Student perspectives on satisfaction with learning in Bachelor of Nursing programs in Australia: A constructivist grounded theory study

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Abstract

Student satisfaction is becoming increasing important as a quality measure in undergraduate programs, including nursing programs, globally. To date theories of student satisfaction have focused primarily on students’ perceptions of the educational environment rather than their perceptions of learning. Understanding how students determine satisfaction with learning is necessary if schools of nursing are to better understand measures of overall satisfaction and balance the requirements of multiple stakeholders.

The aim of this study was to explore and better understand students’ satisfaction with learning in undergraduate nursing programs. Constructivist grounded theory methodology, underpinned by symbolic interactionism, was used to identify how students determine satisfaction with learning. The setting for the study was two large, multi-campus nursing schools located within Australian universities. The campuses were city based, metropolitan, semi-rural and rural. One school of nursing offered a program that was designated as online.

Seventeen demographically diverse undergraduate nursing students, studying different stages of a three-year program, participated in twenty-nine semi-structured interviews. Participants were asked to describe situations where they had been satisfied or dissatisfied with their learning. Analysis was conducted according to guidelines for constructivist grounded theory.

The substantive theory developed suggests that students are satisfied with learning when they shape a valued learning journey that accommodates the social contexts of the self, the university and the nursing workplace. The basic psycho-social problem, therefore, is negotiating a valued learning journey that accommodates the self, the university and the nursing workplace. Students are diverse. They have diverse lifestyles, commitments, abilities and attitudes to their study. The university and the nursing workplace are experienced differently. Workplaces where nurses work are complex and unique.
Students must create meaning across contexts if they are to experience learning of perceived value and be satisfied with their learning. The basic psycho-social process, ‘shaping a valued learning journey across the Bachelor of Nursing program’, has three phases. In phase 1 students orient themselves to valued learning in the pedagogical landscape. They identify knowledge requirements and expected standards, making judgments about the relative worth of what they are learning. When they identify they are studying knowledge of high perceived worth and can adjust their lives so that learning of perceived worth is possible they are positioned to become satisfied with their learning. In phase 2 students seek valued learning experiences across diverse pedagogical terrain. They seek learning experiences of value online, on campus and in the nursing workplace. Those students who are able to experience learning of their choosing are more satisfied with their learning than those who are less able to do so. In phase 3 students evaluate their learning as they progress through the program and judge the value of their knowledge acquisition. Where students acknowledge their learning achievements as worthwhile and timely they are satisfied with their learning. When their knowledge acquisition is valued less, or their understanding takes longer to acquire than they anticipate, they are less satisfied with their learning. Similarly, where students recognise a developing, valued, professional identity in the present and for the future, and the grades they receive meet their self-expectations, they are satisfied with their learning.

Strategies for enhancing satisfaction with learning ensure all students have the necessary personal, social and economic resources to succeed and a realistic understanding of what the Bachelor of Nursing program entails both on enrolment and as they progress through the program. Programs that are sufficiently flexible to accommodate students’ individual situations, plans, hopes and dreams are required.

In conclusion, when students experience a valued learning journey they are satisfied with their learning. When they struggle to do so they are less satisfied. A valued learning journey is an experience that is unique to the individual, changes over time, and may be transient or sustained, mild or intense. Findings from the research indicate how students, nurse academics and nurse clinicians can facilitate satisfaction with learning in
undergraduate nursing programs while still being mindful of the learning requirements for professional nursing practice.
Statement of originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.
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CHAPTER 1

Background, question and significance

Introduction

This research thesis explores student satisfaction with learning in Bachelor of Nursing programs in Australia. Student satisfaction with different aspects of the Bachelor of Nursing program was of interest to me for several years prior to commencing this study. Prior to commencing the study, I was a nurse academic working in a school of nursing with a large Bachelor of Nursing program. I had coordinated many undergraduate courses and always worked hard to structure courses so they made sense to students and were pedagogically sound. Over the years I had implemented, and evaluated, from student and staff perspectives, a range of educational initiatives. What struck me as interesting was that the students’ overall rating of satisfaction was sometimes at odds with their other comments about the quality of an educational initiative. In addition, some initiatives that were widely accepted as educationally valuable, group work in particular comes to mind, were not well received by students, some of whom expressed extreme dissatisfaction with assessed group work requirements. I am a pragmatic person and I seek to find solutions for existing problems. For several years I puzzled over how students determined satisfaction with different areas of the Bachelor of Nursing program. I struggled to make sense of what was happening, so I thought I needed to learn more so that I could work to improve experiences for students and prepare them as effectively as possible for their future roles as registered nurses, while also meeting the expectation of the university that students would be satisfied with their higher education experience.

In undertaking research in the area of undergraduate student satisfaction with Bachelor of Nursing programs I was conscious, and remain so, of my position as an academic member of staff. I was mindful that my position as a nurse academic, and my years of experience, would influence how I interpreted what participants said to me. It was a long time since I had been an undergraduate student myself. I was acutely aware that the risk that I would not listen, really listen, and understand was high. This acknowledged, I have always been mindful of the importance of students’
perspectives, enjoyed interacting with students, and sought to make their educational experiences as meaningful as possible. A few years ago, I developed a clinical assessment tool for a nursing course I was coordinating and teaching. As a summary statement on her clinical assessment form, one student wrote:

I found this evaluation quite a hard task to complete. I’m not sure why. Maybe because it brought out many traits in my personality which I possibly did not realize I had and then had to work them in to my practice. This is a very frustrating and thought-provoking tool. Not sure I like it though.

The above statement suggests student satisfaction with learning is potentially complex. It suggests that learning is a process that can be frustrating and annoying as well as rewarding. The frustrations inherent in learning have potential implications for satisfaction. The complexity inherent in student satisfaction with learning is the topic explored in this thesis.

This chapter introduces the research reported in this thesis. It commences with an exploration of student satisfaction in higher education in Australia. Next, student satisfaction with Bachelor of Nursing programs in Australia is explored. This is followed by a statement of the problem, the aim of the research and the research question. Finally, the significance of the research for nurse academics teaching in Bachelor of Nursing programs in Australia is outlined.

Background to the research

There are social benefits of a more highly educated workforce and community, and therefore benefits of students completing their degrees. More students complete their degrees when they are satisfied with their higher education experience (Bradley, Noonan, Nugent & Scales, 2008). A quality higher education experience provides students with skills and opportunities that enhance their employment opportunities, while business innovation and the Australian economy benefit from a more highly educated workforce (Australian Government, 2016). Students often benefit from possessing a degree through enhanced lifetime earnings (Norton, 2016) and potentially more interesting employment. Students who complete their degrees
because they are satisfied boost the finances of higher education institutions and reassure governments that taxpayer funds have been utilised well.

To understand nursing students’ satisfaction with learning it is first necessary to explore student satisfaction in higher education institutions in Australia in the twenty-first century, including student satisfaction with Bachelor of Nursing programs. Such understanding provides context to the student experience.

**Student satisfaction and the higher education sector in Australia in the twenty-first century**

Higher education is central to growth in the Australian economy. Higher education is vital to Australia’s continued economic growth and so higher education policy is driven by the needs of the economy and free market ideologies (Darwin, 2016). Darwin (2016) also suggests the principles of market liberalism have been used in higher education to increase quality and drive costs down. Like other services subject to consumer-driven principles, efficiency and quality are driven by each individual student exercising their choice as a consumer in the higher education marketplace (Darwin, 2016).

Student satisfaction is monitored by higher education institutions in order to capitalise on student choice. Satisfied students are important if individual higher education institutions are to prosper. Student satisfaction is gauged through teaching, unit and program evaluations measured predominantly by surveys (Shah & Nair, 2012). The Australian Government also surveys students and graduates about their perceived satisfaction (Social Research Centre, 2018). The findings of such surveys are used to facilitate course improvements that enhance the student experience, reward high performing staff and manage those perceived to be performing poorly (Darwin, 2016).

While student satisfaction is a major policy driver in higher education in Australia, achieving it is not without challenges. There has been rapid growth and development in the higher education system in the last thirty years. In 2014 there were more than one million domestic students (more than double the number of students in 1989) and another 350,000 international students (Australian Government Department of Education and Training, 2015). For this large number of socially diverse students, universities are required to provide satisfying educational experiences. Institutions are expected to encourage participation by all groups in society, provide flexible study
opportunities and support structures that maximise the likelihood of student success, optimise opportunities for transfer between education providers, and ensure students have a rewarding and stimulating higher education experience (Bradley et al., 2008). Increasing numbers of students must be educated efficiently and effectively within demand-driven funding arrangements (Australian Government Department of Industry, Innovation, Science, Research and Tertiary Education, 2012). Meeting all these expectations is complex and demanding for universities.

Satisfied students are more likely to be retained in programs. The community benefits from students continuing in their studies if they become more knowledgeable and highly skilled as a consequence. Satisfied students are more likely to complete their undergraduate degree (Bradley et al., 2008) and universities maximise their funding if students are retained. Increasingly universities are closely monitoring retention rates, particularly of students in their first year (Kift, 2009). If dissatisfied students quit their studies the funding they bring to their institution is lost. If students fail to succeed they may criticise the university to others (Alves & Raposo, 2007), including future students, putting in jeopardy much-needed future funding through the loss of future student enrolments.

Satisfied students enhance the image of their higher education institution, supporting the recruitment of future students. Future students seek information on programs and institutions when considering future higher education study. In Australia the recruitment of future students is influenced by the satisfaction ratings of current students reported in The Good Universities Guide, which is available to potential students as an annual publication (Good Education Group, 2019) that can be downloaded online. Potential students can use the Good Universities Guide website to search and compare programs (Good Universities Guide, 2018a) and to find and compare higher education institutions and fields of study (Good Universities Guide, 2018b). Increased student satisfaction positively influences what appears in the guide, promoting a more positive image of institutions and their programs to potential students.

The satisfaction-related information reported in The Good Universities Guide (Good Education Group, 2019) is based on data collected from current students. Universities are ranked according to the percentage of students who indicate satisfaction with the learning resources provided, skill development, student support, teaching quality and
overall experience. Percentages for all rankings are provided at the level of the institution. *The Good Universities Guide* (Good Education Group, 2019) is an influential publication for recruitment of future students but detailed information on satisfaction from the perspective of the students surveyed is absent. Satisfaction data used in *The Good Universities Guide* is sourced from the ‘Student Experience Survey’ (Good Education Group, 2019). The survey is funded by the Australian Government, which wants students to be satisfied with the higher education experience in return for the considerable taxpayer investment in the higher education sector. The Student Experience Survey will be discussed further shortly as it provides additional, slightly different, information on student satisfaction for potential future students, universities and governments to that in *The Good Universities Guide*.

The complete findings of the Student Experience Survey mentioned above can be accessed via the Quality Indicators for Learning and Teaching (QILT) website, which is managed by the Social Research Centre, an Australian National University business enterprise, with funds from the Australian Government (Social Research Centre, 2018). The Student Experience Survey reports on skills development, learner engagement, teacher quality, student support and learning resources. Unlike *The Good Universities Guide*, which reportedly uses data from the Student Experience Survey, the actual report of the Student Experience Survey does not use the term ‘satisfaction’ in relation to findings, instead referring to ‘% positive ratings’ or similar terms (Social Research Centre, 2017). Satisfaction is implied by a high percentage rating. The data is reported quantitatively at the area of study level and there is no indication as to what the data might mean for quality improvement within any particular program within a given institution.

The Course Experience Questionnaire (CEQ), part of the Graduate Destination Survey, is another important source of information for universities and governments on student satisfaction with their higher education experience. The CEQ is a generic instrument that is administered to all graduates of undergraduate and postgraduate course work programs in Australia to identify their perceptions of their higher education experience, with indicators related to overall satisfaction, good teaching and generic skills (Social Research Centre, 2018). Since 1993 the CEQ has been the most significant source of information on students’ perceptions of their satisfaction with higher education in Australia (Social Research Centre, 2018). While the CEQ has
been found to be valid and reliable in Australia (Cannon, 2001; Talukdar, Aspland & Datta, 2013), and internationally at the institutional level (Wilson, Lizzio & Ramsden, 1997) it has not been without critics. For example, Curtis and Keeves (2000) provide evidence of both measurement and analytical problems with the instrument. The data and analysis provided are broad in scope with little information about how graduates perceive programs could or should be changed to address specific concerns.

Mindful of the significance of data collected through the CEQ and Student Experience Survey, many higher education institutions use in-house surveys to identify current students’ perceptions of courses including their perceived overall satisfaction. These are often based on CEQ items (Tucker, Jones & Staker, 2008; Shah & Nair, 2012) but in the future will no doubt more closely reflect the Student Experience Survey, a reasonably recent addition to the suite of publicly available surveys, which will enable students, universities, government and employers to compare rankings across institutions and major areas of study. Data from these local surveys provide information on how courses and programs are perceived by students. Surveys are unique to each institution, and are used to improve individuals’ teaching practice, and determine and monitor strategic change across the organisation (Darwin, 2016). This information is usually not reported outside individual institutions. The findings of these surveys are usually used for internal quality improvement and quality assurance purposes (Darwin, 2016). The findings of the surveys are considered important and highly influential in decision making, impacting not only on the educational experiences of students but also the working lives of staff. In many universities survey findings are required when staff apply for internal promotions.

Students’ expectations of satisfaction with their higher education experience are likely to remain high into the foreseeable future given their personal financial contribution. Increases to student fees could potentially see student satisfaction become more important than it is now. Eccleston (2015) reported in the mainstream media that universities argue that, without additional taxpayer funding, alternative funding solutions are required to maintain learning opportunities for students. One such proposal to increase available funding was put forward by the Australian Liberal Government in 2014 in the form of fee deregulation. This policy could have resulted in the cost of a degree increasing by 30–50 per cent, with modelling suggesting some degrees could cost as much as $100,000 or $200,000 (Kniest, 2014). The proposal
Morgan Roberta Smith was not pursued following community and political opposition. More modest policy changes proposed by the Australian Government in the 2017 budget, however, were to see students’ personal contributions rise and the income level at which loans are repaid reduced (Australian Government, 2017). This proposal was blocked by the Senate and the government then chose to freeze government funding to universities at 2017 levels until 2020 (Kniest, 2018). In Australia, students’ personal financial contribution to higher education is one of the highest in the world (Australian Government Department of Education and Training, 2015), providing some insight into why further increases to student fees are unpalatable to many. That aside, solutions are still required as students may yet face even higher costs. It is not unreasonable for students to expect to be satisfied with their higher education experience given their significant personal financial contribution.

There are multiple stakeholders in higher education and each group perceives satisfaction within the sector differently. Stakeholders in higher education include, but are not limited to, governments, universities and students. Lawson, Leach and Burrows (2012) suggest that measures of satisfaction depend on the point of view of the stakeholder, suggesting universities are satisfied with completion rates, graduates are satisfied if they are skilled for employment and governments are satisfied when skilled graduates contribute to economic growth. Therefore, how satisfaction is judged is specific to each stakeholder.

