayed.

> ' I believe when it comes to nursing practice, practice in the university sector is out of context. Somewhere we need to sharpen up how the university can accept, genuinely accept that what we say about achievement in practice is clearly recognised and acknowledged'.

(Site2 int.3)

Another respondent from the same institution had this to say

> ' We have had clashes where what we considered was a decision taken from a professional point of view was overturned by the university, by the university saying, 'It might contradict what you see as professionalism but it does not contradict what we see as our rules and regulations'.

(Site2 int.5)

The feeling of constant demeaning of professional practice caused a great deal of anxiety to the staff following the merger processes. This was further compounded by the fact that individuals had now moved away from hospital sites so it was difficult to keep abreast of practice developments and maintain contact with students who were out on placements. This caused a great deal of stress initially and served to create tension when staff, required to attend meetings, thought that the senior staff in the university failed to understand their need to be visiting clinical placements.

One respondent who had maintained his link highlighted the need for this to continue:

> 'I think we are in a fortunate position that those people that we work with are people that we know well and have worked with over a long period. I think that is an important part of the relationship in working with them and support them if they have problem students. You have got to get them on board'.

> (Site 2 int.5)

Some participants felt very strongly that the organisational structure and monitoring mechanism did not facilitate the satisfactory management of the nursing programmes.

Typical responses were: -

> ' There have been difficulties because of the nature of our courses. It is sometimes very difficult to take on board some of the policies and procedures within the university, and I don't think that some of the courses fit and some of the examination boards and support systems don't fit'.

This person went on to say: -

> 'When we first came in there was a lot of talk about us having a lot to offer and that some of the 'good practices' would be taken on board but that has not happened, we just have to fit in to the university system'.

> (Site2 Int7)

Another respondent described the practice issue thus: -

> 'They don't understand that we like to keep a tight rein on our students in practice and like to know whether they are turning up for placements, and the university see us as being 'fuddy-duddy' in that respect'.

> (Site2 Int 1)

The interviewees did not view the practice issue as being insurmountable, they just felt that it would take some time for the organisations to come to terms with what was happening. They were anxious that other staff in the institutions perceived them to be difficult and wanting to hold on to past practices, when in fact there was a need to ensure that students were meeting the professional requirements for practice assessment.

Concept eleven – *Impact on Self*

This concept was generated from the interview schedule where respondents were asked if the process of merger had impacted on their life outside of the institution. There were wide-ranging responses to this. Some of the issues identified included changes in job titles, the notion that they were now working in a university and being part of a larger academic organisation.

Two of the respondents who had been demoted during the merger process clearly expressed feelings of demotivation and deskilling. Other respondents suggested that the merger had impacted on their life outside because of the changes in workload.

This was commented on thus: -

> 'Considerably! In terms of the working hours, within the National Health Service you've got this thirty seven and a half hour week, and rarely did anything get taken home from that. Now you work to your workload, and that can mean that you are doing sixty hours a week some weeks, but swings and roundabouts'.
>
> (Site2 Int 3)

Another respondent had this to say: -

> 'The fact that I do feel I have got more autonomy, the fact that I do feel that I have got more to say about policies and procedures and I am more confident and selfish at managing my time'.
>
> (Site1 Int 6)

Some of the respondents were ambivalent about the impact on their personal life.

The following is an example of their views.

> 'I wouldn't think (merger) changed me greatly, no. I suppose I enjoy and feel that I have coped well with the autonomy and the greater control over my work and you know have a little bit of freedom and flexibility over my lifestyle, you know I might finish early on a Friday afternoon and I might work Sunday afternoon, and nobody raises any complaints about that'.
>
> (Site2 Int 5)

Several of the respondents commented on the changes in job titles and being unsure about what to call themselves initially but were positive about the changes in status.

One respondent commented thus: -

> 'I wasn't quite sure what to call myself. Some of the time when people asked me what my job was, I was unsure whether to say whether I am a senior lecturer or a nurse or a teacher or what'.
>
> (Site1 Int3)

However, many of the respondents had good feelings about the impact on them personally. This fairly long quotation from one respondent summarises the feelings of many when she had this to say: -

> 'What changed for me was everything, and for the better. It gave me a lot more freedom, it gave me freedom to develop my role, to actually identify courses that I felt there was a need for, and to go ahead and plan those courses. In the past we had a curriculum manager who himself designed all the courses and we had little input into it. It gave me a lot more freedom in terms of working practices, because rather than being tied to the thirty seven and a half hour week that was traditional within the Health Service, the new contracts mean that basically you do the job wherever hours it takes in whatever format the hours take...So for me it was a wonderful move when we actually went it. More freedom, more autonomy. A lot more responsibility, but a lot more challenges in the job'.
>
> (Site1 Int 3)

One final quotation reiterates the views expressed above in a rather different vein

> 'I actually feel a lot happier, even though I wasn't unhappy within the Health Service. I actually feel more developed as a person, more confident in terms of the range of skills that I have developed. Whereas in the Health Service I felt that I was good within a limited area I now feel that I am good within a much wider area. So yeah, I am much confident and happier.
>
> (Site2 Int 5)

Once the concepts had been identified, tentative links were then established between concepts, to form categories. The categories relate to the research question regarding the changing culture and their views on the process of transition, changing role expectations and links with clinical practice.

A summary of the concepts and the categories generated are set out below.

Fig 1 **Concepts and Categories generated from the data**

Categories	Concepts
• Process of Transition	• Leadership/Management • Contractual Issues • Dialogue
• Working Life in Higher Education	• Roles & Responsibilities • Autonomy • Impact on Self
• Professional Practice in a Higher Education Context	• Academicisation of Nursing • Devaluing Practice
• Higher Education Culture	• Bureaucracy • Being Scholarly and Doing Research • Academic Development

A detailed example of the line-by-line analysis and generation of concepts is available in Appendix 4.

The four categories will be discussed in detail in the next chapter.

CHAPTER 5

Data Analysis – Generation of Categories

Once concepts were generated from the data, tentative links were established

between the concepts. This allowed for the classification of concepts in broader

categories. Categories are defined as: -

> *'This classification is discovered when concepts are compared against one another and appear to pertain to a similar phenomena thus the concepts are grouped together under a higher order, more abstract concept called a category'*
>
> (Strauss & Corbin 1990 p 61)

The data in this study served to identify four general categories that were

generated from the eleven concepts, and served to describe the main concerns

articulated by the interviewees. These categories were: -

- 'The Process of Transition' which served to describe the views

  expressed by the respondents regarding their feelings of the transition

  process. This included the concepts of 'Dialogue', 'Contract issues',

  and 'Leadership/management'.

- 'Working Life in Higher Education' which served to explicate the

  changes in 'Roles and Responsibilities', Autonomy' and 'Impact on

  Self'.

- 'Professional Practice in a Higher Education Context'. This category served to explain the tensions perceived by the respondents in relation to professional practice and included concepts labelled 'Academicisation of Nursing', and Devaluing Practice'.

- 'Higher Education Culture' served to describe the different views expressed of what constituted a higher education culture as perceived by the respondents. This category included the concepts labelled 'Bureaucracy', 'Being Scholarly and Doing Research' and Academic Development'.

Category 1 - Process of Transition

This category was generated from the concepts derived from the data. It consisted of comments from the respondents regarding the negotiation process and the nature of the consultation. The concepts included in this category were Leadership/Management' this was commented on by all of the respondents. It served to describe the views of staff regarding what was variously described as the management or the leadership style of the key players who were steering the merger process.

Sutton (1996), describing the Australian experience which took place shortly before the developments in the United Kingdom, and has much of the hallmarks, claims that the mergers saw the majority of appointees at leadership level were

women. Most of these women were highly experienced in the field of nurse education and held both nursing and academic qualifications, but had no experience of working in higher education. This probably reflects the scenario in this country. The majority of the nurse leaders came from positions as nurse educators within the traditional hospital or community settings. The leaders had expertise and knowledge of nursing and nurse education but very little experience of the higher education sector, and were, therefore, in no position to identify what the development needs of their staff might be.

Several authors referred to the role of leaders and leadership styles when discussing mergers and culture (Schein 1992, Handy 1993, Nash 1996). Much of this discussion centred on the failure of leaders to recognise the time it takes to achieve change. Nash (1996) contends that it is relatively easy to plan for structural changes and to hire people or transfer people from one organisation to another, but the kind of cultural transformation necessary to achieve lasting success takes more time. Taylor et al. commenting on other studies, states that employees who believe that managers handled the merger constructively felt more positive about the merger. The issue of management and leadership was a central feature for the respondents in this study. Some of the respondents felt quite strongly that the negative experiences were directly related to 'weak leadership', and changes in leadership following the merger served to resolve some of these issues.

All the staff in the study had been transferred to university contracts. This included changes in job titles to reflect their university role, increased financial remuneration, extra annual leave entitlement and a period of self managed scholarly activity (SMSA) time which allowed staff time for research or professional development update

In general discussions in the early nineteen nineties, when the first colleges merged, anecdotal evidence suggested academic contracts and the potential changes to working practices were the main concerns of staff at point of merger. However, the results of this study suggest otherwise. None of the respondents mentioned the contracts or volunteered any information either positively or negatively about this.

The researcher had to probe quite hard to explore the contractual arrangements and how the changes affected their role, and their views on the changing nature of their work. Although there were concerns about job security it did not appear to be about the terms and conditions of service. Once the 'downsizing' had occurred and the agreed numbers were transferred in to the institutions the concerns around job security seemed to be eradicated.

The feeling from staff was that the terms and conditions offered were quite generous and afforded more opportunity for staff development and increases in salary. This served to reassure most of the staff that their jobs were no longer under threat. However, there is one issue that did create some uncertainty. On

transfer to higher education the contracts for provision of educational courses were negotiated on a five-year term for pre-registration programmes and three-year term for post-registration programmes. The need to meet the requirements of the contracts and ensure their renewal was an added pressure for all staff. This was exacerbated by the fact that one of the first colleges to merge in the early nineteen nineties had lost the contract to a neighbouring higher education institution. This had taken place shortly before the beginning of this study.

The effect of these market pressures is not confined to staff in schools of nursing and midwifery, but is an issue across all schools in higher education institutions, and many are experiencing a reduction in student numbers and having to look to new markets. Even if this new world had never been a true market place, it is certainly suffused with a competitive neurosis. This issue of surviving in the marketplace and keeping close to the 'Trusts' resonated throughout all the interviews.

The problems of job security and a feeling of loss of institutional identity are alluded to in the literature. Cavanagh (1996) draws on the work of other authors who liken the process to the grieving process as described by Kubler-Ross (1969). This is a model of bereavement, where there may be stages of denial, anger, bargaining, depression and acceptance. Cavanagh acknowledges that there is no empirical evidence to support this analogy. He claims that it is still individuals failing to accept the reality of change who will exhibit unproductive behaviour. Respondents in this study variously described their feelings as fear

and anxiety about identity and job security and loss of status and often a lack of knowledge about the change process.

It is likely, however, that some of the uncertainty centred on the introduction of the 'internal market' in education, which was mentioned earlier. The introduction of the 'purchaser/provider' split meant that the local NHS Trusts were no longer required to contract with their local education institution. This increased the uncertainty about jobs experienced by all staff groups. Taylor et.al. (1992) describe the stages of the merger process almost in relation to a before, during and after scenario.

One respondent describing her feeling about the process of merger summarised these processes thus: -

> 'When we first integrated the bad points were that you had to learn a whole new language, we didn't understand the terminology and everyone talked in abbreviations so that the first staff meetings were like you had landed on 'Vulcan' or somewhere, we couldn't understand it all. There was hostility from the existing staff members, the nurse teacher within the college that we had merged with because by now we outnumbered them something like at least 50:1, so they were hostile thinking their jobs were in danger. There was confusion because we didn't understand any of the procedures and policies and who was in charge of what and how you got things done. So that unsettling stage lasted about four months, until we slowly learnt our way through the system. We assured our nursing colleagues that we weren't a threat to them, we learnt the language. So it was the first three or four months and the previous eighteen months uncertainty from the announcement. It was a very unsettling time'

<div align="center">(Site1 int3)</div>

The final concept in this category was labelled 'Dialogue'. This concept served to describe the data dealing with the negotiations and the consultation process in the initial stages.

The need for a clear vision and good communications network was mentioned by most of the respondents in the study and was an issue that was explored in the pilot study.

One aspect that was fairly central to all of the developments during the merger process was the lack of any staff development or any preparation of staff regarding the imminent changes. There appeared to be a general feeling that most members of staff knew what was expected of them in higher education and, therefore, preparation was deemed unnecessary. An assumption was made that introduction of the proposals discussed earlier, which resulted in the introduction of the conjointly validated programmes, had prepared staff for the subsequent move to higher education

However, this was clearly far from true and many of the respondents in this study, while having some experience of the higher education system as students, had little or no insight into contemporary higher education practices.

Category 2 - Working Life in Higher Education

This category was generated from the concepts relating to 'Roles and Responsibilities', 'Autonomy', and 'Impact on Self'. This section reflects on the respondents' views as described within these concepts and relates it to the literature on academic work.

Many of the staff in colleges of nursing were at best unclear and at worst totally ignorant of how university systems worked. There was evidence of this in both the pilot study and the main research study. However, expanding numbers changes an organisation and its student bodies with resultant changes for staff, including administration, lower qualification of students and increasing class size. This situation is not peculiar to nurse teachers.

However, what is fundamentally different, is the division of labour between what were colleges of nursing and midwifery and university departments or faculties. University departments historically, have a flat structure in which all members of staff share the work of teaching, administration and research. These may or may not be allocated on an equal basis; it could be argued that research is clearly given greater emphasis although not necessarily in time or resource (Fulton 1997).

In nurse education, on the other hand, the division of labour would have been one between administration carried out by senior staff, involving programme

planning, student records and assessment with little or no teaching and the junior staff who would be involved almost entirely in teaching. Until recently most staff in colleges of nursing and midwifery would not have been involved in original research. This has created tension for staff transferring into higher education institutions and in some institutions has impacted adversely on terms and conditions of service.

Many of the respondents believed in what Smyth (1995) describes as the common myth of academic work, such as it being an easy work life, the flexibility of the work hours attached to the job and the appearance of what seems to some people to be a short academic year (Smyth 1995). The flexibility of the work hours was reinforced on merger and is evident in the data on the concept of 'autonomy'.

The notion of the short academic year was an interesting one and was commented on by most of the respondents on one case study site, explicating it in a story about a memo circulated by the Dean following the summer award boards. The memo expressed gratitude for the good work during the academic year and wishing everyone a restful summer. This served to reinforce the perception that senior managers were unaware of the variation in the working year and that nursing programmes were delivered over a forty-five week year. With the changes in higher education, the phenomenon of a longer working year is not peculiar to nurse teachers and will be found increasingly across the board.

Staff, particularly those in 'new' universities, are frequently working over the summer, not least because this is the busiest time for student recruitment and many of these institutions recruit through the clearing process. Lack of awareness of the 'real world' of higher education, and a misunderstanding about the roles and responsibilities involved, caused a great deal of hostility on initial transfer.

While staff in schools of nursing and midwifery enjoyed the autonomous nature of the new role, this was principally around the nature of the working day. Staff in higher education were experiencing a decline in autonomy with the pressure for more accountability and a rise in what Cuthbert calls the 'quality industry'. The emerging jobs in higher education institutions in the eighties and nineties are very different from those of the traditional 'academic jobs' and are not necessarily those described or implied in the job descriptions (Taylor 1999).

Taylor's work deals mainly with changes taking place in the Australian Higher Education Sector looking at what changes have emerged in academic roles with the implementation of technology. However, many of the observations made could equally apply to changes within the United Kingdom framework. Higher education now serves a more diverse range of students and is under closer government scrutiny.

Kogan et.al. suggest that academic work now has dimensions which are beyond the abilities and perhaps inclination of individuals, whilst at the same time

creating new challenges and opportunities. They further contend that the changing structure and expectations have caused staff roles and institutional expectations to become more fluid and uncertain.

> 'Academics must gear their teaching to both bright school leavers and ill-prepared ones and to mature, part-time, first-generation and non-native language speaking students They must be aware of and avoid culture and gender- specific language – and simultaneously enthuse, stimulate, instruct, motivate, train and prepare students for life-long learning and immediate professional usefulness'.

> (Kogan et al 1994 p 34).

Taylor (1999) offers the following from a respondent in a research project interview to highlight the challenges facing academics: -

> 'I believe in universities that we have stagnated. We found our niche, we have been comfortable in it and we have stayed there. Now because of the tremendous change since 1988 and the demands that have been put on us by the Federal Government in terms of quality and accountability, I believe we have to make the change. Whilst I understand that people feel stress and pressure, I think that we are a very protected bunch. I mean it is a hard profession, being in universities at the moment. You know we used to just teach. Now we are teaching, doing research, doing continuing education, doing community service. Well, so be it. I do not have to be here, I choose to be here... I am working longer hours. I am feeling the stress of it, but I believe this is my commitment to the profession and I choose to be here to do it'.
>
> (Taylor 1999 p39)

Taylor goes on to point out how universities are changing to address multiple purposes: -

'To have centres of excellence in research; to be globally competitive in marketing their courses; to have established collaborative networks with local industry; to have attracted the 'best and brightest' scholars; to have integrated CITS with all aspects of operations; to have achieved international 'best practice' in all aspects of their operations; to have a mission which energizes and mobilises all levels of staff; and on and on ad infinitum'.

(Taylor 1999 p39)

These changes were gathering momentum as the mergers of colleges of nursing and midwifery were negotiated and implemented. It is perhaps worth noting here that, while the numbers were small, there already were a number of pre-registration nursing degrees available in higher education institutions, along with a substantial number of post-registration programmes.

These were mostly community-based degrees, preparing nurses for health visiting and district nursing or degrees offering nurse teachers an undergraduate qualification. Nurse teachers delivered these programmes; so prior to the mass movement of all nursing programmes into higher education, there already existed a nucleus of staff who had some experience of the higher education culture. It is interesting, therefore, that no one utilised the existing expertise to prepare staff for the imminent changes.

There was little if any staff preparation on offer and assumptions were made that staff were conversant with higher education practices, and the subsequent changes taking place. Any staff preparation was offered by the trade union organisations and was mostly around the terms and conditions.

The changes to the roles and responsibilities described by the nurse lecturers are ones that will be all too familiar to staff who have experienced the changes in higher education. The longer working day and the increase in workload are commented on by several authors and well documented by Trowler in relation to the credit framework and the development of modularity programme and increased semesterisation. Trowler (1998) discussing the changes in higher education highlights the changes that had taken place during a fifteen-year period. He reflects on how the character, assumptions, practices and language had changed. He also argues that one of the critical aspects of these changes was the 'credit framework'.

This included the assignment of credit to assessed learning, modularity, semesterisation, franchising, accreditation of work based and prior learning, all of which were being implemented in the context of expanding student numbers and a declining unit of resource (Trowler 1998). All the developments served to change the nature of higher education work and continue to do so in the light of the imperatives for greater flexibility and widening participation. These pressures are felt equally in the research and teaching domains, although they may manifest themselves in different ways.

Cuthbert (1996) contends that the open-endedness of research inquiry brings with it particular pressures of time management. Finding quality time to ensure the tasks of teaching and research are done well causes some tension. Cuthbert

(1996) acknowledges that these developments are not peculiar to the United Kingdom but have been seen worldwide.

However, there was another aspect of the role for lecturers in nursing that appear to make their role within higher education more complex. Nurse teachers are funded by the Department of Health for periods of time spent in clinical practice. This has always been a contentious issue in nurse education. While colleges are funded for such activities, very little of teachers time is spent in practice (MacNeil 1997). One other aspect of these developments relevant to this study is the fact that along with these changes there is increased pressure for more accountability. There was obviously a tension for staff about the new roles but also about the added dimensions of the role in terms of clinical practice. The dilemma facing nurse teachers over their role in clinical practice is not new and much has been said and written about this issue in the nursing literature, going as far back as the early eighties, with particular reference to who teaches the students during clinical placements (Alexander 1982, Gott 1984, Reid 1985). This tension was raised in the pilot study and pursued in the main study because it appeared to be central to the stress experienced by staff.

However, this is not a new phenomenon in nurse education, because it has been a problem for teaching staff for some decades. The English National Board for Nursing, Midwifery and Health Visiting has as its main focus the maintenance of academic standards in nurse education programmes. This includes the quality of the clinical environments offering student placements. The Board has

recommended (and has identified as one of its standards that schools are measured against) that teachers spend at least one day per week in clinical practice. However, as discussed earlier, there is no clear role identified for the nurse teacher within clinical practice. This results in varying expectations from staff in clinical areas and confusion and role conflict for the teacher. However, the fact that there is a decrease in the student/staff-funding ratio to accommodate this commitment to practice adds to the pressure already experienced by nurse teachers in relation to this role.

The Quality Assurance Agency has also taken up this measurement, and some schools have been heavily penalised for failure to support the students sufficiently well in practice (This being measured by the amount of time teachers meet with students).

The debate about the role of the nurse teacher was again raised in the nineties by several authors, following the initial links with higher education at conjoint validation stage (Crotty 1993a, Carlisle et al 1996, Clifford 1996, Lee 1996,Cahill 1997 Kirk et al. 1997 and Barton 1998). These studies have addressed topics ranging from the clinical role of the nurse teacher (Crotty 1993b,Clifford 1996) to the implications of the introduction of the diploma level programmes on the teacher's role (Kirk et al. 1997) and the implications for the teachers role of their move into higher education (Barton 1998).

All of these studies have highlighted the difficulties experienced by nurse teachers when trying to meet the expectations of their clinical colleagues and their new role within higher education institutions. The findings also reiterate the findings of previous research studies about the complexity of the nurse teacher's role (Birchenall 1991, Gerrish 1992 and Crotty 1993a).

Kirk et al. (1997) in her study of nurse teachers carried out in England over a three-year period, identified some of the issues giving concern. These included difficulties related to academic status and the relationship between nurse teachers and other lecturers in higher education, changes in teaching styles and the place of student nurses in higher education.

The same difficulties were alluded to by the respondents in the study and served to identify the concept of 'Impact on Self'. This was generally commented on in relation to job titles and uncertainty about what to call themselves and how people outside and inside the organisation perceived them. This is a paradox of nurse education, that while choosing to remove themselves from clinical practice to become educationalists, many nurse teachers then continue to profess their wish to be in clinical practice.

There is already some sceptism about the professional and popular assumptions which tend to support the view that nurse teachers are both committed to, and concerned about their clinical role (Alexander 1982) and that given the time, they would wish to increase the time spent on clinical work.

Research studies and anecdotal accounts from ward staff highlight the very small contribution made by nurse teachers in ward nursing. This tension between various elements of the roles takes on a greater significance in the light of increased staff development opportunities that centre on academic rather than clinical development. It is also thrown into sharp relief when the job opportunities in higher education, and the academic credibility of staff therein and implicitly their own self- image, centre around the need for academic qualifications rather than professional or clinical developments.

It is also important to note here that, as discussed in Chapter 1, prior to the merger with higher education nurse education had undergone the significant change of rationalisation of schools of nursing into larger colleges. In many cases this necessitated the moving of some schools on hospital sites to other locations. This caused a degree of tension with clinical colleagues who saw these moves as yet again divorcing the education from practice.

This is a particularly sensitive issue in nurse education, since nurses who elect to move into management or education are perceived to choose the 'easy' option and remove themselves from direct patient care. It usually takes a considerable period of time to achieve the respect, confidence and acceptance of colleagues.

The issue for the respondents in this study was that, having achieved the merger of schools and the development of colleges of nursing, they had to go through the process all over again following the higher education mergers. This was

commented on as moving into their 'ivory towers'. The dilemma surrounding the role expectations of nurse teachers and the difficulties experienced is almost a feature of the nature of nursing. The emphasis on the practical aspect of the role and the status applied to the ability to be able to 'do' compounds the anxiety already experienced by members of staff who have moved from practice.