Central to the twenty-first-century higher education agenda is skilling students for employment in those areas required by a modern economy, that is, employment in innovative areas of industry and business that require advanced knowledge and skills (Australian Government, 2016). Significant outcomes of a university education from the perspective of the federal government, as a funder of the sector, include employment rates following graduation and commencing salary as well as employer satisfaction (Social Research Centre, 2018). Employers want skilled graduates and students want to be adequately prepared for the workforce on graduation. Universities have a central role in educating the workforce of the future and that requires learning, suggesting that learning is a likely influence on students’ satisfaction, including overall satisfaction.

In summary, Australian Government funding and accountability requirements that foster competition between institutions, a demand-driven system, The Good
Universities Guide, the Student Experience Survey, institution-based surveys, and education for graduate employment will ensure student satisfaction with undergraduate programs remains high on the agenda of higher education institutions. Student satisfaction with learning specifically is likely to be important because of workforce requirements and expectations. Student satisfaction with higher education in Australia in the twenty-first century is important for all students, but unique issues exist for different areas of study and cohorts of students, including Bachelor of Nursing students.

Student satisfaction and Bachelor of Nursing programs in Australia

Nursing students that are satisfied with their educational experience leads to increased recruitment of future students and retention of current ones. Recruitment and retention of students into Bachelor of Nursing programs is necessary if the universities that offer the programs are to secure what, in total, is a significant amount of Australian Government funding. In 2018 most universities offered degree-level nursing programs with a total enrolment of 77,217 students (Good Education Group, 2019). This is a large number of students, attracting a lot of funds to higher education institutions.

Satisfied students are also necessary to secure the future nursing workforce. Students need to complete their undergraduate degrees to be eligible to register as nurses with the Nursing and Midwifery Board of Australia. Currently there are nursing graduates struggling to find employment, but this is likely to be temporary as workforce projections suggest that in the foreseeable future more nursing graduates will be required to replace the rapidly ageing nursing workforce (Fedele, 2016). Currently four out of every ten nurses and midwives are aged 50 years or older. In Australia the average age of nurses and midwives is 44.5, with 39 per cent aged 50 and over (Australian Institute of Health and Welfare, 2017). A report by Kronos Australia (2012) suggested that one in five nurses plans to leave the workforce in the next five years and 51 per cent in the next ten years. Effective recruitment and retention of students into Bachelor of Nursing programs is necessary if there are to be sufficient registered nurses to meet the demands of health care services moving into the future. The retirement exodus can only be managed if Bachelor of Nursing programs can recruit and retain sufficient students to meet future demand. This requires a large number of nursing students who are sufficiently satisfied with their educational
experience to complete the program and then register with the Nursing and Midwifery Board of Australia.

It is insufficient for students to be recruited, retained and graduate from Bachelor of Nursing programs. To practise effectively as registered nurses on graduation, students must develop sufficient skill while in the Bachelor of Nursing program to fulfil this role. Health services not only require a sufficient supply of graduates to assist with workforce demands; they also require sufficiently skilled ones to provide quality care that meets community expectations. Graduates are expected to be work ready and to ‘hit the ground running’ (Edward, Ousey, Playle & Giandinoto, 2017). Milton-Wildey, Kenny, Parmenter and Hall (2014) explored students’ and graduates’ satisfaction with how they perceived the Bachelor of Nursing prepared them for clinical practice. In response to the question ‘overall do you feel the program will give you adequate preparation to work as a nurse’ (Milton-Wildey, Kenny, Parmenter & Hall, 2014, p. 651), 51 per cent agreed, 43 per cent felt they would only be partly prepared and 6 per cent felt unprepared. Woods, West, Mills, Park, Southern and Usher (2015) found that only 31 per cent of students felt very confident managing four patients on a medical/surgical ward following their final undergraduate placement, indicating a potential source of dissatisfaction with learning for many undergraduate nursing students and potential problems for the employers of graduates. This suggests further investigation is warranted.

Learning opportunities designed to enable nursing students to develop the knowledge they require for practice as a registered nurse can be perceived as exciting and challenging or difficult and frustrating, with potential implications for student satisfaction. The Good Universities Guide 2017 (Good Education Group, 2019) suggests universities have struggled to make Bachelor of Nursing programs relevant and exciting for students. This statement, from a student perspective rather than a university one, suggests a differing understanding between students and nurse academics about what constitutes significant learning in Bachelor of Nursing programs. Richardson (2005) suggested that it is well acknowledged that meaningful learning can be an uncomfortable process. In relation to learning in Bachelor of Nursing programs specifically, McAllister (2011, p. 45) suggested, similarly, that ‘disorienting dilemmas’ are those that facilitate learning. If effective learning requires
a degree of psychological discomfort then it may be that there will be some incongruence between learning and satisfaction.

Past beliefs about nurse education may influence student satisfaction with Bachelor of Nursing programs in the present, with negative implications for future practice as a registered nurse. Grealish and Smale (2011) argue that a major reason for the transfer of nursing education to the higher education sector was to enable students to develop the skills required to work in increasingly complex and professionally diverse health care systems. The purpose of moving into the higher education system was to enable students to become lifelong learners who could think critically, use evidence to inform decision making and practise nursing in diverse health care settings. Walker and Holmes (2008, p. 115) suggest that traditionally nursing education has privileged ‘the pragmatic over the esoteric, the practical over the theoretical and character over intellect’. The nurse may not be seen as someone who is able to analyse, evaluate and work with ideas and concepts, or someone with intellectual abilities, and the capacity for scholarship, critical thinking and problem solving (Walker & Holmes, 2008). The potential effect these historical beliefs about nursing education have on current students’ satisfaction with learning is unknown.

Students, therefore, may experience dissatisfaction when they are required to learn about areas they perceive to be irrelevant to the role of the registered nurse. They may fail to see how certain knowledge will assist them in their career as a registered nurse. As part of a systematic review Aglen (2016) identified that students tend to respond negatively to research-related topics, finding it hard to understand the relationship between research findings and nursing practice. Aglen (2016) also found that students may lack sufficient motivation to collect, evaluate and utilise information or may prefer the answers to be provided to them by those with existing understanding. Countering this was the suggestion that the scaffolding of content may not be optimum and the cognitive maturity of students not always sufficient for the intellectual challenge involved. Understanding how nursing students become satisfied or dissatisfied with learning in those curriculum areas they perceive to be less relevant to nursing practice, such as research and evidence-based practice, requires investigation if there is to be positive changes in students’ satisfaction with learning and enhanced skill development in contested areas of knowledge.
In summary, better understanding Bachelor of Nursing students’ satisfaction is potentially beneficial for the students, the university sector and the health sector. University funding depends on increased recruitment and retention of students and the Australian health care system benefits from the retention of these students when they graduate as registered nurses. The health sector requires graduates who are well prepared for nursing practice. Therefore, further investigation of students’ satisfaction with Bachelor of Nursing programs in Australia is both necessary and timely for the students themselves, universities, the health sector, and ultimately the receivers of nursing care.

The problem

The main focus of student satisfaction surveys to date has been directed towards meeting the needs of governments, primarily, and then universities. There has been less focus on student satisfaction from the perspective of the student and employers of graduates. Students want to be sufficiently skilled in nursing to work at the level expected on graduation. Employers want the same. Students not only want to be satisfied with their educational experience, they also want to be satisfied that they are developing the skills they need to work as a registered nurse.

The surveys that students complete relating to their perceptions of satisfaction with their higher education experience are inadequate for a comprehensive understanding of student satisfaction. Satisfaction is often measured as overall satisfaction. The overall satisfaction item in surveys is the one that attracts the most attention (Lawson et al., 2012) but provides insufficient information on which to act. It is not always clear how students’ perceptions of the learning environment translate to student satisfaction. Students are asked about their perceptions of a range of areas and then asked for their overall satisfaction. If and/or how these are related is often unclear (Huybers, Louviere & Islam, 2015). Survey items other than the one on overall satisfaction have implications for satisfaction but the item on ‘overall satisfaction’ is where satisfaction is mentioned specifically. In the other items satisfaction is implied. Given the high amount of interest in overall satisfaction, more should be known about it. A low score on an item provides little indication as to what, if anything, should change. Surveys provide mostly quantitative generic data that may be difficult to translate into specific actions to improve satisfaction if deemed appropriate.
Many surveys that collect data on students’ perspectives on their higher education experience, including overall satisfaction, focus predominantly on their satisfaction with the educational environment and more specifically teaching. While it has been suggested there is a close relationship between satisfaction with the learning environment and learning outcomes (Lizzio, Wilson & Simons, 2002; Espeland & Indrehus, 2003; Stupans, 2007), Huybers et al. (2015) question what is actually being evaluated in student satisfaction surveys of teaching, suggesting that the elements of teaching quality/effectiveness may not be immediately obvious to students. Alves and Raposo (2007) concur suggesting that over the years higher education institutions have become increasingly good at measuring satisfaction with the educational environment because of difficulties measuring satisfaction with educational effectiveness. To complicate the situation further Huybers, et al. (2015) suggest that, even if students could judge teacher effectiveness, factors like grades, class size, expectations, gender and perceived subject difficulty would affect their responses. It is also problematic to be focusing on students’ perceptions of the learning environment at a time when education is moving towards a learning centred approach (Talukdar, et al. 2013). As asking students to evaluate teaching effectiveness is problematic on several fronts it might be useful to tackle the tricky issue of satisfaction with learning instead as presumably the outcome of teacher effectiveness is enhanced learning.

Satisfaction with learning has to date been underexplored and may impact overall satisfaction. To benefit from higher education a student must learn. This may be where higher education is different to other consumer experiences. Learning is not a passive experience like other consumer experiences. Learning is an active process. It is also an intensely personal experience. Alves and Raposo (2007) argue there is a lack of consensus around the formation process for satisfaction in higher education and that studies are scarce suggesting that further understanding how students come to be satisfied with their higher education experience would be useful for better understanding overall satisfaction.

How students determine satisfaction with learning in Bachelor of Nursing programs is similarly unclear. To date universities have determined academic standards as well as what and how students will learn (Biggs & Tang 2011), including in Bachelor of Nursing programs. It is likely that nursing students’ satisfaction with what and how
they learn influences their perceptions of the learning environment and their overall satisfaction. Understanding how nursing students become satisfied or dissatisfied with complex learning situations requires investigation if there are to be improvements in both students’ satisfaction in Bachelor of Nursing programs and their nursing specific skill level on graduation.

In summary, commonly accessed information on student satisfaction takes the form of quantitative data that does not provide the necessary depth to not only comprehensively understand student satisfaction with Bachelor of Nursing programs but also to identify strategies for action that improve both satisfaction and learning. It is necessary to ensure graduates have sufficient knowledge and skills on graduation to meet the expectations of both employers and the recipients of nursing care. If students feel satisfied with their learning they are likely to be more satisfied with their educational experience. More importantly the recipients of nursing care will benefit from more highly skilled graduates. Greater understanding of the complexities inherent in satisfaction and dissatisfaction with learning in Bachelor of Nursing program, from the nursing students’ perspective, therefore, is required.

**Aim of the research**

The aim of the research was to:

- Generate a substantive theory that enhances understanding of Bachelor of Nursing students’ perspectives on satisfaction with learning.

**Research objectives**

Consistent with grounded theory studies the research objectives of this study are as follows:

1. Explore students’ perspectives of satisfaction with learning in Bachelor of Nursing programs in Australia.
2. Identify actions, meaning and emotions associated with student satisfaction with learning.
3. Identify a basic psycho-social problem that students must address to be satisfied with their learning.
4. Identify a basic psycho-social process underpinning student satisfaction with learning.

**Initial research question**

The initial research question was:

‘How do students’ determine satisfaction with learning in Bachelor of Nursing programs in Australia?’

Sub questions were:

- How do students become satisfied or dissatisfied with learning in Bachelor of Nursing programs?
- What enhances student satisfaction with learning?
- What hinders student satisfaction with learning?
- What aspects of learning are considered by students to lead to satisfaction?

The research questions were a starting point for the study. Birks and Mills (2015) suggest that grounded theory research questions should be broad and become more focused as the research progresses. They also suggest the questions should ‘reflect a problem-centred perspective of those experiencing or living the phenomenon’ (Birks & Mills, 2015, p. 22). As the study progressed additional questions were asked of participants that reflected the emerging theory.

**Significance of the research**

When asking a research question it is necessary to identify the significance of the question. The significance relates to why knowing the answer to the question is useful. The significance of this research question is outlined next.

Understanding how students determine satisfaction with learning in Bachelor of Nursing programs provides higher education institutions, and more specifically nurse academics in leadership positions, with useful information on which to base a range of strategies. Such strategies relate to attracting potential nursing students, retaining them after they have enrolled and assisting them to learn most effectively, so they can be safe, competent registered nurses on graduation. Such information can also be used
to encourage students to undertake postgraduate studies and promote the university to others who might be interested in similar studies.

Understanding how undergraduate nursing students determine satisfaction with learning will enable nurse academics to develop strategies within the curriculum that enhance both learning and satisfaction. These strategies would improve learning experiences, learning outcomes and students’ satisfaction with their higher education experience. Understanding how nursing students determine satisfaction with learning can assist academics to explain the requirements of the Bachelor of Nursing program so students better understand university expectations. Such understanding may reduce confusion and dissatisfaction.

Understanding how undergraduate nursing students determine satisfaction with learning will inform the analysis of ‘in house’ student satisfaction surveys as well as those surveys in the public domain. Online surveys in particular, are efficient to administer and collate, but provide only limited information to guide how staff should respond. These surveys will probably continue to appeal to university management. This research will provide additional understanding and context for the interpretation of student satisfaction surveys.

Possibly, most importantly, understanding how undergraduate nursing students determine satisfaction with learning may assist students to identify for themselves how they can influence their learning experiences so they are more satisfying. If students understand the program better, get to know themselves as students better, and can learn more effectively, they could improve their learning experiences for themselves. Ultimately this would be the most important outcome.

While the research focuses on nursing students in Bachelor of Nursing programs in Australia the findings could have wider significance. Nursing students have some unique characteristics, but it is possible that there will be implications for other undergraduate programs, particularly in the health sciences. The research findings maybe significant to other disciplines that prepare undergraduate students for professional practice such as teaching. It is possible, therefore, that the findings could be significant for those programs with a professional practice component other than nursing.
In summary, without a comprehensive understanding of how nursing students determine satisfaction with learning, educational opportunities may be lost with consequences for students, graduates, the healthcare system and the community. If more is known about how nursing students determine satisfaction with learning, decisions can be made that potentially enhance learning, learning outcomes and satisfaction. Potentially undergraduate nursing students who are more satisfied with their learning have greater knowledge and skills and perform better on graduation. Additional theoretical understanding around student satisfaction with learning is required if nurse academics and students are to make informed decisions that not only increase satisfaction but also enhance learning thus ensure students are sufficiently skilled to work as registered nurses on graduation.