The argument is that nursing is a skill based profession and, therefore, the emphasis should be on practical skills, and the 'good' nurse is the one that is always 'doing' something and who can carry out tasks expected of them in a ward situation.

Category 3 - Professional Practice in an Higher Education Context

This category was generated from the respondents' views of the current situation. It is now some three years since the final stages of the integration process took place, and nurse teachers have had time to reflect and 'take stock' of the impact of the mergers. The category evolved from the respondent's description of the continued 'academicisation' of nursing and the potential problems that may arise from this.

Data were generated from the respondent's references to time spent on clinical practice; the higher education institutions perceived inability to see the value of practice or the 'professional' nature of nursing. Respondents referred to the developments in nursing being part of a move from nurse academics to seek

professional standing. This is not a new idea and much of the developments in nurse education alluded to in Chapter 1 have been ascribed to the need for increased professional status. There were also references to the greater opportunities afforded to nurses that would not have been available without the merger.

The notion of lifelong learning was something that was seen as feasible following the merger, because of the greater opportunities for staff development available to staff. Other authors have highlighted this notion of greater opportunities and improved programmes available to students following mergers (Barr 1985).

As discussed in Chapter 1, nursing's obsession with professionalisation dates back to the 1940's. In the beginning, when nursing first established itself as a legitimate occupation, the struggle was for social respectability, and the concerns of education were about the conduct and morality of nurses. Having been accepted as a respectable occupation the next concern was to gain professional respectability (O'Brien et al 1993). Although nursing has long attracted the title of 'profession' some authors have claimed that it has done so without possessing all the essential features of that status (Johnson 1978).

The notion of professional respectability in nursing has almost become synonymous with academic respectability. This is not surprising perhaps given that, to date, the criteria the profession tended to adopt as a benchmark were those of the medical profession and particularly undergraduate education as an

aspiration. However, while the profession has rejected the call for all graduate status, in seeking to link closely and subsequently merge with higher education institutions, this ensured that we were part of a system that included other professions. Nursing authors have based their discussion of nursing on the trait approach, with its emphasis on scientific knowledge, service ethic, altruism and autonomy.

Salvage (1988) argues that the trait approach has remained central to nursing and nurse leaders because of their preoccupation with professionalism and professional status. It was argued, therefore, that the 'project 2000' reforms, and subsequently the merger with higher education, had to be seen not only as radical reforms but also as a strategy for professional development. The strategy could be interpreted in terms of the 'traditional trait' approach to professionalism - for example, the demand for academic credibility with college based education, and the focus on autonomous practice and the restriction on entry.

Moloney (1992) contends that nursing's lack of success to date in reaching a high level of professionalism is because of the inability of nurses to reach agreement on the definition of their profession, and the responsibilities required of professionals. However, although nursing in the United Kingdom has not met with much success about being seen as a full profession, it has made some progress over the last few years, not least in the area of academic recognition for programmes of study, scholarly activity and staff development. (Moloney 1992). The diploma level programmes, conjointly validated by higher education

institutions, were hailed as the single most influential instrument of change in relation to raising the professional status of nursing. This was seen to increase nursing's credibility in relation to other professionals, principally medicine, although the Professions Allied to Medicine (these include physiotherapy and radiographers) were also seen as growing in number and posing a treat.

However, at the stage of programme revision, nursing and midwifery remained as the only health care group not part of higher education. There is another consequence of the changes to these programmes, and resonates with the discussion on the nature of nurse's work discussed earlier. The rhetoric of the diploma level programmes (frequently referred to as project 2000 P2K) was that they would produce 'knowledgeable do-ers'.

The students' lack of practical skills on qualifying, because of increased time spent on theory, became a self-fulfilling prophecy for clinicians and left nurse lecturers, once again, defending their role and the move into higher education institutions. This was commented on by the respondents and generated the concepts on 'academicisation of nursing' and 'de-valuing practice'.

In March 1998, the United Kingdom Central Council for Nursing Midwifery and Health Visiting agreed to the establishment of a Commission on Education. The report was issued in September 1999 and contained 33 recommendations. These stressed the need for closer partnerships between education providers and the National Health Service and for courses to be more flexible allowing more exit

and entry points (Fitness for Practice UKCC 1999). Along with these recommendations came the launch of the governments strategy for nursing and midwifery education. This strategy committed the National Health Service to more flexible approaches to education and a more active role for the National Health Service in the provision of education and training (Department of Health 1999).

In order to take these developments forward, the Council for Vice-Chancellors and Principals worked with the Health Service to agree a partnership. The joint statement from the group highlights the need for developing long-term partnerships at local and national level.

This criticism of the educational programmes, therefore, has been addressed at national level and radical changes to the educational programmes will be implemented in the next academic year. However, these changes will still be dependent on close liaison between teaching and clinical staff and the availability of placements for students to spend more time in practice.

Nursing is experiencing the same pressures as other higher education disciplines, and the demands for more recruits and widening participation all add to the pressures made on both clinical and teaching staff to deliver programmes that are seen to meet the needs of all stakeholders.

There are also changing occupational roles within a 'new' culture, which make demands on time for research and scholarly activities. Many nurse teachers in

this study welcomed the opportunities these changes brought but there was also concern about having to be credible with a third professional group. This issue was discussed in the two concepts that serve to make up this category, and was also widely discussed in the focus groups of the pilot study. It appeared to be conceptualised in the idea that staff were struggling with the need to remain credible with a different professional group, whilst still maintaining credibility with the first group of colleagues. Respondents appear to see profound cultural differences between themselves and staff in higher education in relation to research and publication. Merger into higher education was accompanied by the need to comply with the cultural expectation that scholarship was an integral part of the work of staff in higher education. Staff commented on the need to be 'all things to all people' however; the main concern was that there was a staff development need that was not being recognised or addressed if these roles were to be fulfilled and carried out well.

There are other recent developments in this area that may cause more tension for nursing within the higher education sector. Nursing, unlike other subjects in higher education, is funded through the Department of Health not the Department of Education and Employment. This funding comes from the Nursing & Midwifery Education and Training Unit of the National Health Service Executive Regional offices.

To date, it has been made clear to schools of nursing and midwifery that the budget allocation is for student teaching and support including support in the

clinical areas. However, there is comparable accountability to the professional bodies in relation to the student's fitness for purpose, practice and award. Implicit within this is the notion of research based practice. However, a recent communication from the Higher Education Funding Council's Research Assessment Exercise Manager to the Chair of the Nursing Subject Group states that, where there are staff who are contributing to the Research Assessment Exercise but supported from NMET funds, any funding must be repaid.

This is perhaps unsurprising; however it does raise serious questions about the status of nursing within a higher education culture. Nurse teachers already perceived themselves to be marginalised within higher education institutions because of the format of nursing programmes and the variation in the academic year. This decision may see them marginalised even further with the obvious consequence that many nursing departments would not meet the criteria to enter the Research Assessment Exercise, since the majority of nursing staff, whether 'research active' or not are funded from this budget. The consequences of this decision will not be apparent for some time.

When the question about the extent of integration was discussed with staff they were hesitant about the extent to which nursing could be integrated into higher education. The general feeling was that it was fairly limited; decision about research funding may compound these feelings even more.

Category 4 - Higher Education Culture

This category was generated from the concepts relating to 'Bureaucracy', 'Academic Development' and 'Being Scholarly & Doing Research'. The concepts were generated when respondents were asked whether they believed there was such a thing as a higher education culture, and if so how would they describe it. The interviewees despite having moved from what is usually seen as an extremely hierarchical culture in the Health Service, saw the higher education culture to be even more bureaucratic. It is perhaps worth commenting on one possible reason for this. The respondents had moved from a situation where the professional bodies validated their programmes and courses and only in exceptional circumstances would they have academic awards. They now found themselves in a situation where the institutions had degree awarding powers and, therefore, required to have quality mechanisms in place to monitor the quality of such awards. These mechanisms may in themselves appear as particularly bureaucratic.

The notion of being scholarly and doing research was another phrase used by the respondents to describe the organisational culture. While several of the respondents commented on this issue, it was by no means a widespread belief among the group. Some, but not all, felt that there was pressure to be research active. However, in relation to the final concept in this category there was a more general view that staff development was important and particularly the need to be academically prepared to at least masters level in preparation for teaching.

The response to this question throws the literature on organisational culture into sharp relief. It identifies the practical problem referred to in the literature about the assumption that there is a common understanding about what the term 'culture' means. The study highlighted the variety of interpretations of what constitutes a 'higher education culture'. The study also challenged the assertion made in the literature that there is a common culture that everyone will aspire to.

If we take the fairly simplistic view of culture as ' the way we do things around here', or the notion of shared 'values and beliefs', the respondents in this study appeared to see little shared understanding between themselves and their colleagues in higher education. Hence the story so far would suggest that the staff have perceived the experience in several ways.

Summary

The discussion of the categories serve to explain the data generated in relation to the research question designed to explore the staffs views on the transition process, emerging roles and professional practice. However, contrary to the generally held view that all staff will have shared the same experience, the findings of this study would suggest otherwise. The experience of staff within institutions varied significantly. The varying reactions of the respondents are classified into three typologies, and these will be discussed in detail in the next chapter. This discussion will explore the second part of the research question relating to consistency of views across the sector.

CHAPTER 6

Enthusiasm, Conformity & Compliance: Varieties of Responses to Merger

In this chapter I explore the typology of responses to merger which was outlined in chapter 5. The findings in this study would suggest that while there was a variety of views of the merger within institutions, these views were fairly consistent across the sector that is the staff in the 'new' university and 'college of higher education' put forward fairly similar views of the merger process. The evidence from the data suggests that categories are fairly clearly bound. To explicate this, data from two exemplars from each group were identified to illustrate the points made by the group members.

The chapter describes and illustrates three types of response in relation to each of the four areas of investigation which were analysed in the previous chapter, identified as 'The Transition Process', 'Working Life in Higher Education', 'Professional Practice in a Higher Education Context' and ' Higher Education Culture'. The three types were: -

- 'The Embracers' – A group of respondents who claimed to embrace the merger with a certain amount of enthusiasm, enjoying the new flexibility and autonomy that was available to them.

- 'The Conformers' – A group of respondents who claimed to accept what had happened and expressed a willingness to carry out their new role albeit in a fairly pedestrian way.

- 'The Cynical Compliers' – A group who intimated that they would comply with what was necessary to fulfil certain aspects of the new role while resisting other changes.

The chapter both describes and illustrates the emergent typologies and compares it with analysis drawn from some key literature on change theory.

The final section of the chapter attempts to move on from characterising each group to providing an account of the rights of each position, including not only interpretative rationalisations but subject backgrounds, personal profile and length of time spent in nurse education.

Group 1

The Embracers

Exemplar 3 site1 and Exemplar 6 site2

The unique characteristic of these individuals was their desire to engage with what was happening. They could articulate quite clearly how they had benefited from being part of the higher education culture, both as students and staff, and wanted to pass these benefits to the students.

The Process of Transition (category 1)

This group of respondents were excited about the opportunities available to them and the students as a result of the changes taking place.

The following comment portrays this excitement: -

> 'My feelings were this is exciting, this is fun, lets grab hold of it. It was something I saw as a great opportunity for nurse education. I tend to approach these things optimistically, and not look for negatives. Yeah! It's a great opportunity lets get on board.'
>
> (Site2 Ex6)

This respondent demonstrated a spontaneous and naturalistic optimism to the changes taking place. However, other respondents, while equally positive, had a more measured approach to the developments. There was a more informed optimism while exercising a degree of caution.

This more cautious approach was articulated here: -

> 'I actually feel happier, I feel more confident as a person, I was part of the working group trying to identify potential problems and try and come up with solutions prior to the merger. I got involved with what was happening quite quickly.'
>
> (Site1 Ex3)

This respondent acknowledged that problems could arise and, therefore, appeared more cautious in responding.

All of the respondents in this study experienced a degree of anxiety, principally around what may be expected of them in their new role. Once again this correspondent demonstrated a more measured approach.

This was commented on thus: --

> 'Apprehensive, on two main counts. I'd no longer be working in the NHS, which was what I had always gone into nursing to do that was my main apprehension. The other was would I be employed? Since I did not have a first degree. The third was a selfish one in terms of what the pay and conditions would be like. So it was really apprehension fear of the unknown.'
>
> (Site1 Ex3)

However the fears were alleviated very early and the respondent continued by saying

> 'I very quickly settled and apart from my reluctance to leave the Health Service the other things I began to feel quite happy about.'
>
> (Site1 Ex3)

The second respondent also commented on these features of fear and apprehension. Both respondents appeared to deal with the apprehension by becoming centrally involved in the change process; this allowed them to take control of the situation. The respondent's more intuitive reaction is articulated here: -

> 'You had your fears and uncertainties in the move, even though everything was going to occur. However, one felt it was a logical progression, and almost to the point where that (the universities) is going to be our eventual resting point.'
>
> (Site2 Ex6)

However, he further commented that he handled it thus: -

> 'Well this is going to happen, this is a policy decision being taken, lets just get on board and see where the road takes us and let things sweep along'.
>
> (Site2 Ex6)

Another unique feature of this group of individuals was their early acceptance and involvement in the changes. Their desire to be involved in the changes, rather than remaining as passive victims, allowed them to become more informed about the culture of the institutions. They became centrally involved and were able to influence the decision making process.

This was alluded to thus: -

> 'You learn quickly in these situations. You know it was an interesting experience to be involved in, it was about getting involved. You know, I'm not the kind of person to sit on the sidelines when there is a chance to get stuck in'.
>
> (Site2 Ex6)

This notion of involvement was alluded to later and commented on in relation to the ongoing involvement. This group realised that it was important for them to be involved in the interest of career progression and ensuring their survival in a new organisation. It was important to become indispensable to the change process.

The respondent had this to say: -

> 'I take more ownership, integration of time-tabling with other courses, attendance at examination boards for modules and awards that I am responsible for'.
>
> (Site2 Ex6)

The respondents identified here appeared to initiate this involvement for themselves in the absence of any formal institutional strategy for managing the change. This appeared to assist them in handling the process in a more positive light. It also enabled them to be seen in a more positive light by colleagues outside of the school.

Professional Practice in a Higher Education Context (category2)

The 'Embracers' could also see the difficulties of integrating professional programmes into a very academic environment and acknowledged that some institutions had a lot to learn about the nature of nursing programmes. However, they could also see that their responsibility lay in informing the debates around the greater integration and ensuring that the nursing 'voice' could be heard rather than expecting that it was the role of others to take things forward, principally senior managers.

One individual gave an example of the difficulties experienced by staff in the higher education institutions in recognising their problems. This was in relation to the application of the academic regulations. He acknowledged that staff used to delivering modular programmes which are designed to be flexible, where students can choose their modules and where compensation and condonement in assessment is the norm, would have difficulty understanding the need for the tight regulatory regime that professional courses require.

While acknowledging that some university staff did not understand the complexity of the programmes and the requirements of the statutory and the professional bodies, they were positive that, with time, this could be addressed. They also acknowledged that there were likely to be other non-standard programmes in the institutions where staff experienced similar challenges.

They also identified that they had a certain amount of responsibility to influence the process. This was commented on thus: -

> 'We have had some clashes in the past where a decision taken for professional reasons has been overturned by the university staff, but we have worked together to overcome these problems'

> (Site2 Ex6)

The second respondent was even more positive about the changes and had this to say

> 'We have new management systems and new procedures that the HE establishment altered to suit our needs, we've got a better understanding of their (university) procedures and I have joined every committee known to man so that I can influence if I want something changed, not only do I

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know which committee it needs to go to, I am actually on that committee so that I can stand my ground and actually try and get what I want'.

(Site1 Ex3)

Working Life in Higher Education (category 3)

I have argued in earlier chapters that the clinical role of the nurse teacher is an area of great concern. This has been exacerbated by the move into higher education. However, it appeared to be less problematic for this group of individuals. The group were also able to relate to their colleagues in clinical practice. They challenged the notion that nursing was becoming more divorced from practice since the move to higher education. They appeared to be able to 'bridge the gap' between theory and practice, and appreciated the possibilities available for developing practice since the merger.

The respondents emphasised the need to remain close to the practice area if they wished to remain credible from the practitioner's point of view. There was an imperative here to remain credible with both groups of professionals' that is academic staff and clinical staff. Again this was highlighted as being in their own interest if they wanted to 'get on' in the organisation. This did not present a problem for them and they continued with their clinical role on a weekly basis. They believed this to be central to their role as nurse teachers.

Respondents commented thus: -

> 'I spent a full three months in practice initially so that I could get a good grounding and actually find out which area of practice I would like to specialise in. I now run a clinic on two days per month, I work in a surgical ward one day per month and I work helping other nurses to develop their own clinics on one day per month, so it works out at about twenty per cent of my time spent in practice.'

> (Site1 Ex3)

Again a very measured approach to dealing with the situation.

The second respondent reiterated this point although in a slightly different vein. He had this to say: -

> I go out and visit the wards frequently, I see the students and deal with any problems the students or staff may have. Ward staff will contact me if students are having difficulty in the clinical area, so I feel that I am there as a support for students and staff.'

> (Site2 Ex6)

Higher Education Culture (category 4)

The area where there was diversity of views was in the description of what constituted a higher education culture. This was variously described as being 'bureaucratic' or ' being scholarly' and 'doing research'.

There was less consistency of views on this issue either within or across groups. The bureaucratic views came from the respondents who were involved in programme planning. This required them to negotiate their way around the quality monitoring process that appeared to them to overly bureaucratic. This was commented on thus; -

'I think something did change you become aware of the power of bureaucracy. You become immersed in it.'

(Site2 Ex6)

The scholarly and research views principally came from subjective views without respondents having any practical experience and were unable to give any examples of what they meant.

'I have got limited experience of higher education institutions but I would say there is an 'elite' research culture'

(Site1 Ex3)

In summary, the 'Embracers' appeared to be a more informed group of individuals. They were able to function autonomously and see the 'big picture' and were anxious to influence the changes taking place.

Group 2

The Conformers

Exemplar 7 site 1 and Exemplar 2 site 2

This was the largest group in the study and I use this term because, while I would argue that they were not resistant to the change, neither were they as positive as the 'Embracers'. However, they did concede that the mergers were a positive initiative that would benefit students.

The Process of Transition (category 1)

Whereas there was a feeling of enthusiasm from the group identified as 'The Embracers' there was an air of despondency about this group. While acknowledging that the merger may have advantages, there was an ongoing concern that there still would be some difficulties to resolve.

This was commented on thus: -

> 'You know a lot of the criticism has been about the fact that we have improved the education but not improved the nursing skills I don't think we have got the balance quite right yet, and that is understandable because of all the changes, and I think it will take some time before we get it right'.

> (Site2 Ex2)

Another respondent who had this to say reiterated this: -

> 'I think it would be sad to move the nursing and teaching into the university altogether'.

> (Site1 Ex7)

There was a sense of loss generated from this group, principally around the loss of professional identity. There was a general feeling that the demand for change was misguided and they felt impotent to influence the process.

The feeling of anxiety within this group appeared to be around surviving within a larger organisation. This was referred to thus: -

> 'Getting to know people was difficult. You felt you were just the personnel part of a large industry. It was so different'.

> (Site2 Ex2)

Another feature of this group was that they did not oppose the changes, but that they also tended not to get too involved. There was a lack of enthusiasm and they appeared to be unfamiliar with institutional processes and had made no effort to get to know colleagues within the institution. It could be argued that this was more to do with constraints of the role rather than personal decision. However, as mentioned previously, the 'Embracers' appeared to overcome any role constraint in order to increase their involvement in the wider university issues. It appeared with this group to be more to do with a lack of confidence. This created some anxiety since there did not appear to be any peer support networks. Again, in the absence of any formal management of change strategy, this group of individuals were unable to engage with the changes taking place.

Working Life in Higher Education (category 2)

They were extremely concerned about the changes in work practices and felt ill prepared for this. The following comments serve to explicate this: -

> 'I did not feel that I had the preparation for the sort of teaching that is expected of me'
>
> (Site2 Ex2)

and

> 'Well you have got one hundred scripts to mark and that is totally alien to us because we would have divided the scripts between us but now we are told we can't do that and it is much better if one person marks the scripts'
>
> (Site1 Ex7)

and

> 'There is a lot of pressure on my time. Whether that is making me more effective or efficient, I'm not sure. I think really that there is too much expected of me'.

(Site2 Ex2)

This group were fairly vocal about the demands on their time. Their lack of involvement with other staff in the institutions left them at a disadvantage regarding the changes in the higher education sector. Therefore, they had no clear picture of the demands on academic staff time and the 'Conformers' tended to concentrate on their own particular circumstances. They felt that there were now unrealistic demands placed upon them to be able to teach, to be clinically credible and to be academically credible. This group raised concern about their clinical role. They felt that the move into higher education had devalued this role.

> 'The link teacher role has always been something that has worried me considerably; because I don't think you can be a credible practitioner, unless you are actually working as a practitioner on a regular basis. I don't really feel that I have the time to update my clinical skills nor do I have the desire to, because I feel that the trained nurses who are working regularly in the field are the teachers, they are the experts.'

(Site2 Ex2)

In sharp contrast to the views of the 'embracers' this group, while acknowledging the importance of supporting students in practice, did not see it as central to their role. The majority of this group were responsible for clinical areas that were at a distance. This proved difficult if there were any student problems to be resolved; visits to clinical practice could take up to a whole day.

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However, this in itself did not appear to be the problem, the group seemed to be more concerned about the difficulty of keeping up to date and, therefore, remaining credible with staff and students. Again, this issue of credibility with two diverse groups was identified.

While this did not appear to cause any great problems for the 'Embracers', the issue appeared to cause a great deal of concerns for the 'conformers'. However, as I have mentioned in the previous chapter, the rhetoric of concerns regarding the clinical role of the nurse teachers is a contentious one and a dilemma that will continue to exercise nurses for some time to come, and is not easily resolved.

Professional Practice in a Higher Education Context (category 3)

The 'Conformers' harboured deep concerns about the higher education institution's ability or inclination to meet the needs of the professional courses. They expressed concern about the lack of recognition given to professional programmes and had this to say: -

> 'They (the university) don't see practice as being important. They are very exam orientated and you cannot assess practice by examination'
>
> (Site1 Ex7)

and

> 'We don't fit in. We are teaching 50 weeks per year and they don't understand that'.
>
> (Site2 Ex2)

The 'Conformers' argued that practice was central to nursing and if we allow it to become divorced, then patient care will become fragmented. While acknowledging that students needed to perceive knowledge as essential to good practice, they reiterated the view that it was important to keep a balance between theory and practice and cautioned against becoming too 'academic'. While the 'Embracers' could see that they had some responsibility to influence this, the 'Conformers' felt that it was outside of their control.

Higher Education Culture (category 4)

There was much less awareness in this group about the changes in the higher education sector and they constantly referred to the difference between themselves and their colleagues in higher education. They continued to have a stereotypical view of higher education even following the merger, commenting on the short academic year and the long summer break enjoyed by academics.

Like the 'Embracers' the 'Conformers' had no clear view about what they understood by a 'higher education culture'. Like the 'Embracers' they described it variously as 'bureaucratic' and 'research based'. Again their response tended to depend on their role within the organisation.

The following comments served to illustrate this: -

> 'I think it's about the bureaucracy, form filling etc.'

> (Site2 Ex2)

and

> 'Oh! I don't think you can put your finger on it, its something that 'buzzing' around you – its an 'old' traditional university thing'

> (Site1 Ex7)

It was apparent from the dialogue with this group that they were remote from other colleagues in higher education, and were unaware of the changes that have been taking place over the last few years.