**Organisation of the thesis**

The remainder of the thesis is divided into six chapters as follows. The thesis structure follows that proposed by Birks and Mills (2015). Chapter 2 covers the preliminary review of the literature relevant to the research question, including theories of learning, theories of satisfaction, and the theoretical foundations of context specific research papers. Chapter 3 addresses the research methodology, rationale for the grounded theory approach, theoretical framework and research methods. Results are provided in Chapters 4 and 5. More specifically, Chapter 4 presents the basic psycho-social problem and the contextual conditions that influence it and Chapter 5 presents the basic psycho-social process that students use to address the basic psycho-social problem. Chapter 6 discusses the meaning of the grounded theory in relation to the extant literature and Chapter 7 provides recommendations for the future, limitations and conclusions.
CHAPTER 2

Preliminary literature review

Introduction

This chapter explains the preliminary literature review that underpinned the research study. At the beginning of the research a preliminary literature review was undertaken to identify what was known theoretically about how students determine satisfaction with learning in Bachelor of Nursing programs in Australia.

In Chapter 1 it was established that better understanding Bachelor of Nursing students’ satisfaction with learning is timely and potentially beneficial to students themselves, the university, nursing workplaces and the broader community. Currently, information on student satisfaction for potential students, universities and the community is mainly derived from quantitative survey data reporting on perceptions of the university environment and overall satisfaction. Understanding student satisfaction with learning has the potential to enhance the student experience while ensuring graduates are better prepared for the registered nurse role.

This chapter provides an overview of the theoretical literature that underpins the research. In this chapter, the focus of the preliminary literature review is explained, followed by the search strategy used to locate the literature. Theoretical material related to the two central concepts of satisfaction and learning is explored. Finally, published Australian and international research relevant to students’ satisfaction with learning in higher education is reviewed in relation to specific Bachelor of Nursing contexts in order to locate the study within an existing body of theoretical frameworks.

Focus of the preliminary literature review

This section explores the focus of the preliminary literature review. While the literature review is important in any study, the role of the literature review in grounded theory is contested (Giles, King & de Lacey, 2013; Charmaz, 2014; Yarwood-Ross & Jack, 2015). Classic grounded theorists have long argued that the literature review should be done
after the analysis, so as not to contaminate emerging ideas with pre-existing theory (Giles et al., 2013). While it is important not to contaminate the emerging theory, some authors, including Charmaz (2014), argue a role for a preliminary literature review prior to data collection. This is the position taken in this thesis.

A preliminary review of the literature was undertaken at the commencement of the study. Doing so was inconsistent with classical grounded theory but consistent with constructivist grounded theory. While Charmaz (2014) is supportive of a preliminary literature review, the depth of such a review is not stipulated. The only guidance she provides is that a more focused literature review occurs during analysis. The rationale for delaying the literature review is to avoid contaminating the emerging theory. On consideration, I decided the benefits of a more comprehensive review outweighed the risk of theory contamination, as any potential contamination could be reduced by ensuring reflexivity throughout the data collection and analysis stage (McGhee, Marland & Atkinson, 2007; Giles et al., 2013). McGhee et al. (2007) also observe that a researcher close to the field may already be familiar with the literature in the area due to prior knowledge. Such knowledge would exist regardless of the timing of the literature review. I already had some existing knowledge as I had already published in the area of student satisfaction prior to enrolling in the PhD (Rogers & Smith, 2011). As McGhee et al. (2007) point out, reflexivity was necessary to prevent distortion of my perceptions of the data. I was also persuaded by the opinion of Marland in a co-authored paper by McGhee et al. (2007), who argued that a preliminary review to his grounded theory study demonstrated that the approach that he planned to take would enable a unique contribution to the body of existing knowledge. When undertaking a PhD this is an important consideration. As I was to spend many years and a considerable amount of time working on the study, I wanted my contribution to the body of knowledge to be as worthy as possible.

A preliminary literature review was undertaken prior to analysis of the data, to identify work that had been completed around student satisfaction with learning and so locate the study within the existing body of theoretical knowledge. An initial review of the literature was undertaken to identify the scope of the literature and to identify gaps (Giles et al., 2013). Consistent with the suggestion of Charmaz (2006, p. 167), the literature review
was also undertaken to identify theories relevant to the research question. The literature review was also undertaken to acquire critical knowledge of key concepts (Giles et al., 2013). Theories and key concepts central to the research question explored in this thesis were those related to students’ satisfaction and learning. In this literature review chapter, the literature that addresses student satisfaction with learning is themed to provide an insight into theoretical concepts and environmental contexts in which satisfaction with learning is experienced by students.

Reviewing the literature was required for most of the chapters in this thesis. The literature is significant to all stages of a grounded theory study (Birks & Mills, 2015), not just the review chapter. The literature also informed Chapter 1 of the thesis. Giles et al. (2013) suggest that in a grounded theory study literature can be reviewed to justify and provide background to the study. Literature was used in Chapter 1 to explore the background and problem in relation to student satisfaction generally, and nursing students’ satisfaction with learning, more specifically.

Aspects of the review of the literature informed Chapter 3 as well. The literature informed the choice of methodology, and more specifically the decision to use a constructivist grounded theory approach for the study (Charmaz, 2014). The literature informed the choice of theoretical framework (Bryant & Charmaz, 2007). The literature also informed the topic areas and initial questions that were asked of participants during interviews. As Corbin and Strauss (2008) suggest, the literature was used to generate initial questions. Later questions put to participants were those that arose from the emerging theory.

The literature was revisited in Chapter 6 to explore the meaning of the findings. Literature from the preliminary review was revisited in the light of the grounded theory. The literature was revised and new literature sought in relation to those areas of the grounded theory thus far unexplored (Charmaz, 2014).

In summary, the literature informed several chapters in this thesis. In Chapter 1 it informed the background to the study and in Chapter 2 it was used to locate the study within an existing body of theoretical knowledge. In Chapter 3 the literature was used to
increase understanding of the methodology and methods as well as to generate initial interview questions. The literature also informed the discussion in Chapter 6.

**Search strategy**

This section explores the initial search strategy used in the preliminary literature review to locate literature relevant to the question. It outlines the objectives of the search, search limitations, databases used for the search as well as other sources used to access information relevant to the search. The preliminary literature review was extended and updated after the major categories of the grounded theory had been established.

The objectives of the preliminary review of the literature were to identify:

- Sources that provided theoretical insights into nursing students’ satisfaction with learning.
- Sources that defined or conceptualised student satisfaction and/or learning.
- Theoretical perspectives of research that focused on nursing students’ satisfaction with learning in part or solely.
- Theoretical gaps in the literature related to student satisfaction with learning.

The search strategy’s set limitation was the English language but no limit was placed on years. The key words were ‘learning’, ‘student satisfaction’ and ‘nurs*’. The * refers to all words with the same stem but different endings such as nurse, nurses and nursing. Literature was also searched with and without the term ‘Australia’. The databases searched included CINAHL, Medline, Embase, Academic Search Premier, Web of Knowledge, Scopus, ERIC, Google Scholar, Cochrane, Education Research Complete, A+ Education and Science Direct. The nursing education journals *Nurse Education Today* and *Nurse Education in Practice* were also searched specifically for relevant papers that may have been missed by the search engines. No additional articles were identified. ‘Australian Educational Research Theses’ was also searched. Sources were retained that addressed theoretical and/or research insights into nursing students’ satisfaction with learning.
International research-based papers that addressed undergraduate education of nursing students and where part, or all, of the study focused on the concept of ‘student satisfaction and learning’ specifically were retained. Articles that mentioned student satisfaction and learning but did not indicate how the terms were being used or demonstrate how student satisfaction was included in the method were excluded. The theory and quality of the research papers, including those subsequently found not to meet the above criteria, were appraised using specially developed research appraisal tools (see Appendix 1). These tools were developed from a range of appraisal tools to combine both educational and nursing appraisal perspectives. Booth (2006) and Wiersma and Jurs (2009) were used to inform the quantitative appraisal tool while the work of Booth (2006) and LoBindo-Wood and Haber (2010) informed the systematic review appraisal tool and the qualitative appraisal tool. The theoretical implications of the studies for student satisfaction and learning were identified in order to provide context to the study.

International literature was also sourced that discussed learning theories and theories of satisfaction in higher education. This was done by searching CINAHL, Google Scholar, and a university library catalogue. Google was used to identify relevant material on quality Australian education websites. Searching was undertaken to enhance conceptual clarity.

**Theoretical perspectives on student satisfaction**

Theoretical perspectives that informed this study include definitions of student satisfaction as well as conceptual models of student satisfaction. Exploring definitions and conceptual models of student satisfaction was necessary to gain critical understanding of concepts central to the study (Giles et al., 2013). Definitions of student satisfaction are explored in relation to higher education in general and nursing education more specifically. Conceptual models of student satisfaction with higher education in general are explored, as conceptual models relating to nursing education specifically were not evident.
Definitions of student satisfaction in higher education

In order to further clarify the research question, it was necessary to first explore how student satisfaction with their higher education experience has been defined and applied in other works. As will be demonstrated, there are many definitions of student satisfaction, including some that are inferred rather than clearly stated. In this section definitions of student satisfaction within higher education are explored.

Several definitions of student satisfaction related to higher education exist. Elliott and Shin (2002) cite a definition by Oliver and DeSarbo (1989) that suggests student satisfaction is ‘the favourability of a student’s subjective evaluation of the various outcomes and experiences associated with education’ (Elliott & Shin, 2002, p. 198). Letcher and Neves (2010) cite Athiyaman (1997), who suggests student satisfaction may be a short-term attitude in response to a consumption experience. Common to both definitions is an assumption that satisfaction is unique to the individual. The first definition suggests an evaluation dimension, however, and the second an attitudinal perspective.

In some instances definitions of ‘student satisfaction’ related to higher education are assumed rather than articulated. For example, Schertzer and Schertzer (2004) develop a conceptual model of student satisfaction and retention but do not define student satisfaction. Similarly, Douglas, McClelland and Davies (2008) debate service quality and customer satisfaction with higher education at length, but fail to define satisfaction, despite developing a conceptual model. It would appear that ‘student satisfaction’ can be an elusive term that is frequently used but difficult to define. It is interesting that there has not been more critique of the term ‘student satisfaction’, given the importance that is now placed on it in contemporary higher education globally.

Definitions of student satisfaction in undergraduate nursing education

To further clarify the research question, it was necessary to explore the ways in which student satisfaction has been defined in the context of undergraduate nursing education. As will be demonstrated, once again there are several definitions of student satisfaction, including some that are inferred rather than clearly stated. Enjoyment is one definition of satisfaction linked to Bachelor of Nursing students specifically. Halcomb and Peters
Morgan Roberta Smith (2009) studied student satisfaction with a nursing research course and, while not defining satisfaction, asked a qualitative question about what students had most enjoyed about the course, suggesting a conceptualisation of student satisfaction as enjoyment. The Clinical Learning Environment Inventory developed by Chan (2002, 2004) also defined student satisfaction with the learning environment in this way. Henderson, Beattie, Boyde, Storrie and Lloyd (2006) and Henderson, Heel, Twentyman and Lloyd (2006) also used the CLEI in their research and, consistent with the instrument, operationally defined satisfaction as enjoyment. Given increased interest in the Clinical Learning Environment Inventory, as demonstrated by a review of a range of studies based on the tool (Henderson, Cooke, Creedy & Walker, 2011), student satisfaction as enjoyment is likely to be an influential definition particularly in relation to the nursing workplace.

Other definitions of student satisfaction specifically conceptualised for undergraduate nursing students are similar to that of Elliott and Shin (2002). A favourable evaluative response was also the implied meaning in a study by Henderson, Happell and Martin (2007). In this study a positive response to an item was interpreted as the student being satisfied, although students were not directly asked to indicate their satisfaction. A definition of student satisfaction according to Lapkin and Levett-Jones (2011, p. 3545) is ‘favourability of a student’s subjective evaluations’, in this instance, in relation to a simulation experience. It is possible theoretically that a positive response does not always imply satisfaction, or for that matter, a negative response, dissatisfaction. Implying satisfaction from a positive response is problematic theoretically because the reasoning behind the response is unknown.

Similarly, ‘helpfulness’ has been associated with nursing students’ satisfaction, if not clearly defined as such. Cleary and Happell (2005) surveyed undergraduate nursing students about their satisfaction with mental health placements with satisfaction assumed in survey items like ‘helpfulness of resources’. Only one item in the survey that related to ‘clinical supports’ required students to specifically indicate their degree of satisfaction. Foster, Usher, Luck, Harvey and Lindsay (2008) similarly did not define satisfaction, but used Likert items related to helpfulness (‘very helpful’ through to ‘not at all helpful’) to explain satisfaction with residential schools and clinical placement. How satisfaction relates to the concept of helpfulness remains unclear.
Finally, ‘satisfaction’ has been defined as a student’s attitude towards others and their own learning. Dunn and Hansford (1997) used the Clinical Learning Environment Scale (CLES) and focus groups to identify factors that influenced students’ perceptions of the clinical learning environment, including student satisfaction with the environment. The term ‘satisfaction’ was used broadly in the scales to include ‘happy’, ‘good for my learning’, ‘mostly very interesting’, and ‘more eager to become an RN’. Conceptualising satisfaction as an attitude relating to self and others extends the parameters of the concept but provides insufficient explanatory support.

In summary, there was no agreed definition of ‘student satisfaction’ in the nursing education literature and indeed its meaning is often unclear, insufficently defined or implied rather than stated. Additional theoretical work is required to clarify the definition of student satisfaction in relation to both student satisfaction in general and student satisfaction with learning more specifically.

**Conceptual models of student satisfaction**

To further understand the research question about how students determine satisfaction with learning, in Bachelor of Nursing programs in Australia, it was necessary to identify existing conceptual models of student satisfaction with learning in higher education. These are explored next. Nursing-specific conceptualisations were absent from the literature. Only articles that specifically stated that their purpose was conceptualising student satisfaction are included in this section of the review.

The most influential group of theories that explain student satisfaction with higher education arise from the literature around consumerism and business and focus on satisfaction with the learning environment rather than learning. The educational environment is the product. These theories view student satisfaction as arising from service quality and focus on the educational environment. Zhang, Han and Gao (2008) explain that dimensions of student satisfaction include college reputation, expectations, quality, value, loyalty and student activity. Douglas et al. (2008, p. 32) suggest satisfiers are ‘responsive, communicative and useful environments’. There is general agreement that if service quality is high students will be satisfied. While this has been contested, there is broad agreement in relation to the higher education context that service quality
comes before satisfaction (Gruber, Fub, Voss & Glaser-Zikuda, 2010). Perceived service quality is a general perception influenced by objective information (Letcher & Neves 2010), whereas satisfaction with the product of higher education is influenced by service quality as well as personal considerations, situational issues and price (Gruber et al., 2010). While, slightly different to each other, all of these conceptualisations relate to the educational environment. None relate specifically, or directly, to learning. For these models, student satisfaction exists independently of any learning that might occur.

The conceptualisation of the student as consumer is related to the theoretical conceptualisation of student satisfaction with higher education as a product that is purchased for a price. Gruber et al. (2010) state fee-paying students expect value for money. They also argue that universities act as service providers. The more that is paid, the higher the expectation held by students that they will receive what they want (Nguyen, 2012). Therefore, universities provide a service, or services, to students, suggesting satisfaction with higher education should relate to the services provided not the process or outcome of learning.