In summary the 'conformers' had a more fatalistic view of what the changes meant for the profession. They tended to be very focused and failed to see the 'big picture'. They were very preoccupied with their own individual concerns and responded to the demands made upon them, without becoming involved in the change process.

Group 3

The Cynical Compliers –

Exemplars 4 site 1 and Exemplars 3 site 2

At the start of this study I have suggested that anecdotal evidence would suggest that the merger of nurse education with higher education was generally seen by those involved in an extremely negative light. The previous two categories would refute this evidence to a greater or lesser extent. However, this category would

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suggest that there were a number of individuals who felt disenfranchised and remote from the developments.

I have chosen this title for final category described here because, while I could not assert that the 'Conformers' had embraced the changes with any degree of enthusiasm, nor could I assert that they were resistant to the role expectations. While the 'Cynical Compliers' did imply that there was a reluctance to comply to some institutional demands, this manifested itself in several ways discussed under each of the categories below.

The Process of Transition (category 1)

Feelings of discontent were more apparent in this group. This is understandable in situations such as those described here, where there were fundamental changes to the routines and roles within the organisation. The feelings manifested themselves in a number of ways with some respondents commenting on the number of years or months to retirement.

One respondent had this to say: -

> I have got two years and ten months to go and I won't be staying a minute longer'.
>
> (Site 1 Ex4)

There was a more overt discussion among this group about doing what they had to do but generally not getting involved in any development initiatives, either in or

outside the school. While the 'Embracers' tended to volunteer for roles outside of the school the 'Cynical Compliers' resisted any effort to encourage them to become involved in the wider university activities. There was a feeling among this group that there had been a lack of consultation prior to the mergers and one individual commented that it would have been nice to have checked out the other options available prior to the decision to merge with a particular institution.

This was put thus: -

> 'I did not feel part of the negotiations, but there again management is not my thing. I just keep my head down and get on with it'.

> (Site1 Ex4)

This respondent went on to say that: -

> 'It would have been helpful to check out the other options. I think it was largely to do with the management style of the principal we had at the time.'

> (Site1Ex4)

Working Life in Higher Education (category 2)

There was frequent reference within this group to 'keeping your head down' and 'getting on with the job'. This was put thus: _

> 'I just keep doing my job and keeping my head down. I was aware of a lot of stress going on around me but for me I just kept on with the programmes I was working on. If you like I opted out'.

> (Site2 Ex3)

This group was fairly vocal about the need to conform to the higher education practices.

The following extended quotation explicates this: -

> 'In other words the question is, is it a merger or is it a takeover. I feel we have been strongly expected to comply with higher education's way of doing things. We had our own way of assessing students and keeping records, all of those were completely rejected and we had to learn a complete new framework. We did not change them (the university); we had to change our ways.
>
> (Site1 Ex4)

Another respondent had this to say: -

> 'Once we were in the university we were given a package of every rule, every structure and every organisational issue that they could think of'.
>
> (Site2 Ex3)

Professional Practice in Higher Education (category 3)

A further concern for this group was the claim that areas of good practice in relation to professional programmes were slowly being eroded since the mergers. Failure by the higher education institutions to recognise the non-standard nature of the provision meant that the staff were constantly trying to design their programmes to conform to the university framework. This caused problems with practitioners, and served to reinforce the negative views of higher education already held.

One respondent commented thus: -

> 'We need to sharpen up how the university can accept that when the students are assessed in practice then we have the final say about whether they have achieved the required competence.'
>
> (Site2 Ex3)

The issue around the clinical role of the nurse teacher was not a strong feature for this group. They generally acknowledged that it was one area that caused concern, however they were fairly philosophical about this and commented that it was becoming more and more difficult to fulfil this aspect of their role and, therefore, they tended to redefine clinical practice more liberally. Again the dissatisfaction from this group manifested itself in reclassification of the role.

The following comment serves to explicate this: -

> 'Over the last year really I haven't had that much time to do that (practice), there have been quite a lot of things and it is increasingly difficult. So I tend to define clinical practice more liberally then most people would. I include any visit to students while in placement and because of pressure that will be defined as clinical practice
>
> (Site1 Ex4)

Higher Education Culture (category 4)

Finally, another unique feature of this group was their views on the higher education culture. They tended to be rather self-conscious about the 'academic' label, and questioned whether it was appropriate for nursing to be under the auspices of higher education.

However, the 'Cynical Compliers' were more consistent in their views on the higher education culture, suggesting that it's about academia and research. There was great concern that increasing the academic content of programmes was not necessarily the best way forward for the profession. They voiced concern about the tendency for academics to take themselves too seriously. However, the point was made quite cogently that, if that were what was needed to survive, then they would 'play the game'.

The following quote explains this point: -

> 'Well I think there is a risk that they take themselves too seriously and that can be pretty scary'

and

> 'It's a bit of a game this academic, you have got to work out how to get your publications, but there again there are strategies you use to do that, you use the right words!'

When questioned further he had this to say: -

> 'Well the boss says you have got to publish so you do a bit of research, you look at how other papers are written, you write it up. I felt it was all a bit of a game, I didn't see that great a merit in it. It is a different course I didn't feel like I was learning to do anything intrinsically useful, I suppose it is, but in a sense it was learning the rules of this thing called academia, and when you learn the rules you find you can play'.

> (Site1 Ex4)

There appeared to be a fundamental lack of understanding among this group of the broader higher education issues and they tended to use the term 'academia' almost as a pejorative term. Again, the 'Cynical Compliers' lack of involvement in

the wider institution issues meant that they were unaware of the changes in higher education. This group resisted any involvement and failed to see any benefits in becoming more actively involved. This placed them at a distinct disadvantage in terms of functioning within the organisation that they regarded as 'elite' seats of learning, where professional programmes and particularly nursing had no place.

In summary the 'Cynical Compliers' tended to focus on the negative aspect of the mergers. They were disengaged from the change process and the lack of interaction outside the school meant they were ill informed of any changes taking place in the sector.

Fig 2   A summary of the typologies and characteristics are set out below:

Typology	Characteristics
• 'The Embracers'	• Visionaries('Able to see big picture') • Desire to Influence/Committed to Change • Autonomous/Flexible • Involved in wider HE issues
• 'The Conformers'	• Lacked Vision (small picture) • Focused on internal issues (within school) • No involvement • Carried out their role as directed
• 'The Cynical Compliers'	• Disengaged • Token compliance • Focused on disadvantages of merger

Discussion of Typologies

In chapter 2 an overview of selected literature on culture allowed for the development of two simple models defining two types of culture. These models identify the key elements in the organisational and educational culture types described in the literature and offer them as an explanation of the particular problems experienced by some of the respondents in this study. My contention is that the nurse teachers experienced a transition from one type of culture to another, moving from the bureaucratic culture of the National Health Service (that is summarised as the 'College Culture') to the less structured culture of the academy (that is summarised in the 'Academic Culture'). These are not totally exclusive, and elements of each are observable in both organisations.

However, the typologies explain the individual response to the changes and illustrate the consequences of superimposing what could be described as a hierarchical culture (The College Culture) onto a more informal collegiate culture (The Academic Culture) without adequate preparation, and during a period of rapid change.

Managing the process of change requires careful planning and sensitive handling. Any change, if it is to be successful, will involve bringing on board a host of people, all with different views. Lewin's theory of change management provides a 'tried and tested' framework for change. Lewin's work is based on the premise that there are several key stages in the process of change (Lewin 1951).

These include: -

- Unfreezing – an acceptance that change is needed and will occur

- Anticipation of the change – waiting for the change

- Uncertainty and competing views while preparations are made to implement change

- Information giving and information seeking about the change

- Experimentation – implementation of the change

- Refreezing – acceptance of the change

More recent literature on the management of change builds on Lewins model. focusing on the change process and the need for adequate planning in order for

change to be implemented successfully (Dyer 1984, Plant 1987, Kotter & Schlesinger 1988, Carnall 1991).

The management of change literature will be discussed later in relation to classification of responses.

Classification of Responses

Certain observations can be made from the data generated in this study and raises interesting questions for future studies. Comparison of the data from each of the groups could be related to:-

- Career trajectories

- Subjective views of staff

- Professional identity

- External influences of environment

These categories are not mutually exclusive and issues raised may be relevant to more than one category. For example, the respondents career trajectories may influence their professional identity, with the length of time spent in education being fairly significant. However, the categories acted as a framework to explain some of the data generated in the study. The most notable difference, in relation to the categories above, was between the 'Embracers' and the other 2 typologies, with less obvious variation between the 'Conformers' and 'Cynical Compliers'.

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Career Trajectories

The largest group in the study was the 'Conformers' who were typically in the older age group and had a long career history in nurse education. There was also more female participants in the group of 'Conformers' then there was in the other two groups. However, it has to be acknowledged that the sample did not control for gender so the evidence is, therefore, inconclusive. Many of them had started their careers in small schools of Nursing and Midwifery, which were subsequently merged into larger colleges prior to the merger with higher education. One interesting characteristic of this group was that they were slightly surprised to find themselves in an academic environment. There are at least two possible explanations for this. The first being that many of these nurse teachers would have been familiar with the discussions addressed in Chapter 1. These discussions included the need for educational reforms to make nursing a more attractive career option and the notion that raising the academic level and removing education from practice was one way of achieving this.

The majority of respondents in this group had trained as nurses some time ago and had been aware of the long standing discussions referred to above. The discourse about the benefits, or otherwise, of raising the academic level of nurse education to diploma and degree levels, and the subsequent move into higher education, are contentious and long standing. It is likely that these individuals would have been involved in these discussions over the years. Their expectations of the changes were limited and they were resigned to the developments.

As demonstrated in the discussions on these reforms, many of these previous recommendations withered on the vine. There was a certain amount of cynicism within the profession as to whether merger with higher education would happen. It may have been something of a surprise to these individuals to find that finally, these recommendations were being implemented and their future lay in institutions of higher education.

Secondly, they were disappointed that their colleagues in the Health Service had 'allowed' nurse education to be removed from hospital settings and hence increasing the theory/practice gap. As mentioned in Chapter 1, previous recommendations had failed to reach the statute book because of pressure from practitioners and professional organisations. However, in the light of major changes in the Health Service, it is difficult to see where else nurse education could be located.

These views were also articulated by the 'Cynical Compliers' who had a similar career ladder to the 'Conformers' and tended to be in the older age group. They had spent most of their careers in the Health Service and this was probably the most significant feature differentiating the three groups' experience of the mergers. The cynicism portrayed related to the fears about leaving the Health Service and the subsequent impact on roles and responsibilities.

This group also experienced a degree of alienation because of the move from an area with which they were very familiar and where they enjoyed a certain amount

of status. Meek (1988) acknowledges that a degree of staff alienation is inevitable since there are such wide-ranging changes being experienced by staff, which was certainly true for the respondents in this study.

The majority of the 'Embracers' on the other hand had been directly recruited as nurse educators either to the colleges of nursing & midwifery or to the higher education institutions. They had a much shorter history of nurse education and seemed more, prepared for the changes taking place. Some of them had been aware, prior to taking up their post in nurse education that their roles may change and that they would transfer to higher education institutions. This may have influenced their decision to move into nurse education. The 'Embracers' were able to take into account the views of other members of the organisation involved in the change, including students and other university staff, and they were able to see and understand the need for change.

Subjective Views of Staff

The significant feature identified here was the respondents' views of higher education institutions, and the role of academics within these institutions. While many of the respondents acknowledged that they had little or no recent experience of higher education, they still perceived the Sector to consist of 'elite seats of learning'. The 'Conformers' and 'Cynical Compliers' were particularly concerned about these issues, and as discussed in Chapter 5, appeared to have an unrealistic view of working practices in higher education institutions. This

feature appeared to influence their experience of the merger process, principally due to unrealistic expectations.

The 'Embracers', appeared to have a more realistic view of the Sector and a more up-to- date knowledge of working practices. Another fundamental point was that the 'Embracers' engaged with activities within the Institution and interacted with other members of the academic team. This involvement made them more aware of working practices across institutions.