Other theories of student satisfaction distinguish between satisfiers and dissatisfiers within the higher education experience. The development in thinking around this dichotomy is summarised by Letcher and Neves (2010), who cite Hertzberg (1967) and Kano (1987) on this issue. Hertzberg suggested that dissatisfiers were part of the environment, whereas satisfiers were part of the self. Satisfiers as part of the self could potentially include satisfaction with learning specifically. Kano (1987, cited in Letcher & Neves, 2010) extended this model, defining dissatisfiers as ‘must be’, satisfiers as ‘more is better’ and adding another dimension referred to as ‘ah ha’, which were unexpected positives. It is possible the unexpected positives could relate to learning. It may be that, in relation to satisfaction with learning, exploring dissatisfaction as well as satisfaction may open up new theoretical possibilities.

Other theories consider university and student factors in determining student satisfaction. Schertzer and Schertzer (2004) consider student–institution congruence and student–staff congruence as determinants of student satisfaction. Where these two areas align there is academic fit and the student is satisfied. Gruber et al. (2010) propose a model of student
satisfaction in higher education that has quality dimensions and impact factors. Quality dimensions equate to the environment and include relevance of teaching to practice, school placements, lectures, university buildings, support from lecturers, presentation of information, courses, reputation of the university and lecture theatres. The impact factors were value for money and personal and situational factors. The authors suggest that study success is a possible personal factor but they do not provide any examples of situational factors. The authors suggest that further research is required to operationalise all three of these impact factors, confirming that more work is required around the theoretical dimensions of student satisfaction.

Measures of global student satisfaction are popular but lack conceptual clarity and once again relate to the learning environment not the learner. Alves and Raposo (2007) proposed and tested a conceptual model of student satisfaction with higher education that explained overall satisfaction. The elements of the model were image of the institution, expectations, technical and functional quality, and perceived value. Where students were satisfied with their experience the outcomes were loyalty to the organisation and word of mouth actions. Outcomes related to learning were not proposed.

One theory emphasised the importance of personal commitment for satisfaction with the higher education experience including learning. This theory specifically theorised student satisfaction with learning. Lo (2010) proposed three factors to explain student satisfaction with perceived learning. The three factors were the role of the student, the instructor and university policy. The role of the student was named ‘satisfaction with own commitment to learning’. The naming of the three factors suggests there are factors within the environment and within the individual student that determine satisfaction. While this potentially indicates a conceptualisation of student satisfaction that includes learning, the 22-item questionnaire used to collect data for the factor analysis had 18 items that commenced with or included ‘the instructor’, and two other items that related to the educational environment. The two remaining items that related to learning specifically were about intellectual challenge and competence ‘in this area’. Lo’s conceptualisation of ‘satisfaction with own commitment to learning’ was derived from factors focused largely on the educational environment. More work is required to develop a convincing account of students’ satisfaction with the learning process.
Other lesser publicised theories of student satisfaction arise from psychology and view satisfaction as necessary for learning. These theories require a student to be satisfied with the educational environment before they can learn effectively. Effective learning is linked to self-confidence. Letcher and Neves (2010, p. 2) suggest that ‘student satisfaction helps to build self-confidence, and that self-confidence helps students to develop useful skills, acquire knowledge, and become more confident, in what is described as a virtuous cycle’. It is possible this theoretical perspective has implications for student satisfaction with learning in Bachelor of Nursing programs.

With most of these theories relating to satisfaction with educational environments, and less to learning, it would appear that learning is not perceived to be particularly important for student satisfaction. Richardson (2005) suggests that student satisfaction is complex yet poorly articulated. He also suggests it is influenced by a wide variety of contextual factors and questions whether satisfaction should even be a desirable outcome of higher education. It is likely such an argument has already been lost. The pursuit of student satisfaction is deeply entrenched in higher education globally, as explained in Chapter 1. Given this, one possible solution is to better conceptualise student satisfaction so that it includes a satisfaction with learning dimension.

In summary, the international literature indicates that theories relevant to student satisfaction with higher education are diverse. The theories that have been most influential have their origins in business. These theories reflect satisfaction with the educational environment rather than learning. Those theories that link student satisfaction with learning have their origins in psychology. Australian literature that explores theoretical perspectives on satisfaction with learning within undergraduate nursing programs is limited.

**Theoretical perspectives on learning**

Another theoretical perspective central to this study relates to learning. A critical understanding of concepts of learning was essential background for this study. As stated earlier in this review, Giles et al. (2013) suggest that a legitimate part of the literature review in a grounded theory study is a critical analysis of important concepts. The literature on learning theories is vast. Knowles, Holton and Swanson (2015) list sixty
historically significant proposers of learning theory in the hundred years to 1986. While there are different approaches to categorising theories, Knowles et al. (2015) suggest that historically most learning theories were either holistic or elemental. This section explores those theories related to ‘constructivism’ (holistic) and ‘behaviouralism’ (elemental) that underpin pedagogy in Bachelor of Nursing programs in Australia.

**Constructivist theories of learning**

Constructivist learning theories have been highly influential in examining how students learn in Bachelor of Nursing programs in Australia but do not extend to understanding student satisfaction with learning. One constructivist definition of learning is the process by which individuals ‘come to interpret the world’ (Biggs & Moore, 1993, p. 230). These theories have been important in determining how and what students do to learn. Biggs and Moore (1993, p. 230) state that constructivist theories of learning are based on psycho-social processes and view knowledge as personally and socially constructed. Constructivist theories acknowledge that the individual has unique learning needs and approaches. These theories have been influential in understanding learning in general as well as learning in nursing in particular (Conway & Sharkey, 2002). Constructivist theories of learning include motivation, cognition and metacognition, and have been explored in both the general education literature (Biggs & Moore, 1993), and the nursing education literature (Cust, 1995). They are explored next.

Theories of motivation are central to understanding how students learn in Bachelor of Nursing programs but are insufficient to explain student satisfaction with learning. Theorists have explained motivation by considering factors both intrinsic and extrinsic to the person. Maehr and Sjogren (1971) explored Atkinson’s theory of achievement motivation, which was developed specifically for the teaching and learning context. Atkinson’s theory acknowledges that achievement situations require skill and competence. In addition, motivation has two competing positions. These are striving to achieve success and the avoidance of failure. These competing approaches vary from person to person. It is suggested that students with an achievement-oriented approach are more inclined towards moderately difficult tasks that pose a challenge. They also demonstrate more persistence. Those who are motivated to avoid failure are less inclined
towards moderately difficult tasks and the associated challenge. Theories of motivation do not extend to exploration of satisfaction but imply possible connections.

Theories of cognition are central to constructivist theories of learning, and therefore how students learn in Bachelor of Nursing programs, but currently do not address student satisfaction with learning. These theories may aid understanding of student satisfaction with learning but do not address it specifically. Understanding cognition is vital to understanding how students learn. It is about thought processes and includes the areas of thinking, memory and reasoning (Biggs & Moore, 1993). Cognition is defined as an active process where knowledge is constructed in a way that is accumulative, where new knowledge is built on the foundations of existing knowledge (Cust, 1995). One potentially helpful cognitive theory with implications for student satisfaction with learning is Gardner’s theory of multiple intelligence learning (Fountain & Alfred, 2009). This theory identifies different categories of intelligence or preference. These intelligences are: linguistic, which includes speaking, hearing and writing; logical/mathematical, which includes categorising and classifying; spatial, which includes visualising with the mind’s eye; kinaesthetic, which includes touching and moving; interpersonal, which includes interacting, networking and listening; and finally, intrapersonal, which involves reflecting and observing (Fountain & Alfred, 2009). Cognitive preference potentially influences student satisfaction with learning.

Another cognitive theory relating to neuro-physiological processes also has implications for how students learn in Bachelor of Nursing programs if not satisfaction with learning specifically. Jensen (2008) looks at neuro-physiological processes related to movement, sight, smell, acoustics and emotion in learning and how to teach to maximise learning outcomes. The author also considers motivation, rewards and memory as patterns of meaning. Each of these areas could have implications for how undergraduate nursing students determine satisfaction with their learning.

A further cognitive theory that assists in understanding how students learn in Bachelor of Nursing programs in Australia, if not their satisfaction with learning specifically, is Kolb’s experiential learning model. Kolb’s experiential learning model identifies four learning styles or preferences (D’Amore, James & Mitchell, 2012). The first learning
style is ‘divergent’. The person with this preference for learning is imaginative and a good generator of ideas. They are able to see different perspectives. The second learning style is ‘assimilator’. A person with a preference for this learning style is good at creating theoretical ideas. The third learning style is ‘converger’. A person with this learning preference is good at problem solving and making decisions where there is more than one solution to a problem. The fourth learning style is ‘accommodator’. A person with this learning style is good at accomplishing tasks and carrying out plans. Different learning styles or preferences may potentially explain satisfaction with learning in different areas of the Bachelor of Nursing program.

A nursing-specific theory in the cognitive domain that has implications for how students learn in Bachelor of Nursing programs, and therefore potentially their satisfaction with learning, is that of novice to expert. Benner (1984) pioneered work in nursing by identifying the characteristics of both novice and expert nurses, theorising how novices could move towards becoming experts and the implications of this for nursing education. Her theory focused on ‘knowing how’. Cust (1995) suggested that one of the most important contributions of the cognitive theorists has been their analysis of skilled performance, with many studies providing clear descriptions of the nature of practical and academic expertise. Applying theory to practice is an area of learning for nursing students that suggests a range of possibilities for student satisfaction with learning.

Theories of metacognition also explain how students learn in Bachelor of Nursing programs, with possible implications for student satisfaction with learning.

Metacognition is the how, when, where and why of learning or the ‘procedural and conditional knowledge of learning’ (Biggs & Moore, 1993, p. 307). Metacognition involves higher-order thinking and includes activities such as planning, approaching a problem and evaluating progress towards a goal. These are both essential metacognitive abilities for students and registered nurses, with possible implications for satisfaction with learning.

Theories relating to deep, surface and achieving learning have implications for how students learn in Bachelor of Nursing programs and potentially satisfaction with learning. Biggs and Moore (1993, p. 312) explored deep, surface and achieving learning,
suggesting the goal is for students to learn deeply, where they ‘change the way the world appears and is understood’. Students who learn deeply have content knowledge, can think conceptually, are able to reflect on what is to be done, are motivated, and enjoy the process. Surface learning is where students focus on the reproduction of content, which may be in considerable detail. Memorising facts may be required. An achieving approach to learning is where students maximise their chances of a high grade. While deep learning maybe preferable for knowledge acquisition, individual student preference might dictate an alternative, with implications for satisfaction with learning.

Learning theories by Piaget and Knowles also highlight how students may learn in Bachelor of Nursing programs, with possible implications for student satisfaction with learning. These theories have influenced understanding of how Bachelor of Nursing students learn from a lifespan perspective. Piaget’s background in biology permeates his theory of cognitive development. He believed the development of cognitive capacity is biologically determined, but that the knowledge that develops is constructed (Bowers, 2005). Piaget identified four stages of cognitive development (Ghazi, Khan, Shahzada, & Ullah, 2014), and it is the fourth stage that has potential relevance for Bachelor of Nursing students’ satisfaction with learning. Piaget suggests that the formal operations stage is the one where adult intellect develops. He believed this occurs in children between the ages of twelve and sixteen. During this stage a person becomes capable of abstract, logical reasoning where they reason beyond the world of concrete reality to the world of possibilities. These cognitive functions enable the adult to problem solve (Ghazi, Khan, Shahzada, & Ullah, 2014). The extent of a nursing student’s ability to think abstractly could potentially contribute to their satisfaction with learning.

Knowles’ theory of adult learning also has potential, if not stated, implications for student satisfaction with learning. Knowles’ broad education in the arts and philosophy led him to propose a humanistic theory of adult learning which differentiated between how children and adults learn. He later revised the theory, suggesting it was the learning situation, rather than the age of the learner, that was significant (Keesee, 2010). Knowles et al. (2015) propose six basic assumptions about adult learning. The first assumption is that adults tend to be self-directed. The second is that maturity brings experience that provides fertile ground for learning. The third assumption is that adults are more
interested in learning about things that are directly relevant to their lives. Fourthly, adults are more problem-focused than topic-focused. Fifthly, adults are motivated more by internal incentives, curiosity or a desire to achieve. Finally, adults are more capable of planning and implementing strategies to address their own learning needs. While Knowles et al. do not include a theoretical perspective that explains student satisfaction with learning, these principles may be relevant in understanding this issue.

In summary, constructivist theories of learning are diverse and offer theoretical possibilities related to student satisfaction with learning. Constructivist theories focus on individuals developing personal understanding that is unique to them. To date constructivist learning theories have not included a satisfaction dimension.

**Behavioural theories of learning**

Behavioural theories of learning are another group of learning theories that are potentially relevant to Bachelor of Nursing students’ satisfaction with learning but do not specifically engage with this contemporary area of concern. Behavioural theories of learning are important because students need to behave in particular ways if they are to learn effectively. Olsen and Hergenhahn (2009, p.6) suggest a behavioural definition of learning is ‘a relatively permanent change in behaviour or in behavioural potential that results from experience and cannot be attributed to temporary bodily states such as those induced by illness, fatigue or drugs’. They note that not all experiences enable learning and that experience can cause events other than learning that modify behaviour.

Skinner’s behavioural theories of learning have potential implications for students’ satisfaction with learning in Bachelor of Nursing programs. Skinner saw the learner as essentially passive, responding to stimuli in the surrounding environment (Keesee, 2011). With this theory learning behaviour can be influenced by reinforcement. Students who behave in ways that encourage learning can be rewarded with praise, good grades and awards. Listening, reading prescribed texts, focusing on the topic being discussed and not interrupting when others are presenting their ideas are all examples of behaviours associated with effective learning. Students who demonstrate the desired learning-related behaviours are rewarded by encouraging remarks. Using behaviourist theories should encourage the behaviour to be repeated. Rebuking, ignoring or providing negative
feedback would be expected to reduce the behaviour associated with ineffective learning. While this approach may be effective for promoting learning, from a student satisfaction perspective, these behaviours could be perceived by students as disrespectful, uncaring or draconian.

Bandura’s social learning theory is a behavioural theory that has proven useful for informing the clinical education of undergraduate nursing students with possible implications for students’ satisfaction with learning. According to Bandura, social learning theory builds on behavioural theories of learning to emphasise the importance of observing and modelling behaviours, attitudes and emotional responses to others. Three regulatory systems control behaviour. These are a socially appropriate stimulus prior to the behaviour, reinforcement in the form of feedback that reinforces the behaviour, and cognition which determines how people think about the situation (Keesee, 2011). It is possible Bandura’s social learning theory may have implications for satisfaction with learning for Bachelor of Nursing students in some situations such as in learning laboratories or on placement.

In summary, there is enormous depth of understanding around learning theory that explains how learning occurs. Many of the theories of learning explored above have been developed by internationally renowned scholars of education over many years. Scholars of nursing have taken these theories and used them to inform undergraduate nursing curriculum. None of the theoretical perspectives, however, link learning and satisfaction. While the theories offer conceptual possibilities, additional theoretical exploration is required to understand nursing students’ satisfaction with learning.