During the interviews, one of the most significant elements was the enthusiasm displayed by the 'Embracers'. They were clearly committed to the higher education environment. Their ability to act autonomously and become centrally involved in the changes, and finally their ability to see the wider connotations and consequences of the move into higher education, also helped them to respond in a more positive way.

This was in sharp contrast to the 'Conformers' and the 'Cynical Compliers'. The conformers acknowledged that the mergers were a positive initiative for the students and reluctantly acknowledged that it may benefit the profession. However, they were by no means clear about this and questioned whether the vocational nature of nursing programmes would always mean that it remain marginalised within higher education. There is little evidence to date that this is problematic and many schools of nursing and midwifery regard themselves as fully integrated into the Higher Education Sector.

Identity as Professionals

The issue of identity related principally to the respondents. professional identity. This was considered in the light of the respondents' views of themselves in relation to their colleagues in higher education. Some of the respondents were anxious to retain their identity as nurses, even though they had been in nurse education for considerably longer than they had been in nursing practice. However, despite the length of time spent in education, they were still anxious to be identified as nurses rather than academics.

As mentioned previously, the 'Conformers' had been involved in nurse education for a long time and had witnessed many changes, particularly in recent years. Many had undertaken their degree programmes following their move into nurse education. They also regarded themselves as nurses first and the idea of being academics was an anathema to them. Both the 'Conformers' and the 'Cynical Compliers' implied that their allegiance was with the profession (almost to the extent that they considered the two to be mutually exclusive) and perceived themselves to have different values and beliefs to their academic colleagues.

These two groups stressed the point that they were dealing with vocational programmes of study where practice was of paramount importance. Their identities were firmly rooted in the profession.

There was less evidence of this with the 'Embracers' perhaps due to the fact they were recruited to a different environment, where the values and beliefs of the academic world already existed. They tended to see themselves as academics first and nurses second. One other feature of this group was that some, although not all, tended to identify more with their own subject groups, often outside of the institution, rather than with colleagues in their own institutions. This is well recognised as a common characteristic of academics, commented on by several authors including Becher (1994) and Burton Clark (1983).

External Influences of Environment

There was a suggestion, prior to the mergers, that the experience of staff would be influenced by the size and geographical location of the Higher Education Institution

However, while the structure of the two organisations from which the respondents were recruited was substantially different in size and geographical location, the experience of staff did not differ significantly. The 'new' university was much larger than the college. Whilst the health provision formed a large part of the whole institution provision in the college, it was a comparatively small provision when looked at as a whole for the new university. However, the significant differences in terms of the data collected in this study were between staff within the same organisation rather than between organisations.

The external influences centred on the style of leadership adopted by the project managers. There was a feeling among the staff that there had been a lack of consultation prior to the merger and a more consultative and democratic style of leadership would have aided the transition.

In both institutions the leaders had changed during the merger process. This issue of leadership was a particular issue with the 'Conformers' and 'Cynical Compliers' and possibly relates to their view that it was the managers' responsibility to handle the changes and look after their interests. Conversely the 'Embracers' were willing to prepare themselves for the changes and become more involved.

Another issue that appeared particularly important for the interviewees in this study was the knowledge (or lack of it) of the broader Higher Education Sector. There was much less awareness among the 'Conformer' and 'Cynical Compliers' group in relation to the changes that had taken place in higher education and they constantly referred to the difference between themselves and their colleagues in higher education. These differences were particularly related to the fact that there are so many demands on their time because of the nature of professional courses. Their lack of involvement in institution wide issues, and lack of interaction with other academics, exacerbated these problems for them. The 'Embracers' on the other hand seemed more aware of the recent changes in the higher education sector. They were aware that the roles of staff in higher education were changing due to changing demands and, therefore, the

assumption made by nurse teachers that only their role was multifaceted was inaccurate. In a more subjective evaluation the 'Embracers' could be described as the more enthusiastic 'risk takers'. The 'Conformers' and 'Cynical Compliers' tended to be more conservative in their approach and adopted a 'wait and see' attitude before becoming fully involved.

Conclusions

The influence of the 4 categories discussed above, on the typologies, varies considerably. With the 'Embracers' who had spent a shorter period of time in nurse education and had a more detailed knowledge of the higher education sector seeing themselves as more academic and having a more positive view of the transition than the other two groups. The difference between the 'Conformers' and 'Cynical Compliers' in relation to these 4 categories is less obvious. Respondents in these two groups had spent considerably longer in nurse education, were less familiar with the higher education sector and saw their professional identity as being of paramount importance.

However, it would appear that the fundamental difference between the groups identified in this study was not in relation to the categories identified above but the ability of the respondents to acknowledge the need for change. The 'Embracers' could see and understand the need for the changes. They were able to take into account the views of other members of the organisation involved in the change, including students and other university staff. Their ability to act

autonomously and become centrally involved in the changes, and their ability to see the wider connotations and consequences of the move to higher education, also helped them to respond in a more positive way. This was in sharp contrast to the 'Conformers' and 'Cynical Compliers' who were, to a greater or lesser extent, unable to understand the need for change, much more reliant on managers to influence changes and focused on issues within their own school.

This resonates with the views of Fullan that staff need to understand what changes are required, as well as understanding the need for change. Fullan (1991) highlights the need to examine the phenomenology of change – that is how people experience change as distinct from how change might be intended, since failure to do this is at the heart of the lack of success of most social reforms. He further contends that the problem of meaning is one of how those involved in the change can understand what it is that needs to be changed and how it can best be accomplished (Fullan 1991). Failure of the 'Conformers' and 'Cynical Compliers' to comprehend the need for change meant that they were ill prepared for the changes taking place.

The suggestion from the above discussion implies that these three categories are clearly defined and quite distinct from each other, and the exemplars used to describe these would suggest that this is so.

The literature on change management identifies differing responses as a result of the changes taking place and highlights the need to involve employees in the

changes if strategy is to be successful (Carnell 1991, Plant 1987, Thornhill et.al.2000). The interviewees lack of involvement in the initial decisions and the subsequent lack of formal strategy for managing the change, appears to have created a great deal of anxiety for the respondents quoted in this study. However, staff who are able to see the 'broader picture' and comprehend the views of all groups involved in the changes appear to be able to rationalise the process and, in a sense, devise their own strategy for managing the change. Fullan (1991) also highlights this key feature of change and highlights the necessity for individuals devising a change strategy to take cognisance of the views of all staff involved.

Plant (1987), discussing the importance of involving staff in change, highlights the notion that, in some instances, staff in organisations expect to be marginalised from the changes contemplated but tolerate this marginalisation in exchange for the comfort of knowing that someone else is taking the important decisions. Again, this resonates with the views of the 'Conformers' and 'Cynical Compliers', inferring that it was the managers' responsibility to 'look after' their interests during the merger process. The views of the 'Conformers' were reiterated by the 'Cynical Compliers' and taken a step further in that they could not see any benefits to themselves, the students or the profession.

Kotter & Schlesinger (1988) comment on the differing reactions displayed by groups undergoing change. Some of these reactions were identified in this study, principally those of the 'Embracers' who related to Kotter & Schlesinger reaction of sincerely embracing change. However, in this present study the description of

subjects passively resisting or aggressively undermining the changes were less obvious. While the 'Conformers' were less than enthusiastic about the changes in nurse education, there was no evidence from their responses that they wished to resist what they perceived as inevitable. Likewise, the 'Cynical Compliers'. while they appeared to be disengaged from what was happening, they were not aggressively undermining events.

All the respondents in this study experienced a degree of anxiety around what may be expected of them in their new role. This was equally true of the group identified as the 'Embracers' who, while optimistic about the changes, admitted to feelings of anxiety on initial transfer. Kotter & Schlesinger (1988) acknowledge that all people who are affected by the change experience emotional turmoil. They further contend that even changes that appear 'positive' or 'rational' involve loss or uncertainty. However, the 'Embracers', while acknowledging some feelings of anxiety, appeared to deal with this by becoming centrally involved in the change process and this allowed them to take control of the situation. On the other hand, the 'Conformers' and 'Cynical Compliers' were more reticent about becoming involved in the changes.

This quote serves to explicate this: -

> 'I think it is difficult because we are not on the same campus. I feel integrated into the faculty but not necessarily the institution. I think a lot of people would feel that. When you go to social events you find very few of the health staff which would suggest that they don't feel part of what is going on'
>
> (Site1 Ex7)

Trowler (1998), exploring the regularities in academic attitudes to change in higher education, particularly in relation to the introduction of the credit framework, highlights four broad categories of response to the changes. Trowler identified the categories as 'sinking', 'swimming', 'reconstructing' and 'coping strategies'. While there are superficial similarities to the three categories identified in this study, none of the respondents in this study suggested that the situation was so difficult as the respondents in Trowlers 'sinking' category.

However, as discussed in Chapter 4, one key element identified by the interviewees in the initial stages of the merger process was the number of staff who had accepted voluntary a redundancy package in preference to accepting a higher education contract (assuming they were in the appropriate age group).

This would suggest that the staff who had moved into higher education institutions had some choice, unlike the respondents in Trowlers study who were reacting to a policy decision that they had no control over. However, the differing context for the two studies is also important. The lack of such reactions in this study may also be due to the specific context of the study, and the relatively small sample size.

These typologies would need to be tested further to ascertain whether they are as clearly bound as suggested by this sample and within this context.

For the purposes of future merger planning, it may be possible to devise a formula based on the data identified in this study. This would measure individual characteristics and allow the planners to anticipate what strategies would be required for good merger planning to help reduce anxiety and help staff to cope with the process. This is important, not only for future research and good merger planning at organisational level, but also for policy makers.

Furthermore, institutions would be able to capitalise on the groups of staff identified as 'The Embracers' and utilise their enthusiasm to act as change agents, helping their peers to integrate into the organisation. This group relates closely to what Schein (1996) describes as the 'culture carriers', and could be used to develop what he describes as 'change teams' to act as role models and to show others what the new direction and thinking might be. These skills should be utilised irrespective of the level they are functioning at within the organisation. It is still a feature of nurse education that many of the issues are still considered as a hierarchy of tasks, and this attitude needs to be challenged.

CHAPTER 7

Conclusion & Discussion

This chapter seeks to collate the findings from the previous chapters and address the overall aims. The aims are included in the appropriate section below. These aims have been discussed in chapters four and five. The chapter then includes a discussion and recommendations, and finally concludes with the contribution to knowledge and some personal reflections on the research process.

Given the anecdotal evidence available regarding the mergers, the first aim was defined thus: -

(a) What are the nurse educators' views of the merger of nurse education with higher education institutions? particularly in relation to :-

(1) Terms and conditions of service

(2) Their role within the new organisation

(3) Links with clinical practice

As the literature review and study progressed, it became apparent that no research had been conducted specifically related to nurse education mergers in the United Kingdom. The body of empirical evidence was largely related to mergers outside of the education system, including nurse education, and was mostly drawn from Australia and America.

This study was designed to explore the views of nurse teachers in relation to the sub headings identified above and these will now be addressed.

Terms & conditions of service

Prior to starting this study, anecdotal evidence had suggested that one key area of concern was the contractual arrangements surrounding the mergers but this was not identified as a significant issue for the respondents in this study, who did not volunteer these as areas of concern.

Once the 'downsizing' had taken place and the agreed numbers had transferred into the institutions, the concerns around job security seemed to evaporate. It would appear that becoming part of a much larger organisation proved more of a challenge for the staff concerned. Meek (1988) suggests that some of the effects of merger experienced by staff is about being part of a larger organisation, and not necessarily as a direct result of the merger process. This was one area that was not explicitly explored in this study but could explain some of the experiences of staff who commented on the difficulty of coping in a larger organisation in particular in relation to communication networks and the increasing levels of bureaucracy that now existed.

Role within the organisation

Changes in role expectations and the division of labour caused a great deal of anxiety for staff. Several authors comment on this issue as being particularly problematic during mergers (Meek 1988, Cannon 1983).

Some of the respondents in this study felt ill prepared for their new role in higher education. The main areas of tension included ambiguity about their new role and the dichotomy between the professional and academic world. Many of the staff were at best unclear and at worst totally ignorant of how the higher education system worked.