**Student satisfaction with learning in Bachelor of Nursing programs**

In this section the nursing research literature is explored in order to better understand the theoretical perspectives underpinning research into student satisfaction with learning across the different contexts of the Bachelor of Nursing program. The international and Australian literature was reviewed and is discussed in relation to satisfaction with learning within the clinical context and university-based or managed contexts.
Student satisfaction with undergraduate nursing programs

To better understand what is already known about how undergraduate nursing students determine satisfaction with learning, research studies that addressed satisfaction with Bachelor of Nursing programs, or their international equivalent, were identified and the theoretical perspectives underpinning the studies critiqued. Two studies explored student satisfaction with Bachelor of Nursing programs in Australia. One study was from the perspective of entry pathways into the nursing program and the other from the perspective of preparation for nursing work. A search of the international literature identified three further studies that addressed student satisfaction with the undergraduate learning environment in nursing programs.

The first Australian study (Stupans, 2007) aimed to identify student satisfaction with a Bachelor of Nursing program based on entry pathway. A survey method utilised questions from the Course Experience Questionnaire (CEQ) and additional questions specific to knowledge and skill development from another survey distributed to students ‘in house’ two years earlier. Satisfaction was measured overall. How satisfaction was defined was unclear. Only one question asked about satisfaction specifically, while another question asked about enjoyment of nursing studies, which in other studies (Chan, 2004; Henderson et al., 2011) is a term that has been used to define satisfaction. Participants’ enjoyment of their studies (74.5 per cent) was lower than their overall satisfaction (78.5 per cent). The author concludes that irrespective of entry pathway students were satisfied with the program. This was an interesting study that measured a range of student perspectives related to the learning environment, generic skills acquisition, and nursing knowledge and skills broadly. Much was made of one undefined measure, overall satisfaction, with little detail provided on student perspectives on learning within the Bachelor of Nursing program.

The second Australian study by Milton-Wildey et al. (2014) explored the satisfaction of both undergraduate students and graduates with their undergraduate nursing program focusing on preparedness to work as a nurse. A survey method was used with seven closed questions and one open questions. The closed questions addressed satisfaction with workload, class engagement, training amount, training type, preparation for nursing
work, information on nursing jobs and overall preparation. For each area students were asked to indicate a position on a five-point response scale ranging from least satisfied to most satisfied. Students were specifically asked to state their satisfaction in relation to each survey item, although satisfaction was not defined. One open question enabled additional comments. Satisfaction with learning was implied in the questions related to student engagement, preparation for nursing work and overall preparation. The other survey items related to satisfaction with the learning environment. Satisfaction with learning was implied in some survey items and a theoretical strength of the study was that participants were specifically required to indicate satisfaction in relation to work readiness if not the Bachelor of Nursing program more broadly.

A Norwegian survey reported on student satisfaction with undergraduate nursing education (Espeland & Indrehus, 2003). Students’ perceptions of the educational environment, including the clinical environment, were sought along with a small number of items related to their learning. These included development of their problem-solving skills, analytical skills, writing skills, planning work and memorising content. The 161-item survey covered three courses and for each course students were asked to rate their overall satisfaction with the quality of the course. This was the only item that required students to rate their satisfaction specifically. Once again satisfaction was not defined. A theoretical perspective was discussed, which included learning, but was not comprehensively developed, resulting in survey tool limitation.

In the United Kingdom Dennison and El-Masri (2012) developed a survey tool that addresses nursing students’ academic satisfaction with undergraduate nursing programs. The survey tool includes items related to in-class and clinical teaching, the program, support and resources. Of the forty-eight items, four items relate to learning. These items ask students about development in their analytical skills, problem-solving or critical thinking skills, better understanding of material and intellectual growth. Like the other items, these items were scored using a five-point Likert scale. Overall satisfaction was calculated by summing the score for all forty-eight items. The overall satisfaction item was the only one that asked students to rate their satisfaction specifically. Satisfaction is not defined. Validity testing suggested that survey items accounted for 50.12 per cent of variance, suggesting there is much that remains unknown about student satisfaction with
Bachelor of Nursing programs in general, and student satisfaction with learning in particular.

A study conducted in Turkey explored nursing students’ satisfaction with the educational environment and their educational achievement in one college specialising in health-related programs (Kantek & Kazanci, 2012). Students responded to an 85-item, 11-domain satisfaction survey using a five-point Likert scale. ‘A pleasurable emotional state resulting from the person’s enactment of the role of student’ (Grace, 2004, as cited in Kantek & Kazanci, 2012, p. 36) was the definition of satisfaction that underpinned the study. The survey asked for responses to eleven areas of the learning environment and example questions for each area were provided. None of the example questions asked students to rate their satisfaction and there was no item on overall satisfaction. A high response on a Likert scale (‘I completely agree’) was equated with high satisfaction. The satisfaction scores were then compared with the academic success of the participants. How academic success scores were calculated was not clear. Student satisfaction was measured from the students’ perspective and learning judged by the education provider in order to show a relationship between perceived satisfaction and objectively measured learning outcomes. In this study satisfaction and learning were treated as discrete concepts.

In summary, limited published literature was identified that explored nursing students’ satisfaction with learning at the undergraduate level. All studies identified used a survey method with only one (Milton-Wildey et al., 2014) asking students questions about their satisfaction rather than their perspectives on the educational environment and overall satisfaction. Only one study defined satisfaction. Four studies required self-reported perceptions of learning while the other used institutionally derived measures of learning outcomes. None explored student satisfaction with the learning process.

**Clinical context: satisfaction with learning in clinical settings**

Research studies that explored student satisfaction and learning in clinical settings provided foundational theoretical perspectives relevant to understanding how students determine satisfaction with learning within this specific context. To further understand how undergraduate nursing students, determine satisfaction with learning, it was
necessary to identify the theoretical frameworks used in research studies that address student satisfaction in clinical settings. There have been a series of studies that address students’ perceptions of the clinical learning environment that enable glimpses into their satisfaction with learning in this environment.

**International clinical context: satisfaction with learning in clinical settings**

Several international studies have been published on nursing students’ satisfaction with clinical placement. Only one addressed nursing students’ satisfaction with learning. These papers discuss diverse aspects of placement and are explored next.

Some papers reported on studies that used the Clinical Learning Environment Inventory to measure student satisfaction with the learning environment. Perli and Brugnolli (2009) used the Clinical Learning Environment Inventory across the program to identify differences in satisfaction with the clinical learning environment across year levels of the program. Berntsen and Bjørk (2010) used the tool to determine student satisfaction with an aged care placement. While the studies focus on the clinical learning environment, possible implications for student satisfaction with learning are evident. The Clinical Learning Environment Inventory has been used to explore student satisfaction with the learning environment in Australia and is discussed in greater depth later in this chapter.

Other studies used similar tools to gauge nursing students’ perceptions of the clinical learning environment and their satisfaction with their experiences. Hendricks, Wallace, Narwold, Guy and Wallace (2013) used the Student Evaluation of Clinical Education Environment (SECEE) tool as well as an author-designed tool to measure practice opportunities and satisfaction. Satisfaction was gleaned from five questions on a five-point Likert scale. The five questions were not provided so it was not possible to identify what concepts were linked to satisfaction in this study. This study also sought to measure learning outcomes independently of the students in the form of examination results. The study explored satisfaction and learning as discrete concepts.

Zhang, Zeng, Chen and Li (2012) reported on an initiative that enabled students to learn about evidence-based practice while on practicum. A pre-test survey measured prior learning and a post-test survey measured demographics, knowledge acquisition and satisfaction with the learning process. Details of the survey items related to the
satisfaction component of the survey were limited but one item was reported in a table. The item related to satisfaction with the learning process and indicated findings of a three-point Likert scale. The three Likert scale points were ‘completely satisfied’, ‘some satisfaction’ and ‘dissatisfied’. Findings suggested student satisfaction with the initiative and increased self-reported learning. This study was significant because it aimed to measure satisfaction with the learning process as well as to gauge learning outcomes.

In summary, student satisfaction and learning within the clinical context has been the subject of several international studies. Satisfaction and learning have been measured separately as two distinct concepts. This suggests once more that additional work that clarifies the concept of student satisfaction in relation to learning might be beneficial for future research into placement-related aspects of undergraduate nursing education.

**Australian clinical context: satisfaction with learning in clinical settings**

In this section theoretical perspectives underpinning Australian research into satisfaction with learning in the nursing workplace are explored. The Clinical Learning Environment Inventory is explored, as is an earlier survey tool, the Clinical Learning Environment Scale. Other survey tools that chart satisfaction with the clinical learning environment in Australia are discussed. All explore the clinical learning environment, including satisfaction with the clinical learning environment, but not satisfaction with learning in the clinical environment. The theoretical assumption is that satisfaction with the learning environment implies learning and therefore satisfaction with learning.

In Australia undergraduate student satisfaction in the clinical setting has been explored through the Clinical Learning Environment Inventory (CLEI), providing glimpses of student satisfaction with learning. Chan (2002, 2004) reported on research that sought students’ perspectives on the clinical learning environment. The research was conducted with second-year nursing students on placement in metropolitan hospitals in South Australia. The CLEI is a 35-item instrument with 7 additional items that address student satisfaction after placement as an outcome measure. The 35 items have 5 scales with 7 items in each scale. The five scales are individualisation, innovation, involvement, personalisation and task orientation. The seven satisfaction items have only two that include the word ‘satisfaction’. One item asks if students experience a sense of
satisfaction following a shift and the other asks about dissatisfaction with what is done on the ward. Other items ask if students enjoy coming to the ward, look forward to coming to the ward, find the ward interesting, find the placement boring, and lastly find the placement a waste of time (Chan, 2002). Significant correlation was evident between student perceptions of all five scales and their satisfaction with their clinical placement.

Other nurse researchers in Australia have used the Clinical Learning Environment Inventory (CLEI) to identify students’ perspectives on clinical placement including their satisfaction with the placement. Henderson, Beattie, Boyde, Storrie and Lloyd (2006) and Henderson, Heel, Twentyman and Lloyd (2006) used the CLEI to compare different models of clinical placement. Smedley and Morey (2010) also used the CLEI to identify undergraduate nursing students’ perceptions of the clinical learning environment. Their findings were remarkably similar to those suggested by Chan (2002) although the sample was small and so caution was recommended. Only 51 per cent of variance in student satisfaction with their clinical placement could be explained by the five CLEI scales. The authors suggest that further study is required to identify other influences that may affect student satisfaction with the clinical area. Focusing further on how students determine satisfaction with learning specifically could potentially identify further important issues.

The internal validity of the satisfaction scale within the CLEI was challenged by Newton, Jolly, Ockerby and Cross (2010), who undertook a factor analysis of the CLEI. They renamed the factors that included all of the items that Chan had named satisfaction as ‘affordances and engagement’. ‘Affordances and engagement’ are the opportunities students are given and what they do to learn. Once again, the conceptualisation of satisfaction has been found to be under-theorised, supporting the need for more work around this concept.

Henderson et al. (2011) conducted a review of publications where the CLEI had been used to identify students’ perceptions of clinical placement and data was available that could be collated. Three studies reviewed were based in Australia (Chan, 2004; Henderson, Winch & Heel, 2006; Smedley & Morey, 2010) and three were international. The reviewed study by Henderson, Winch and Heel (2006) did not appear to relate to CLEI and is probably an incorrect reference. While all of the CLEI scales were linked to
student satisfaction, some of the scales were more closely linked than others. While the paper focused on many important issues related to clinical placement and the associated learning, it did not discuss the implications of the review findings for student satisfaction. Similar to the other studies, the focus was on identifying student satisfaction with the clinical environment rather than satisfaction with learning.

Salamonson et al. (2011) published a study on the CLEI where they reported on the psychometric properties of a 19-item instrument (reduced from the original 42 items). In this study 63.37 per cent of variance was explained by two factors; 28.2 per cent related to student satisfaction. Interestingly, the study identified additional factors that impacted on student satisfaction, specifically part-time work, and the shift on which students were rostered. Students who worked more than sixteen hours per week were less satisfied with their placement than students who worked less. Students who were rostered on late shifts were less satisfied than those rostered on day shifts. The reason for reduced satisfaction with afternoon shifts was related to perceived reduced learning opportunities. The implications of students working longer hours in paid employment being less satisfied was not explored. Potentially students working longer hours could impact on the time students have to learn and possibly their satisfaction with learning.

In conclusion the CLEI is an instrument developed in Australia for identifying undergraduate nursing students’ perceptions of their clinical learning environment, including their satisfaction. The tool has produced consistent results in a number of studies but has been challenged as a way to measure perceived satisfaction. The area of satisfaction has been under-theorised both in relation to the clinical learning environment and also students’ perceptions of learning in the clinical environment.

Another instrument developed to measure nursing students’ perceptions of the clinical environment including their satisfaction was developed in the 1990s. Dunn and Burnett (1995) reported on the development of the Clinical Learning Environment Scale (CLES), which included 23 items divided into 5 subscales. One of the subscales included 4 items related to student satisfaction. The four items on the satisfaction scale relate to a perception that working on the ward was good for learning, the ward work was mostly interesting, happiness with the ward experience and increased eagerness to be a registered
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nurse. Dunn and Hansford (1997) used the Clinical Learning Environment Scale (CLES) and focus groups to identify factors that influenced students’ perceptions of the clinical learning environment, including student satisfaction. While the research does not explore how students determine satisfaction with learning, it does look at how students’ attitudes contribute to their satisfaction with the educational experience. Satisfaction with clinical placement was explored while it was in process not as a retrospective summation, as is commonly the case.

Other research related to nursing students’ satisfaction with learning within the clinical setting is also evident in the literature. Edgecombe and Bowden (2009) developed a model to explain how students progress towards becoming proficient novice registered nurses. They used Dunn and Burnett’s (1995) Clinical Learning Environment Scale to collect data for the research and to subsequently construct the model. Unlike the study by Dunn and Hansford (1997), the role of students in creating satisfaction with their placement was not explored. Student satisfaction with two different types of placement – dedicated education units and traditional block placements – was identified as part of the study, as were factors related to how students learn on clinical placement. These two areas were reported separately and no links were drawn between student satisfaction and the process of learning. The authors, however, discuss some areas that might potentially influence how students determine satisfaction with learning such as anxiety, confidence, being overwhelmed, an ability to relate theory to practice, sense of achievement, and learning styles.

Most of the studies around satisfaction with placement-related learning have focused on students placed in hospital wards in metropolitan or, on occasion, regional areas with limited exploration of other nursing workplaces. The area of mental health is the exception. Several studies around undergraduate nursing students placed in mental health facilities have addressed student satisfaction with their placement environment, but not their learning while on placement (Cleary & Happell, 2005; Henderson et al., 2007; Happell, 2008).
In summary, there remain many unanswered questions relating to students’ satisfaction with learning on clinical placements. Most of the research to date has focused on students’ satisfaction with the learning environment. While the studies focus on students’ perceptions of the learning environment, they provide tantalising glimpses of what student satisfaction with learning might look like. This concludes the discussion of the literature on how students determine satisfaction with learning on clinical placements.

**University context: satisfaction with learning in simulated environments**

This section examines theoretical perspectives evident in research studies that explore student satisfaction with learning in simulated settings and provides foundational understanding for a study about how students determine satisfaction with learning. Simulated settings may also be referred to as nursing laboratories or similar. Simulation is an increasingly important educational strategy in undergraduate nursing education. Lapkin and Levett-Jones (2011) suggest that simulated environments enable students to actively participate in challenging and unpredictable clinical situations. Simulation-based learning enables students to integrate knowledge and skills, communicate with others and utilise critical thinking approaches. Simulation-based learning can be undertaken in a safe environment where mistakes do not impact on ‘real patients’ and students can develop some of the essential skills required of the registered nurse. The improved sophistication of simulation technology has seen its use increase in recent years. Simulation has potential implications for nursing students’ satisfaction with learning.

**International university context: satisfaction with simulated environments**

Clinical simulation has been researched internationally in relation to student satisfaction and learning outcomes and has implications for how students determine satisfaction with learning. Several studies describe approaches to simulation and report on student satisfaction.

One study explored how learning styles impacted on satisfaction with simulation. Fountain and Alfred (2009) reported on how learning styles impacted on student satisfaction with simulation, concluding that students with social and solitary learning styles were most satisfied. This study clearly relates to student satisfaction with learning,
linking the two concepts of satisfaction and learning rather than them being separate and distinct.

Satisfaction and learning have been measured in studies designed to evaluate innovations in simulation. Leonard, Shuhai and Chen (2010) used a satisfaction survey to gauge students’ responses to an innovative simulation. Questions required a written response and, in relation to learning, asked students to self-report on whether the simulation reinforced their knowledge base and enhanced their critical thinking and decision-making skills. Satisfaction was implied from their responses. It was not requested specifically. Another study measured students self-reported satisfaction and learning following a paediatric fever management educational initiative. Satisfaction was measured using the Satisfaction with Simulation Experience Scale. Knowledge acquisition was verified independently (Kim, Oh, Kang & Kim, 2014). In the first study satisfaction with learning was implied and in the second study learning was theorised as distinct to satisfaction.

Other studies also compared different approaches to simulation for both learning outcomes and satisfaction. Guhde (2011) compared simple and complex simulations and identified no difference in satisfaction or learning. Luctkar-Flude, Wilson-Keates and Larocque (2012) identified that high-fidelity simulators produced better performance, measured objectively, but that students were less satisfied. Holland et al. (2013) provided an intervention group with standard teaching and unlimited access to a video clip on medication administration. They found higher pass rates and greater satisfaction with the educational environment in the intervention group than the control group. This is a complex area, with considerable diversity in simulation scenarios and simulators, which is probably responsible for producing somewhat conflicting results. Theoretically, however, the scenarios are similar. Satisfaction and learning, in the form of outcomes, are conceptualised as distinct. Satisfaction is measured subjectively and learning objectively.

The National League of Nursing Simulation Framework includes a satisfaction dimension, called the Student Satisfaction and Self-confidence Scale, which has been used in a number of simulation-based studies. Sheets and Ganley (2011) used it to measure student satisfaction with simulation in a foundational gerontology course.
Sharpnack and Madigan (2012) used the tool to evaluate satisfaction and self-confidence with low-fidelity simulation. Thidemann and Soderhamn (2013) used the tool to measure satisfaction and self-confidence with scenario-based high-fidelity simulation alongside a pre- and post-test of knowledge. None of the last three studies looked at learning specifically; instead assuming that increased self-confidence implied a personally perceived sense of increased understanding.

The reliability and validity of the Student Satisfaction and Self-confidence Scale has been questioned. Franklin, Burns and Lee (2014) tested the validity and reliability of three measures of the tool, finding that the content validity of the Student Satisfaction and Self-confidence Scale could be improved. Tosterud, Petzall, Hedelin and Hall-Lord (2014) tested the 13-item Student Satisfaction and Self-confidence’ Scale in the Norwegian context and concluded there was no stable factor solution. When the two subscales (satisfaction and self-confidence) were tested separately, ‘satisfaction with current learning’ was suggested as a one-component solution. Tosterud et al. (2014) recommend more work on this particular scale in different contexts. It is interesting that it is the satisfaction and learning dimension of the National League of Nursing Simulation Framework that is contested, suggesting once again that the conceptualisation of satisfaction in relation to learning is problematic.

Clearly, a range of satisfaction and learning-related issues in relation to simulation have been explored in the international literature. Satisfaction in these studies is self-perceived while learning is either self-perceived or objectively measured. The focus is predominantly on student satisfaction and learning rather than student satisfaction with learning.

**Australian university context: satisfaction with simulated environments**

Student satisfaction with clinical simulation within the Australian context has been well researched in relation to student satisfaction and learning outcomes. Levett-Jones et al. (2011) measured student satisfaction with clinical simulation. These authors reported on the development and psychometric testing of the Satisfaction with Simulation Experience Scale (SSE), which was found to be valid and reliable when tested on a cohort of nursing students. None of the items mentioned satisfaction specifically; instead they related to
reflection and debriefing, clinical reasoning and clinical learning. The researchers argue that student satisfaction with simulation alone was insufficient to demonstrate learning outcomes, and the ‘gold standard’ of simulation should be clinical performance. They also suggested that student satisfaction was necessary for engaged and meaningful learning, claiming that student satisfaction comes prior to, or as an integral part of, the learning process, rather than an outcome of learning. The authors measured student satisfaction in their study, although retrospectively. Students reflected back on their experience and indicated their degree of satisfaction with the simulation experience. If satisfaction is integral to the learning process then measuring satisfaction retrospectively will not capture nuanced changes in satisfaction over time.

In the second study Lapkin and Levett-Jones (2011) reported on a cost–utility analysis of medium- versus high-fidelity patient simulation manikins in undergraduate nursing education, including student satisfaction. The areas of measurement were knowledge, clinical reasoning development and student satisfaction. Student satisfaction was measured using the Satisfaction with Simulation Experience Scale mentioned above. Knowledge was measured using a 21-item multiple choice test and clinical reasoning was measured via observation. Once again, satisfaction and the outcomes of learning were measured, and reported, separately. Satisfaction was self-reported but learning was measured by the education team.

In summary, quality quantitative studies of simulation exist that measure satisfaction and learning. In these studies students’ self-reported satisfaction is measured retrospectively, and learning is measured objectively. The goal of these studies was to identify measurable learning outcomes independently of student satisfaction.

**University context: classroom and online delivery and satisfaction with learning**

The theoretical perspectives of research studies that explore student satisfaction and learning in relation to classroom and online delivery were identified. Increasingly online delivery is used to enhance or replace classroom, or face-to-face, teaching. To further understand the theoretical perspectives around how undergraduate nursing students, determine satisfaction with learning, it was necessary to identify research studies that
addressed aspects of satisfaction and learning in relation to classroom and online delivery.

International university context: classroom and online delivery and satisfaction with learning

International papers about on-campus initiatives have been reported in relation to nursing students’ satisfaction and self-reported learning. All were quantitative studies. The use of ‘clickers’ has been widely reported in the literature to measure satisfaction and self-reported learning outcomes (Berry, 2009; Meedzan & Fisher, 2009), and student satisfaction solely (Filer, 2010). Concept mapping (Hinck et al., 2006), podcasts (Vogt, Schaffner, Ribar & Chavez, 2010), and blended learning (Hsu & Hsieh, 2011), has also been explored in relation to satisfaction and self-reported learning outcomes. Roh, Lee and Choi (2015) reported on satisfaction with team-based learning and self-reported expected competence. All of these studies focus on self-reported perceptions of satisfaction and learning, treating satisfaction and learning as two distinct concepts.

Some studies sought to measure satisfaction with educational innovation and knowledge acquisition from an objective perspective rather than self-reported. Gagnon, Gagnon Desmartis and Njoya (2013) reported on a blended learning initiative in a beginning-level nursing research course, measuring knowledge acquisition as reflected in examination results and satisfaction as demonstrated through course evaluation. Course evaluation questions were not stated but a satisfaction statistic was provided. Missildine, Fountain, Summers and Gosselin (2013) measured student satisfaction and learning with a flipped classroom initiative. Learning was measured using examination scores, and satisfaction data was collected using a 16-item, faculty developed, four-point Likert questionnaire, where higher scores were interpreted as greater satisfaction. Similarly, Segal et al. (2013) measured student satisfaction and learning with an innovative introductory nephrology course. Final exam results were used to measure learning. Satisfaction with the educational environment was measured using a 17-item, five-point Likert scale instrument. Likert scales ranged from ‘very dissatisfied’ to ‘very satisfied’. For this instrument satisfaction was not implied by a positive score like so many instruments. With all of these studies different approaches were used to measure self-perceived
satisfaction but all learning was measured objectively. Once again learning and satisfaction were conceptualised as distinct concepts.

Problem-based learning has been researched internationally in relation to nursing students’ satisfaction and learning outcomes. Choi (2003) found students to have increased satisfaction and self-reported learning with a problem-based learning approach. Similarly, Hodges (2011) found students were satisfied with a problem-based learning approach and also self-reported increased thinking skills in relation to complex nursing situations. In contrast, Klunklin, Subpaiboongid, Keitlertnapha, Viseskul and Turale (2011) found students had mixed emotions about problem-based learning, indicating satisfaction with some aspects of the learning experience only. Positive experiences were equated with satisfaction. Findings are mixed in relation to student satisfaction with problem-based learning. Conflicting findings may relate to contextual differences. Theoretically learning and satisfaction were distinct concepts.

Another area studied in relation to satisfaction and learning was class size. Lee, Dapremont and Sasser (2011) investigated student satisfaction and learning with class size. They compared students’ satisfaction with class size and test scores. Students were more satisfied with smaller class sizes than larger class sizes, but there was no difference in test scores between the two groups. Whether class size contributes to student satisfaction with a personal sense of learning as opposed to externally measured learning outcomes is an interesting area to contemplate.

**Australian university context: classroom and online delivery and satisfaction with learning**

Several papers have addressed student satisfaction and learning in relation to classroom and online delivery in Australia. The areas explored were satisfaction with interpersonal communication training, bioscience courses and online delivery.

One study related to the Bachelor of Nursing curriculum explored student satisfaction and learning within communication training. Mullan and Kothe (2010) aimed to evaluate the relationship between students’ self-rating, course satisfaction and objective assessment of their communication skills as reflected in a formal assessment. They found that self-rated ability and satisfaction were linked, but that neither was linked to objective assessment.
Students who were most satisfied tended to rate their communication skills more highly, but on objective assessment were found to perform no better than students who were less confident and less satisfied. Students who expected to be satisfied with the course were more likely to be so. Interestingly these findings were not what the researchers expected. They also noted concerns about the lack of a strong correlation between students’ perceptions and performance given the wide usage of standardised tools that seek student perceptions. The authors concluded that, ‘Whilst student perceptions of the course reflect well on the communication skills module, it is important not to assume that the course was successful in improving communication skills’ (Mullan & Kothe, 2010, p. 378). The findings of this study suggest tension between satisfaction and learning. Further conceptual clarity around satisfaction and learning maybe beneficial for future research studies into specified curriculum areas.

The area of bioscience is one that can be challenging for nursing students, with implications for satisfaction with learning. Following an integrative review of the bioscience literature, McVicar, Andrew and Kemble (2014) suggest bioscience is well documented as problematic for students but argue that research to date has focused too heavily on pleasing students rather than objective measurements of learning. Here the implication is that satisfaction relates to the educational experience and is distinct from learning, which should be measured objectively by the teaching team.

Delivery methods have changed in Bachelor of Nursing programs in Australia in recent years, influencing how students learn. No longer do students learn nursing theory exclusively in the classroom. Increasingly courses are taught using online delivery. Conway and Sharkey (2002, p. 557) identified how a problem-based learning approach embedded within flexible delivery re-conceptualised what learning meant to students. One student stated: ‘the delivery was flexible but my mind wasn’t flexible enough at first’. Another student wrote: ‘I am ready to accept change’. Both of these statements suggest an unexplored dimension of satisfaction with learning.

Salamonson and Lantz (2005) included satisfaction in their evaluation of a hybrid pathophysiology course where some face-to-face teaching approaches were substituted for online delivery. While age and hours of work did not influence perceived satisfaction,
students who achieved high scores on their final exam preferred face-to-face approaches. In the discussion it was suggested that these students may have wanted contact hours maintained and have the web-based resources as well. It was also suggested that they might be overly dependent on teacher-based approaches, rather than developing a more self-directed learning style. Interestingly, students with lower marks did not mind the reduction in face-to-face teaching. Knowing if and how this was related to how these students learned might provide useful information to assist them to learn more effectively while maintaining their level of satisfaction.

An online intervention in a human anatomy and physiology class was evaluated to determine if it increased student-perceived satisfaction with feedback about learning (Thalluri, Wache & Hiscock, 2006). It did. However, how this impacted on overall satisfaction was not reported, although this item was included in the survey tool. How the learning intervention improved learning outcomes was not explored either. These two areas were noted as limitations to the study. While there are some concerns about the methodology used in this evaluation, inherent difficulties in understanding undergraduate nursing students’ satisfaction with learning was evident, raising the question of whether it is worthwhile to improve satisfaction for satisfaction’s sake. An intervention that improves satisfaction, but not student learning outcomes, may not justify the resources required. In this instance further understanding how students determine satisfaction with learning could possibly provide information to inform options around the best use of scarce resources.

Other papers focused on aspects of satisfaction with online delivery within Bachelor of Nursing programs. Creedy et al. (2007) evaluated satisfaction with a web-enhanced Bachelor of Nursing curriculum. Third-year nursing students were asked to complete sixty-five Likert items covering seven areas of online delivery. Results suggested that overall satisfaction with web-enhanced learning was high, but analysis of factors accounted for only 18.5 per cent of variance. Satisfaction with how students learn was mentioned in the paper’s literature review, citing conflicting findings, but was not addressed in the tool used in the study. More complex issues around student learning within a web-based environment were noted as an area for future research, suggesting
that better understanding around how students determine satisfaction with online learning would be beneficial.

Latham, Giffard and Pollard (2007) addressed student satisfaction with aspects of learning in an online course. This study indicated that students were satisfied with the off-campus delivery of a program that was supported by regular face-to-face contact with an educator. The study had a small sample and an unsophisticated survey method, but it demonstrated some of the challenges inherent in student satisfaction with learning. 93.3 per cent of the students indicated they were satisfied with the first year of the program but only 46.6 per cent indicated they had a good understanding of the skills required to undertake university study and the knowledge to acquire skills. More encouragingly, 86.6 per cent indicated they had improved their written communication and ability to plan work. The findings from this study highlight areas of tension between satisfaction and learning suggest that understanding further how students determine satisfaction could be helpful in enhancing both learning and satisfaction.

In summary, increasingly studies are reported in the literature that evaluate classroom and online initiatives for student satisfaction and learning. Satisfaction and learning are conceptualised as discrete concepts and relationships between the two are contested. That is, sometimes studies find satisfied students have enhanced learning, some studies suggest this may not be so and others find no relationship between satisfaction and learning. Part of the problem is that satisfaction is conceptualised as being perceived by the student while learning is judged by the other: the teacher. How students perceive satisfaction with learning is under-explored.