However, it has to be acknowledged that these changes were taking place during a time of unprecedented changes in higher education. Trowler (1998) reflects on how the character, assumptions, practice and language had changed, relating this to the introduction of the credit framework. Other authors also commented on these changes that subsequently gained momentum, including widening participation and the increase in student numbers (Kogen et.al. 1994, Taylor 1999). Inherent within these changes was the changing of roles and responsibilities for staff. These changes were largely unnoticed by some of the respondents in this study which meant they had an unrealistic view of higher education.

Links with Clinical Practice

The difficulties of achieving any form of staff cohesion, along with the difficulties of integrating programmes into new structures, are two problems identified in the literature on mergers. These were also problematic features in this study, particularly where the structures of the different educational programmes to be merged are vastly different from the existing programmes. These issues were identified in relation to professional practice in higher education and are discussed in detail in Chapter 5.

One aspect of the nurse lecturers' role that appeared to make it more complex since the mergers was the clinical dimension. The dilemma facing nurse teachers over their clinical role is not new, but it takes on a greater significance in the light of increased staff development opportunities that centre on academic rather than clinical development.

The discussion about who should teach students in clinical areas is now part of the folklore of nursing history. Nonetheless, the dilemma may be exacerbated by the movement of staff away from hospital sites and into university accommodation. It is the nature of nursing that generates conflicting expectations from differing groups.

Consistency of Views across the Sector

The second aim of the study was to question whether there was any consistency of views across the sector, this aim was defined thus: -

> (2) Are these views consistent both internally within institutions of a given type and externally across the higher education sector (i.e. the views of staff in 'old' and 'new' universities, and university colleges?

One important aspect of this study was that, while there were substantial differences between the two institutions studied, both in size and geography, the issues raised by respondents appeared fairly consistent. However, the experience of staff within institutions varied considerably. Three varieties of responses were identified and these were categorised as the 'Embracers' the 'Conformers' and the 'Cynical Compliers'. These labels served to describe the differing response to the merger process and are discussed in detail in chapter 6.

Determinants of views

Finally, the third aim was to examine what determines those views. This aim was defined thus: -

> (3) What determines these views, for example, are they influenced by subject specialism, career pathways, professional identity or external influences?

Each of these factors appeared to impact to a greater or lesser extent on the response to changes identified in this study. Subject specialism and professional background appeared to influence the views expressed by the respondents, with staff from a mental health background offering a more positive picture of the merger process. However, the sample did not control for subject specialism, therefore the evidence here is inconclusive. It would appear that the most crucial factor influencing staffs' perception of the changes was the length of time spent in nurse education prior to the merger. Detailed discussion of these issues is set out in chapter 6. External influences appeared to have less of an impact than might be expected. During the initial merger preparations there was a view that the type of higher education institutions would have an impact on the views of staff with the geographical location of the Institutions causing concerns about whether staff could feel integrated when functioning some distance from the main institutional sites. This did not appear to be an issue for the staff in this study, with staff commenting on various processes that were implemented to ensure they were included.

Finally, the issue of professional identity was seen as extremely important by the interviewees. Some of the respondents were anxious to stress the importance of being identified with their professional colleagues rather than with their academic colleagues in higher education. This was commented on by staff stating that they saw themselves as nurses first and academics second.

In a study of this nature these determinants need to be viewed with caution. The data generated from the interviews and analysed in this particular study gave rise to these determinants. However, it is possible that in a broader context with a different sample and different phase in time other determinants may have been generated. As nursing becomes more integrated within the higher education sector other factors may become more influential. The changing nature of roles, with the academic role becoming more clinically focused, and the profession's aspirations to increase the number of lecturer/practitioner roles, would also impact on the determining factors.

Discussion

Some of the findings are not unique to this study, other authors have identified individual reactions to change, notably Kotter & Schlesinger (1988). However, the unique element of this study is the identification of the relationship between individual characteristics and their response to change, with the younger 'risk takers' being more enthusiastic about the changes, while the longer serving nurse teachers were more restrained in their response to the changes.

Schein (1990), commenting on the effects of merger on organisational culture, supports the argument offered by Taylor et al. for good merger planning and states that to avoid conflict organisations need to engage in more pre-merger planning or offer training and integration workshops.

This, according to Schein, would help to reduce the potential problems of reaching consensus at the level of artifacts and values while remaining in conflict at the level of underlying assumptions. This caution resonates with the experiences of staff in this study, particularly in relation to the 'Conformers' and 'Cynical Compliers' who are prepared to accept the situation without engaging with the more deep-seated changes in role expectations. In other words they have accepted the changes at a superficial level without changing any of their underlying philosophy. Perhaps there is an issue around the time needed for staff to become involved in the new organisation, because I made the point earlier that some staff appeared to be taken by surprise at the speed of change.

Authors such as Meek and Taylor et al. also caution against the expectations that mergers will result in rapid change and suggest that this may not be achieved until there is complete changeover of staff. This argument relates to the mergers discussed here, where there is unlikely to be much opportunity for staff movement, and it also raises issues about staff development.

The study offers a snap shot at a particular point in time and does not make any claims to be generalisable to other institutions or populations. However, I believe that many nurse lecturers will identify with the experiences recounted by the respondents in this study.

Taylor et.al. recognise the importance of planning and evaluation in the merger process, but as yet there are no plans to evaluate the mergers discussed here. It is hoped that this study will go some way to develop the debate.

A useful reminder from the literature is the comments of Burkhardt (1994) that we are only beginning to learn how collegiate mergers can best be planned and goes on to say

> 'Higher Education mergers are not bold collisions of magnates. They are nervous, protracted affairs requiring a special courage, deep pragmatism, and many sensitive deliberations. And they require a kind of planning that is new in education'.
>
> (Burkhardt 1994 p19)

The findings discussed here raise some interesting issues for the future of nursing within higher education institutions. Perhaps the greatest surprise was the diversity of opinions, both within and across organisations in the sector which reinforces the question already discussed by Meek in the literature about how effectively these processes can be managed in the face of such diversity.

While nurse education is now firmly established in higher education, there are still some concerns regarding how integrated such programmes of study can be.
The literature on mergers highlights the differences between merger, acquisitions and integration, acknowledging the fact that mergers may be undertaken fairly

quickly but that the integration of staff and process requires a great deal of time and effort.

One lesson to be learned from this study may be that, while all the mergers are now complete, schools of nursing and midwifery can sometimes remain marginalised within higher education. Nursing staff feel that, while there was some effort initially to integrate them and consider their particular difficulties, once the merger had occurred they were, at best, ignored. There may good reason for this, but while these feeling persist opportunities for collaboration will be missed.

As discussed in Chapter 6 the main difficulties would appear to be attempting to superimpose a 'higher education culture' of autonomy which is person focused, onto a 'Health Service culture' of hierarchy which is task orientated. Handy (1993) points out that it is possible for various cultures to exist simultaneously in large organisations. However, to achieve this in any kind of coherent way staff from both sides need to make themselves aware of the opposite culture. Where one culture is seen to be large and dominant (academic culture) and the other small and subservient (nursing culture) there may be a tendency to feel marginalised. The challenges will be to encourage staff to learn to co-exist, and this requires development. This type of sharing should allow colleges of nursing to absorb the culture of the institution that they join and also to influence it as it evolves.

Limitations of this study

It has to be recognised that this was a small-scale study of eighteen nurse lecturers undertaken on two case study sites. The respondents and the sites are fairly typical of the national picture, and whilst I would intuitively consider that the experiences are typical of lecturers' experience in other institutions, more research is needed to explore the validity of the three types of behaviours in other groups.

However, it does highlight some interesting features, not least the variation in responses to the mergers. It was unfortunate that access to the third site was not available; however, I believe that the data generated from the other two sites gives a good insight into the experience of the staff at this level. One area where the third site would have been particularly helpful is the questions around the higher education culture. My view is that the differences experienced by staff would have been more acute in the 'old' universities. However, there is no empirical evidence to support this, other than from the history of other subject areas, and I did expect that in the 'new' universities and 'University colleges' this would have been more of a concern than it appeared to be to the respondents in this study.

Controlling for age and gender would have allowed me to distinguish between what might have been significant variables. In retrospect, had I been aware of the

variation in response, I may have reconsidered that line of questioning during the interviews. The predominantly qualitative methodology, by necessity, makes the findings tentative. Further research is needed into the groups identified to test the reliability of the data.

Recommendations

There is a paucity of material available about the mergers of nurse education into higher education. This study serves to illuminate some of the issues involved. It would be useful to replicate the study on other sites to test the typologies while controlling for some of the variables like gender, age and specialism.

Devising an evaluative tool, possibly a questionnaire, to measure the characteristics of each group, could further extend the typologies model. This would be useful for staff preparation and development prior to and following a merger process and would allow for more structured planning. To consolidate the process and integrate colleges of nursing into higher education more research is needed to;

- Evaluate the process
- Ascertain what the key issues are for staff
- Provide specific staff development opportunities
- Identify models of good practice
- Identify key personnel to act as change agents

Personal Reflection

While undertaking the doctoral programme I have investigated a variety of topics that have culminated in this study on the process of transition from colleges of nursing and midwifery to higher education institutions. Other works that have influenced this study have been the case studies on the professionalisation of nursing, the assessment of practice in a higher education context and the study on the integration of nurse education into higher education, which served as a pilot for this main study. The links between professionalisation and the move into higher education are well documented in the literature, as are the concerns about the value of practice and how practice can be assessed in a purely academic environment. All of these issues served to influence my choice of topic for this study and my wish to understand the views of staff who were centrally involved in operationalising these initiatives.

I began this research with certain beliefs about the process of merger, arising from my own experience as a member of staff having undergone a merger process and also as a manager centrally involved in merging a college of nursing and midwifery with a higher education institution.

My experience and informal discussions suggested to me that the experience of staff, particularly at lecturer/senior lecturer level, was particularly negative, and that anxieties about terms and conditions and job security was of paramount importance. Following my first two interviews I realised that I was pre-judging the

issues and that, far from discovering a consistency of views across the sector, respondents within one organisation gave me very different views. The surprising but more pleasant finding was that, far from being a universally negative experience, some of the nurse lecturers had described very much more positive experience views then I had expected. This group appeared to have 'grown' and developed, taking on board the opportunities available to them and allowing them almost to 're-invent' themselves in a whole new role.

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Appendix 1

Interview Schedule

What I would like to do is look at the following area:-

- *- How you first knew about the integration*
- *- What you did prior to integration*
- *- What changed on integration*
- *- What is different now.*

Perhaps we could start with the ......

What was your role in nurse education prior to integration?
    (a) Did you have a job title?
    (b) Has that changed since?

- *How did you feel when you first heard about the integration of nurse education in to higher education?*
    - *(a) How did you come to hear about it?*
    - *(b) Was there any consultation?*

- *What was your primary experience on first integration?*

- *Can you recall that initial phase following integration?*
    (a) How did you feel?

- *Lets take the day it started did anything feel different?*
    - *(a) Do you have any examples?*

- *Has the job changed?*
    - *(a) What sort of things do you do now that you did not do prior to integration?*
    - *(b) Do you feel different?*
    - *(c) How much difference has it made?*
    - *(d) Do you do these things willingly?*
    - *(e) Are there things that cause you pain?*

- *Did it make you feel different as a nurse or teacher?*

  - *(a) What felt good?*
  - *(b) What felt uncomfortable?*
  - *(c) How did you deal with these things?*
  - *(d) How far and in what ways did it change you?*
  -

- *Are there limitations for nurse education within higher education?*

  - *(a) Do you think there is something called a higher education culture?*

- *What impact has the merger had on the higher education culture?*

  - *(a) Do you have any examples?*
  - *(b) Does it include you in any way?*
  - *(c) What strengths did nursing bring in?*

- *How much of your time is spent doing what you always did?*

- *Did the integration impact on your personal or social life?*

  - *(a) Impact on self-confidence?*
  - *(b) Do you feel different?*

INFORMATION FOR PARTICIPANTS

Dear Colleague

' A Case Study of the Experiences of Nurse Teachers Following the Merger of Nurse Education with Higher Education'

This PhD study is supervised by staff in the Department of Educational Research University of Lancaster.