Summary of gaps in the literature

Much is unclear about theoretical perspectives of student satisfaction with learning in Bachelor of Nursing programs in Australia. The preliminary literature review, however, revealed that student satisfaction with learning is a legitimate and important area of study.

Student satisfaction is defined in both the general higher education literature and the nursing-specific literature but there is no agreed or consistent definition. Student satisfaction in relation to learning is poorly defined. There is an extensive body of literature around learning theory, and some theories of student satisfaction; however,
there are few theories relating student satisfaction with learning, and no theories were located specific to student satisfaction with learning in Bachelor of Nursing programs. Increasing clarity in this area could be beneficial for informing the theoretical frameworks of future research studies.

Research studies did not tend to include theoretical frameworks of student satisfaction that were inclusive of learning. Learning was generally not related to satisfaction. Satisfaction and learning were conceptualised as distinct concepts, with learning either self-reported or measured by the teaching team as learning outcomes. In the case of the latter, satisfaction was judged to be something on which students could comment while their learning achievements were not. A theoretical study of student satisfaction with learning would combine concepts of satisfaction and learning, creating more comprehensive understanding of student satisfaction from the students’ perspective.

In conclusion, most research to date has focused on student perceptions of the learning environment, and overall satisfaction, and self-reported, or teacher-measured, learning outcomes. The separation of satisfaction and learning, as evident in most research studies, is consistent with theoretical work in the area. While it is possible to glimpse how students determine satisfaction with learning, much remains under-theorised.

In the next chapter, the theoretical perspectives, research methodology and research methods used to address this gap is described. A grounded theory methodological approach provided a framework for theorising about nursing students’ satisfaction with learning.
CHAPTER 3

Theoretical perspectives, grounded theory methodology and methods

Introduction

The aim of this research was to explore how nursing students determine satisfaction with learning in Bachelor of Nursing programs. A constructivist grounded theory methodology provided an appropriate research design to address this aim and answer the research question. It should be noted that ‘grounded theory’ refers to the result of the research process and grounded theory methodology is the research design (Bryant & Charmaz, 2007). Grounded theory methods are the practical procedures used to generate and analyse data (Birks & Mills, 2011).

In Chapter 1 it was established that student satisfaction is an important consideration in contemporary higher education in Australia in the twenty-first century. It was established in Chapter 2 that a gap in theoretical understanding exists in relation to student satisfaction with learning in Bachelor of Nursing programs in Australia. Most research to date has focused on student perceptions of the learning environment, and overall satisfaction, and self-reported, or teacher-measured, learning outcomes. The separation of satisfaction and learning in most research studies is consistent with existing theoretical work in the area, suggesting additional theoretical understanding that links satisfaction with learning would be beneficial for future research into nursing students’ satisfaction with Bachelor of Nursing programs.

This chapter explores the grounded theory methodology underpinning the research reported in this thesis. Constructivism and symbolic interactionism are discussed as the study’s underlying theoretical framework. Grounded theory methodology, including constructivist grounded theory, and the grounded theory methods used in this study are explained, as well as the ethical issues implicit in the research and how these were addressed.
Constructivism

The research paradigm underpinning this study was constructivism. Constructivism is a research paradigm that conceptualizes reality as relative to the observer (Lincoln & Guba, 2014). Relativism is an ontological presupposition of constructivism (Lincoln & Guba, 2014). A relativist ontology suggests reality ‘exists only in the minds of the persons contemplating them’ (Lincoln & Guba, 2014, p. 39). Social entities only have status when groups of people decide they should. Guba and Lincoln (2014) suggest that if relativism is accepted ontologically then what can be known must be context and person specific. They term this epistemology ‘transactional subjectivism’ (Lincoln & Guba, 2014, p. 40). With transactional subjectivism knowledge is created through transactions between the knower (participant) and to-be-known (researcher) within a particular context. Perspectives vary depending on whether individuals are currently living the experiences or reflecting on them as past events (Charmaz, 2014). Knowledge is created and exists within a time and space framework.

Many possible realities exist from a constructivist perspective. Lincoln and Guba (2013) state that constructivism is a paradigm where beliefs are unique to each individual. It is not possible to justify belief systems on any external, objective grounds. When viewed within the constructivist tradition there are many possible socially constructed realities.

Exploring how students determine satisfaction with learning from a constructivist perspective was consistent with my personal views about the nature of reality. Constructivism reflects my personal philosophy around the nature of reality, what can be known and how best to understand what can be known. Annells (1996) suggests that the grounded theory methodology chosen should be evaluated by the researcher for congruence with the enquiry paradigm with which they feel most comfortable. Mills, Bonner and Francis, (2006) suggest that researchers needed to identify their ontological and epistemological position so that they can position themselves methodologically on the grounded theory spectrum. They suggest it is important for the researcher to feel theoretically comfortable so they can ‘live out their beliefs in the process of inquiry’ (Mills et al., 2006, p. 32). In the constructivist tradition Birks and Mills (2015) provide learning activities to assist the grounded theory researcher to identify their assumptions.
about the world and ultimately their philosophical position in relation to grounded theory research. I completed the activities and they confirmed my constructivist beliefs about the nature of reality. My personal, carefully considered, view about the nature of reality sits within a constructivist paradigm.

Methodology appropriate to constructivism must be able to delve in to the minds of those in a position to know, to understand how they create meaning and make sense of their experiences, in the world (Lincoln & Guba, 2014). Symbolic interactionism is a theoretical perspective related to how human create meaning and is explored next.

**Symbolic interactionism**

Symbolic interactionism was chosen as the theoretical framework for exploring how students determine satisfaction with learning. Symbolic interactionism is a theoretical framework often associated with grounded theory methodology. Symbolic interactionism is a theoretical perspective that assumes society, self and reality are constructed through interaction and so rely on communication and language to create meaning (Charmaz, 2006). The researcher looks closely at a participant’s interpretation of their situation and actions (Charmaz, 1990). Symbolic interactionism is an appropriate theoretical perspective for the study of psycho-social processes and is consistent with the constructivist paradigm of enquiry (Charmaz, 2014), suggesting it was appropriate to guide this study.

The philosophy of Pragmatism underpins symbolic interactionism. Pragmatism strongly influenced the conceptualisation of symbolic interactionism. While developing symbolic interactionism both Mead and Blumer, who will be discussed further shortly, were strongly influenced by pragmatist philosophy (Crotty, 1998). Pragmatism is a philosophical tradition that assumes that theories and beliefs have value if they have practical applications. Practical actions that solve problems result in meaning (Charmaz, 2014). Therefore, meaning has more to do with practical consequences than abstract meaning.

While it is not unanimously agreed that symbolic interactionism is required as a framework for grounded theory studies, it was chosen for this research because of its fit
with constructivist grounded theory. There are differences of opinion about the relationship between grounded theory methodology and symbolic interactionism, with some qualitative researchers arguing that grounded theory methodology and symbolic interactionism are a theory/methods package and others arguing they are not (Bryant & Charmaz, 2007). This said, Bryant and Charmaz (2007) suggest there is clear evidence to support the compatibility of grounded theory methodology and symbolic interactionism. Both assume an actor as agent, highlight the significance of studying processes and emphasise the building of useful theory about the social world. Symbolic interactionism emphasises psycho-social processes and, therefore, the relationship between meaning and action, which complements the questions asked by grounded theorists. How students determine satisfaction with learning is a social process that therefore involves thinking, interpretation and action.

Symbolic interactionism has a long and scholarly history to support its use in this study. Symbolic interactionism stems from the work of George Herbert Mead, who did not publish his work widely in his lifetime. This was left to academics that followed him. For example, Morris edited some of Mead’s (1934) work on the mind, self and society. This formed the basis of symbolic interactionism, which was further developed by Blumer (1969) several years later. Blumer (1969, p.83) states:

Sociological thought rarely recognizes or treats human societies as composed of individuals who have selves. Instead they assume human beings to be merely organisms with some kind of organization, responding to forces which play upon them.

Symbolic interactionism focuses on how individuals perceive situations and what they then do in these situations (Charmaz, 2014). Nursing students in undergraduate programs think about the courses they are studying and what they are learning. They also think about the program and the institution where they are studying. They discuss their thinking and feelings with other students and nurses, including nurse academics, and in the process determine their satisfaction with learning. They then act accordingly.
The first central concept in symbolic interactionism according to Mead that was relevant to this study is the mind. Mead (1934) argues that biological individuals become mindful organisms through the process of conversation, with mental processes constructing meaning. The mind is important because individuals are able to think about a situation and plan what to do. People can, and do, think about their actions (Charmaz, 2006). In order to understand the world, people must understand the complex, symbolic world in which they live. This symbolic world is represented by words, gestures, photographs, and similar. The most important kind of symbol, however, is language, and language is socially constructed. Symbols are defined in interaction that is meaningful and significant. A symbol, language for example, is significant when the one who speaks is aware of its meaning to the other. People also respond to movement, expressions and tone of voice as they seek meaning in each other’s actions (Blumer, 1969). Nursing students do this when determining their satisfaction with learning.

The second central concept in symbolic interactionism according to Mead that was relevant to this study is the self. For an individual to be aware of the existence of others, there needs to be consciousness, and this is what Mead (1934) refers to as ‘the self’. Mead distinguished between ‘Í’ and ‘me’. ‘Í’ is the source of action and impulse and involves the ability to think and reflect on actions and consequences. ‘Me’ is the view of self from the perspective of others (Mead, 1934). The development of self-consciousness, or a sense of self, is necessary for individuals to take a role in the organised life of a society. The self is a product of social interaction, developed through participation in society. Through social interaction people learn the meaning of symbols inherent in thought (Blumer, 1969). Charmaz (1999) views self-concept as the values, sentiments, attributes and characteristics through which the individual defines him or herself. Images of self that arise from interactions with others influence what individuals think, feel and do. Charmaz (1999) suggests that the self evaluates its own actions, enabling an individual to have both positive and negative images of self. The concept of self and how it extends to others within the higher education environment, via the use of symbols, was examined in this research as it relates to student satisfaction with learning in Bachelor of Nursing programs. In the contemporary higher education system students have more ways in which to define themselves through interaction than ever before. Not only can
they do this face to face, but they can also do it via electronic media. Digital media, including Facebook, email and text messages, are all opportunities for interaction, and thus defining of the self.

The third central concept in symbolic interactionism according to Mead that was relevant to this study was society. Humans with minds and selves are linked through symbols and create society (Mead, 1934). Charmaz (2006) argues that the individual becomes linked as part of the larger whole, with Blumer (1969) suggesting that there are many joint, connected actions that make up much of the group life of human beings. Nursing students are linked to each other, in joint action as a student group, and also with academics and others in the society of the school of nursing and university, influencing how they determine satisfaction with learning. They are also linked as part of the broader Australian community and ultimately as global citizens. Each individual student’s place in Australian society influences their thinking and actions and, as a consequence, how they determine satisfaction with the Bachelor of Nursing program.

Symbolic interactionism requires the researcher to put themselves in the place of others and see the world, as far as they are able, from the other’s perspective. Symbolic interactionism focuses on the meaning that things and events have for people, in this instance nursing students, because people ‘act towards things on the basis of the meanings which these things have for them’ (Blumer, 1969, p. 2). Individual action requires the person acting to identify and interpret the things they find around them first. Action follows this interpretation. Interactions with others shape the individual’s beliefs, attitudes and behaviours. To understand the actions of a group, or individual, it is necessary to identify the underlying meaning the thing or event has for them. In this study the focus was on the meaning students place on events that influenced their satisfaction with learning. People act and interact according to the meaning they give to specific symbols. A grounded theory research study that uses symbolic interactionism as a framework, with a focus on language, meanings and action, avoids the research becoming a study of overt behaviour or interview accounts taken at face value (Charmaz, 2006). The aim of this study was to understand not only what students do in relation to their satisfaction with learning, but also how they come to the decision to act in the way they do. In this research the way in which students consciously reflect and act towards each
other, and academic and nursing staff within the higher education environment, and in the clinical learning environment with nurses, patients and allied health professionals, was explored to identify how students determine satisfaction with learning.

While symbolic interactionism has been chosen as the theoretical framework for this study, it is not without its critics. Classic symbolic interactionism has been criticised for not taking into consideration the influence of institutions, class struggles and moral structures and, as a result, producing a distortion of social reality (Annells, 1996). This view is also held by Crotty (1998), who suggests that if everyone’s way of making sense of the world is as valid and worthy of respect as any other, then there is no room for critique. Students with a wide variety of perspectives now, quite rightly, have access to higher education. As a consequence, they have a right to be heard, and have their perspectives on how they determine satisfaction with learning considered. When reporting research there are approaches that can be used that accommodate broader sociological perspectives and place students’ perspectives in context. Charmaz (2005, p. 512) suggests the ‘researcher can use grounded theory to anchor future action, practice and policies in the analysis by making explicit connections between the theorized antecedents, current conditions and consequences of major processes’. This recommendation has been accommodated in the structure of this thesis.

As the study progressed the appropriateness of symbolic interactionism as the underlying theoretical framework was reinforced. Initial data analysis revealed codes arising from interaction between individuals. Participants reported talking with other students, registered nurses, including nurse academics, family and friends, influencing how they perceived satisfaction with learning. Context was also mentioned often, reinforcing that symbolic interactionism was an appropriate framework to underpin this particular constructivist grounded theory study.

In summary, symbolic interactionism was an appropriate theoretical framework to explore how students determine satisfaction with learning in Bachelor of Nursing programs. Both Charmaz (2014) and Clarke and Friese (2007) recommend using both grounded theory methodology and symbolic interactionism for studies located within a constructivist framework. As a consequence of this advice, symbolic interactionism was
used as a theoretical framework for this research study that explored how students determine satisfaction with learning in Bachelor of Nursing programs in Australia. Next grounded theory methodology is explored.

**Grounded theory methodology**

Grounded theory methodology has proven to be a robust, popular approach to qualitative research. Birks and Mills (2011) suggest grounded theory methodology is one of the most frequently used research methodologies in the world. Grounded theory methodology was originally described by Barney Glaser and Anselm Strauss in 1967 in their now classic text *The discovery of grounded theory: Strategies for qualitative research* (Glaser & Strauss, 1967). This text outlined how theory could be generated from systematically obtained and analysed data. This was in opposition to the traditional practice in quantitative research of rigorous testing of existing theory. Generating grounded theory was seen as a way of arriving at theory that suited its proposed purpose, that is, a substantive theory. Glaser and Strauss (1967) proposed that data should be analysed for context and social process. Through the process of data collection, constant comparative analysis and further data collection and analysis, a core category emerges from the data. The origins of all grounded theory methodologies developed since can be traced back to this original, clearly written, logical and inspiring text. The rigorous development of grounded theory suggests it is a sufficiently developed methodology on which to base a study about how students determine satisfaction with learning.

Grounded theory methodology is an appropriate methodology for exploring individuals’ experiences and actions within specific contexts. Corbin and Strauss (2008) suggest grounded theory methodology is appropriate for research studies that aim to identify how people experience events, the meaning they give to experiences, locating these experiences within a context, and describing the process of action, interaction and emotion that occurs in response to events. In addition, Charmaz (2014) suggests that grounded theory methodology enables researchers to explore *how* people explain their statements and their actions and what analytic sense can be made of these. How students determine satisfaction with learning is a dynamic, continuously changing, process that
occurs within a specific context, and therefore is consistent with the grounded theory methodology.