The study aims to explore the views of staff in former Colleges of Nursing and Midwifery who were centrally involved in the integration process. The study will concentrate on the views of staff at nurse teacher/lecturer/ senior lecturer level, the aim being to capture the views of the largest and often the least vocal groups.

With the above in mind, you are invited to attend an interview that will take place at a time and venue that is convenient to you.

The verbal information arising from the interview will be audiotaped to provide qualitative data for the study. All information collected via this method will be transcribed into text for subsequent analysis. The identity of the interviewee and any individuals referred to during the interview will be strictly confidential. The data will be used for the purposes of this study only and will be destroyed at a suitable time following the completion of the study.

You are under no obligation to contribute to this study, but should you wish to consent initially, you are free to withdraw at any time at you discretion.

Thank you for taking the time to read this invitation. Your participation would be greatly appreciated.

Morag MacNeil

INFORMATION FOR PARTICIPANTS

STATEMENT OF CONSENT

I have read and understood the information for participants related to the above study. I therefore give my consent to participate in the interviews outlined. This consent is given on the understanding that the interviews will be audio – taped, that I am free to withdraw at any time at my discretion, that the data collected will be treated confidentially and used only for the purposes of the study.

Signed (Participant)......................................Date

Signed (Researcher)......................................Date

APPENDIX 4

DATA ANALYSIS

TAPE 3 SITE 1

	LINE BY LINE ANALYSIS	CONCEPTS
1	Defined role in Nurse Teaching	Roles & Responsibilities
2	Manager unilaterally decided on the move	Leadership/ Management
3	Did not feel part of the negotiation	Dialogue
4	Management not my thing	Dialogue
5	Would have liked to have checked out other options	Leadership/ Management
6	This college was limited in H.E. background	Leadership/ Management
7	Largely to do with management style	Leadership/ Management
8	All sorts of management things going on – do not understand them	Leadership/ Management
9	Just keep doing my job	Contractual Issues
10	Other colleagues had significant problems	Contractual Issues
11	Again it was the management style	Management/ Leadership
12	I was aware of a lot stress	Impact on Self
13	Personally just kept going with programmes	Contractual Issues
14	If you like opted out of the discussion	Dialogue
15	Just went along with what was happening	Dialogue
16	Received copious reassurances before hand	Dialogue
17	Thought they were protesting too much	Dialogue
18	Have been as good as their word	Contracts
19	Kept our contracts – kept salaries - positions	Contractual issues
20	Moved onto the S/L grade - improvement	Contractual Issues
21	Pension rights and everything retained	Contractual Issues
22	Specified amount of teaching in contracts	Contractual Issues
23	Did not know what that meant	Contractual Issues
24	This took a bit of getting used to – I confirmed it was easier	Contractual Issues
25	There was some redundancies in midwifery – I think there was another agenda there	Contractual Issues

26	Holidays improved – scholarly activity – no one actually sure what that means	Contractual Issues
27	Basically it means that if I want a week off whether I call it scholarly activity or holiday makes no difference	Autonomy
28	This is certainly a lot better	Autonomy
29	You do feel in control – I can go for a walk in the morning, work in the evening	Autonomy
30	I have the flexibility as to what to do	Autonomy
31	Working environment is much better	Autonomy
32	The old NE set up was a continuation of nursing – an old fashioned discipline	Autonomy
33	Had to arrive at 8.30am and leave at 4.30pm	Roles & Responsibilities
34	I think my productivity is much higher now and quality is better	Autonomy
35	Virtually no one abuses the system	Autonomy
36	Most appreciate the level of autonomy given	Autonomy
37	Obligatory clinical time – 20% practice	Roles and Responsibilities
38	Over the last year I haven't had time to do any clinical	Roles and Responsibilities
39	This includes link visits	Roles and Responsibilities
40	I would like to do more clinical – I think it is useful	Devaluing Practice
41	Point of integration – I felt ok – I kept my head down	Devaluing Practice
42	Did not get too involved	Devaluing Practice
43	Did not impact on my life outside	Impact on Self
44	Not quite sure what to call myself	Impact on Self
45	Benefits of coming in – getting rid of the 'pettiness' of NE	Impact on self
46	Developed things like research skills – might call academic skills – interesting stimulating	Academicisation
47	Felt comfortable supervising degree students	Academicisation
48	Added extra layer to job	Roles and Responsibilities
49	It is a bit of a game this academic – you have got to work out how to get your publications	Being Scholarly & Doing Research
50	Felt like I was just 'learning the rules'	Being Scholarly & Doing Research
51	Did not feel I was learning anything that was going to be intrinsically useful – a lot of Bureaucracy	Bureaucracy
52	Learning the rules of academicisation	Academicisation

53	Now that I have supervised research dissertations I know more about the research process – that is helpful	Academicisation
54	Yes there is definitely a HE culture – lots of Paperwork	Bureaucracy
55	Academics take themselves very seriously	Being Scholarly & Doing Reseach
56	Different leadership styles – every management says they are democratic – its rubbish	Leadership / Management
57	New boss here is a democratic leader	Leadership/Man.
58	This changed quite a lot for us	Leadership/ Management
59	HOD is an exceptional manager – feel supported – constructive suggestions	Leadership/ Management
60	Much less of a hierarchy – having said that senior college management is fairly staid	Leadership/ Management
61	They have made a lot of money out of NE	Leadership/ Management
62	My main role is teaching	Roles and Responsibilities
63	Management of students is still very much NE ethos	Roles and Responsibilities
64	We compromise the professional bit to fit in	Devaluing Practice
65	Courses are professionally and academically assessed by academic more important	Devaluing Practice
66	Students are unlikely to be discontinued for disciplinary reasons	Devaluing Practice
67	Students discontinued if they fail exams	Devaluing Practice
68	Procedures are no different than old NE system	Devaluing Practice
69	Enlargement of post-reg portfolio	Devaluing Practice
70	This is to do with demand – academicisation – move to get degrees	Academic Development
71	Academicisation and move into HE is all part of that	Being Scholarly & Doing Research
72	Not in favour of nursing being too academic	Academic Development
73	Does not transpose into the real world	Academic Development
74	I now feel more and more a lecturer and less and less a nurse	Impact on Self
75	I don't feel it has changed me as a person	Impact on self
76	A lot of what I do is quite interesting	Impact on self
77	I have low boredom threshold	Impact on self
78	It is my life in a sense	Impact on self
79	Feeling pressured by academic life – supervision – doing research - high expectations	Being Scholarly & Doing Research

80	Constant pressure to improve qualifications	Academic Development
81	Impact of nursing on HEI'S minimal	Bureaucracy
82	Is it a merger or is it a take-over	Bureaucracy
83	Strong need to comply with the way things are done	Roles and Responsibilities
84	Our ways of doing things were rejected	Academicisation of Nursing
85	All assessment boards, validation boards etc. are HE oriented	Acadmiscisation of Nursing
86	More accepted now	Academicisation of Nursing
87	Initially there was a feeling of who are these 'tradesmen'	Academicisation of Nursing
88	Do not integrate that much – different sites	Dialogue
89	The feeling of belonging to University is there- need to be well qualified	Academic Development
90	Geographically it is difficult – a lot of meetings to attend	Bureaucracy
91	Prefer to keep near hospitals	Valuing Practice
92	Moving around campuses makes the job difficult	Roles and Responsibilities
93	Got rid of pettiness	HE Culture
94	Got rid of hierarchy	HE Culture
95	We have freedom	Autonomy
96	Lots of interesting things happening	Autonomy
97	Good deal in all respects	Autonomy
98	Main thing is I am free to do as I like	Contracts
99	I would rather be in HE	Autonomy
100	Any unhappiness is due to constraints of work and being in big departments	Impact on self
101	Not much involvement in inter-disciplinary courses	Impact on self.

APPENDIX 4

DATA ANALYSIS

TAPE 5 SITE 1

	LINE BY LINE ANALYSIS	CONCEPTS
1	First heard from information from Region RCN	Dialogue
2	Felt involved in the negotiations	Dialogue
3	Teaching role prior to integration	Roles and Responsibilities
4	Had a clearly defined role	Roles and Responsibilities
5	Been involved in the formation of the college in 1989	Roles and Responsibilities
6	Rapidly moving escalation of change and progression	Roles and Responsibilities
7	Had some fears and uncertainty in the move	Impact on Self
8	Feelings that this was exciting – lets grab it	Impact on Self
9	Felt it was an opportunity to improve NE	Academication of Nursing
10	First meeting I attended feelings were running high about leaving the NHS	Dialogue
11	My feelings were this is a policy decision lets get on board	Dialogue
12	I was interested in getting a collective voice	Dialogue
13	Interesting experience to be involved in	Impact on self
14	Don't think anything changed immediately	Roles and Responsibilities
15	Subsequent years – development of courses	Roles and Responsibilities
16	Management structure changed	Leadership Management
17	Lots of redundancies at middle management level	Contractual
18	Admin fell onto tutors	Roles and Responsibilities
19	This helped me to get involved in other things	Roles and Responsibilities
20	Become more autonomous – representing my students at exam boards	Autonomy
21	Down side you probably have to attend more meetings	Autonomy
22	I have more control over what I do	Autonomy
23	I manage and take responsibility for my workload	Autonomy

24	Increasingly more responsibility for quality management	Bureaucracy
25	A lot more management emerged into role	Roles and Responsibilities
26	Involved in curriculum development	Roles and Responsibilities
27	Lots of other responsibilities	Autonomy
28	More management role	Autonomy
29	Less knowledge of students due to numbers	Autonomy
30	No longer able to identify students with a problem	Autonomy
31	Contracts carried over to university	Contractual issues
32	Open style of communication	Dialogue
33	Respected our existing contracts – increased salary	Contracts
34	More leave and scholarly activity	Being Scholarly & Doing Research
35	It was a positive move	Autonomy
36	We were lucky because we all came over on permanent contracts	Contracts
37	Still geographically dispersed	Impact on self
38	Feel a little bit isolated – although moved on to city centre site	Impact on self
39	I was getting involved from the beginning	Impact on self
40	Once I saw the possibilities – I wanted to be involved	Impact on self
41	I was involved in lots of committees	Impact on self
42	I also got involved in other sections in the faculty	Impact on self
43	I feel part of the University – I like the graduation ceremony even the fact that you can say 'I am a University Lecturer'	HE Culture
44	The dream of University Life	HE Culture
45	The reality of university life is pretty vain but it is a fantasy	HE culture
46	A lot of meetings and planning	HE culture
47	There is the possibility of losing site of the trusts	De-Valuing Practice
48	We try to maintain our links but it is much more difficult	De-Valuing Practice
49	You still need a lot more time to maintain the clinical role	De-Valuing practice
50	He culture – three years into it and you feel absorbed	HE Culture
51	Work fairly flexible hours	Autonomy
52	Students take responsibility for themselves	Autonomy

53	Some staff and students find if difficult because they don't have the self-discipline	HE culture
54	Interested and involved in research	HE culture
55	Merger has been handled well here	Leadership/ Management
56	Could not have stayed with the NHS and moved on	Autonomy
57	I have a lot more opportunities now	Autonomy
58	I like the Autonomy and Independence	Autonomy
59	We had to change to meet the University requirements	HE culture
60	They said they would take best practice but that did not happen	Academicisation Nursing
61	I don't think we have influence on the HEI'S	Academicisation Nursing
62	The links with practice is the most difficult	Devaluing Practice
63	They don't see practice as important	Devaluing Practice
64	See ourselves as nursing professionals who teach	Academicisation Nursing
65	This professional issue is a likely conflict area particularly in relation to student discipline	Academicisation Nursing
66	Has not changed me much – I enjoy what I do	Impact on Self
67	I coped well with the change	Impact on Self
68	I have engaged with what is going on	Impact on Self
69	I have control over my life	Autonomy
70	I like the autonomy	Autonomy