Grounded theory methodology has been deemed appropriate for ‘how’-related research questions that address a psycho-social process. Birks and Mills (2015) suggest ‘how’ questions, such as the one proposed in this research, are within the domain of grounded theory research. Grounded theory methodology is also appropriate when an inherent process is embedded in the research question (Birks & Mills, 2015; Charmaz, 2014). This research proposes that how students determine satisfaction with learning is a dynamic, continuously changing, process that evolves across time, suggesting grounded theory methodology is appropriate for exploring a question about how Bachelor of Nursing students determine satisfaction with learning.

Grounded theory methodology has also been identified as appropriate where little is known about a topic. Birks and Mills (2015) suggest that grounded theory methodology is an appropriate approach to use when little is known about the area under investigation because grounded theory results in a new theory. New knowledge takes the form of a theory. It was established in Chapter 2 of this thesis that little is known about Bachelor of Nursing students’ satisfaction with learning.

Over the years grounded theory methodology has been shaped to reflect different epistemological perspectives. Bryant and Charmaz (2007) argue there are three main versions of grounded theory methodology: Glaser’s classical grounded theory methodology, Strauss and Corbin’s grounded theory methodology, and Charmaz’s constructivist grounded theory methodology. Each perspective commenced at a different ‘moment’ in qualitative research (Birks & Mills, 2011), influencing the philosophical underpinnings and assumptions about method. Glaser continued to develop the grounded theory methodology outlined in The discovery of grounded theory (Glaser, 1992, 2007). Anselm Strauss teamed up with Juliette Corbin to take grounded theory methodology in a direction that saw it used not only for theory building, but also for the development of rich, deep description or case study analysis (Corbin & Strauss, 2008). Strauss died in 1996 but Corbin continued to refine their work (Corbin & Strauss, 2008). Charmaz took grounded theory in a constructivist direction and continues to develop her work within
this philosophical frame (Charmaz, 2014). A study of how students determine satisfaction with learning could have appropriately been undertaken using any of these versions of grounded theory. Constructivist grounded theory (Charmaz, 2014), however, was chosen for reasons that will be explored in the next section.

**Constructivist grounded theory methodology**

I chose Charmaz’s constructivist grounded theory methodology to investigate how Bachelor of Nursing students determine satisfaction with learning. Charmaz (2014) builds on the work of Glaser, and to a lesser extent Strauss and Corbin (1990), to develop a constructivist grounded theory methodology. Glaser rejected the grounded theory methodology proposed by Corbin and Strauss (Glaser, 1992) as well as the constructivist grounded theory methodology proposed by Charmaz (Glaser, 2012) in part for epistemological reasons based on the ‘moments’ of qualitative research mentioned earlier. Glaser’s version of grounded theory was post-positivist, and Charmaz’s constructivist, suggesting a different perspective on what can be known about human existence.

Constructivist grounded theory assumes a view of reality appropriate for this particular study. This view of reality is consistent with constructivism and most appropriate for addressing questions related to the human sciences (Lincoln & Guba, 2013). Therefore, how students determine satisfaction with learning was an appropriate question for investigation within a constructivist grounded theory approach. Mindful of Glaser’s (2012) critique, I chose Charmaz’s (2014) constructivist grounded theory methodology for this study to identify how students determine satisfaction with learning.

Kathy Charmaz is an eminent scholar with many years’ experience using, developing and writing about grounded theory. Her text titled *Constructing grounded theory* (Charmaz, 2014) was used to plan the study and to inform its implementation. In 2015 I attended two workshops in Melbourne run by Kathy Charmaz that confirmed for me that constructivist grounded theory was an appropriate methodological approach for exploring how students determine satisfaction with learning.
Constructivist grounded theory methodology locates what can be known about reality within a specific world view. Methodologies appropriate to constructivism are those that investigate the meaning-making activities of those who are in a position to know (Lincoln & Guba, 2013). Bryant and Charmaz (2007) suggest that a range of contemporary epistemological and philosophical issues could be addressed by constructivist grounded theory. They suggest constructivist grounded theory methodology takes the middle ground between realist and postmodern perspectives, viewing reality as having multiple possibilities, being subject to redefinition and sometimes indeterminate. Constructivist grounded theory methodology moves grounded theory methodology further into the realm of:

Interpretive conceptual frames and further away from deterministic variables. This GTM builds on a fluid, interactive and emergent research process of its originators but seeks to recognise partial knowledge, multiple perspectives, diverse positions, uncertainties and variation in both empirical experience and its theoretical rendering. It is realist to the extent the researcher strives to represent the studied phenomena as faithfully as possible, representing the ‘realities’ of those in the studied situation in all their diversity and complexity. (Bryant & Charmaz, 2007, p. 51)

The final theory constructed is only one possible construction among many. The researcher who works within a constructivist tradition co-constructs the account with the participants through interaction (Mills et al., 2006). Charmaz (2014) suggests the researcher is part of the world they are studying, and the data they collect, and the meaning that is constructed is influenced by both past and present interactions. The researcher constructs one perspective and others are possible. It is important to construct a theory that accounts for as many perspectives as possible. During this study it was important to reflect students’ perspectives as carefully and as thoroughly as possible while being mindful that a co-construction between the student participants and the researcher was occurring.

Constructivist grounded theory methodology also provides a framework for understanding what a researcher can know about the experiences of others. While all
grounded theory studies involve theorising, there are characteristics of constructivist grounded theory that are unique. During an interview (Puddephatt, 2006), Charmaz suggested that constructivists aim to understand the view of other people as well as they possibly can, but that different observers may hear different things and written statements may be viewed differently from what is heard. For accuracy it is important to be faithful to the data while acknowledging it as an interpretation influenced by the researcher conducting the research (Puddephatt, 2006). Constructivist grounded theory methodology emphasises how data analysis and methodological strategies become constructed, taking in to account researcher positions, perspectives, priorities and interactions. In the same interview, Charmaz suggested there is always tension around truth, because it can be ‘local, relative, historically-based, situational and contextual’ (Puddephatt, 2006, p. 9).

Constructivist grounded theory emphasises abstract understanding rather than explanation. Processes are often not linear and singular. Instead people move between, around and through the processes (Charmaz, 2011). Charmaz (1999) suggests that people’s experiences of the present provide the lens through which they view the past. People talk of the past while living in the present. As a consequence, a story of the past differs from a story unfolding in the present. A story can be recast over time. The reader comes to a story with their own experiences and knowledge. A story is not absolute truth or fiction; rather what is gained is an inner view of how the participant sees their world.

The participants in this study were all current Bachelor of Nursing students but each had a unique life story. Some were further into their program than others. These considerations were all influential in how students reported their satisfaction with learning at any moment in time and how the theory to account for these unique perspectives was constructed.

Methods

In this section the sampling, recruitment, and data collection strategies used in the research are discussed, as well as the approach to data analysis. Ethical considerations are also discussed. Charmaz (2014) provides method guidelines, advice and examples from her work for constructing grounded theory. She does not prescribe or provide instructions. The methods used in this study were developed from her guidelines. A
methodological journal was kept to chart the progress of the research. The methodological journal and other methods used in this research are discussed next.

**Methodological journal**

I kept a methodological and personal journal throughout the research. Birks and Mills (2015) suggest a methodological journal is necessary to chart the evolving research. The journal was handwritten and recorded changes in thinking around methods, focusing mainly on the practical aspects of analysing the data. For example, I made entries when I changed from using butchers paper to an art book for diagramming and then later to a computer. I also recorded my major changes in thinking around the evolving theory. My journal contains many ideas that I considered highly significant at the time, which often turned out to be far less important than initially anticipated. My journal also recorded my personal reflections on how my life view might be influencing my interpretation of the data, as reflected in the memos I had written. Rewriting memos many times in the light of the journal reflections enhanced the analysis over time.

**Initial sampling strategy**

I used initial and theoretical sampling, as proposed by Charmaz (2014), to identify participants who could provide data on how students determine satisfaction with learning. In grounded theory methodology, sampling is for the purpose of theory generation not population representativeness. Initial sampling was planned but later sampling was directed by the categories of the emerging theory. Some grounded theorists recommend commencing theoretical sampling early in the research (Birks & Mills, 2015). Charmaz (2014), however, recommends that theoretical sampling not commence until tentative categories have begun to emerge, as the purpose of theoretical sampling is to explicate categories, that is, to fill them out. The approach recommended by Charmaz (2014) was the one taken in this study. How theoretical sampling was used in this study is explained later in the chapter.

Initial sampling in this research study occurred from the commencement of the research until tentative categories had been constructed. In grounded theory research sampling is purposive. Initial sampling required sampling criteria for people, situations and settings.
that were determined prior to entering the field (Charmaz, 2014). I chose participants according to the sampling criteria. In this study initial sampling included undergraduate nursing students from city, metropolitan and rural university campuses. Sampling included male and female undergraduate nursing students, students studying part-time and full-time, and students studying off-campus, on-campus and mixed mode. Sampling criteria included students who entered the Bachelor of Nursing program through different entry pathways, specifically an Australian Tertiary Admission Ranking, an enrolled nursing qualification and other equity pathways. Undergraduate nursing students with varying grade point averages were also included. The chosen sampling criteria ensured a wide range of perspectives were heard. I approached the heads of schools of two higher education institutions that offered the Bachelor of Nursing program, and could provide participants that matched the sampling criteria, and asked if they would support the research.

Recruitment of participants

To explore how students, determine satisfaction with learning, I recruited participants who could provide insight into the question using the sampling framework described above. Processes for the recruitment of participants ensured the highest ethical standards. These standards are discussed specifically towards the end of this chapter.

I requested access to potential participants through the heads of schools of nursing at the two universities. The heads of schools were contacted by email (see Appendix 2). The email to the heads of schools explained the research study and included as email attachments the participant recruitment email (Appendix 3), the participant information sheet (Appendix 4), and participant consent forms for individual face-to-face and phone interviews (Appendix 5). Both heads of schools were supportive of the research, replying by email within 48 hours. I sought ethics approval through each of the universities’ Human Research Ethics Committees [Approval numbers: 0000033136; NRS/36/13/HREC]. After research ethics approval, nominees of the heads of schools forwarded the student recruitment material to undergraduate nursing students. One university distributed recruitment material, with the attached information sheet, via course noticeboards or emails. The course coordinators of a first-year, second-year and
third-year course sent out the information, confirming they had done so. At the other university an email containing the recruitment material with an attached information sheet was sent to all Bachelor of Nursing students.

The student recruitment material, forwarded by each head of school nominee, requested the student contact me via email if they wanted to participate. Potential participants who made contact were invited via email to participate in a face-to-face or phone interview or focus group interview. Participants chose the type of interview they preferred. The email had attached an information sheet and my contact phone number. Students were asked to nominate possible dates, times and locations for an interview. When an interview had been negotiated I emailed the student a demographic questionnaire and consent form. I asked students to bring the forms to the interview for face-to-face individual and focus group interviews. For telephone interviews I asked students to return the forms as email attachments. Seven participants who chose phone interviews provided verbal consent. Students were asked if they were prepared to be contacted again if additional clarification was deemed useful in the future. I contacted students who indicated an interest in participating via email but did not respond to the follow-up email, once more with a participation request. If there was no response to the email I made no further attempt to contact the student.

Twenty-three students contacted me about participating in the study following the recruitment round. Sixteen of these students went on to participate in individual interviews. Of the remaining potential participants, one indicated a preference for a focus group, one was excluded from the study because I was a referee for her and I felt she might have felt some obligation to participate, one student said she was too busy to be interviewed but sent me an email with some dot points, two did not respond to follow-up emails and two cancelled face-to-face interviews and did not respond to follow-up emails. Twelve months after the initial interviews the student who indicated interest in a focus group interview agreed to an individual interview. She was towards the end of the program and as there were no other students interested in participating in a focus group I emailed her to ask if she would agree to an individual interview. She did.
Only two of the participants had entered the Bachelor of Nursing from high school. With the support of one of the heads of school and a director of nursing, I attempted to recruit more participants who had entered the program from high school. I did this by presenting my study to groups of students at the end of their clinical placement. I gave them all an information sheet and asked anyone who was interested in being interviewed to please contact me. None did.

Of the seventeen participants who went on to be interviewed, seven were interviewed once, eight were interviewed twice and two were interviewed three times. This is explained further below in relation to data collection and theoretical sampling.

**Theoretical sampling**

I commenced theoretical sampling after ten interviews when the initial categories had begun to emerge. Theoretical sampling is central to grounded theory data analysis. Glaser and Strauss (1967) suggest that the process of collecting data, coding and analysis directs the data to be collected next and where to find it. Theoretical sampling is where the researcher seeks out specific data to enable development of the specific categories of the emerging theory. Theoretical sampling requires the researcher to sample people, situations and settings that enable them to grapple with the ideas, questions, ambiguities and gaps identified in the early stages of analysis. Data is sought to elaborate on emerging but underdeveloped categories. Preliminary categories that are unclear, or about which much is unknown, are developed through theoretical sampling until no new properties emerge and the categories are saturated. Corbin and Strauss (2008) and Charmaz in an interview with Puddephatt (2006) both suggest that theoretical sampling involves sampling concepts, not people. In the context of this study, however, it was people who could throw light on the developing concepts.

After ten interviews with participants, tentative analytic categories were emerging about how students determine satisfaction with learning. I added additional questions to the interview guide that enabled exploration of the properties of these emerging analytic categories for the next seven interviews with participants. I conducted follow-up interviews with participants who were still in the Bachelor of Nursing program twelve to fourteen months after their initial interview in order to explore further emerging
categories. All ten participants contacted agreed to a second interview. Nine participants responded within twenty-four hours and one within forty-eight hours. Three participants were contacted again when the theory was in the final draft stages to gain their feedback at that point. Two replied and were interviewed once more. The interview process is discussed further in the next section.

**Data collection methods**

In order to identify how students determine satisfaction with learning I collected rich data from the participants. Data captured a range of perspectives, contexts and timeframes (Charmaz, 2014). Data collection followed recruitment of research participants. The main data collection method, as indicated earlier, was semi-structured interviews. I collected demographic data via a questionnaire from each participant mostly prior to interview. Field notes constructed after each individual interview also formed part of the data collection. Next the data collection methods of interviews, demographic data and field notes are described.

**Interviews**

I used interviews to explore how nursing students determine satisfaction with learning. Interviews have been used widely as a principal, effective source of data generation in grounded theory research (Birks & Mills, 2015; Charmaz, 2014). In this study, the interviews explored the participants’ personal experiences of learning and satisfaction. The interviews emphasised participants’ perspectives, experiences and meaning and were conducted either face-to-face or by phone as mentioned earlier.

I used intensive interviewing to acquire rich data about how students determine satisfaction with learning. Kvale (2007) suggests interviews are conversations that enable the construction of knowledge that is co-authored and co-produced by interviewer and interviewee. Intensive interviewing is useful in interpretive enquiry for understanding ‘language, meanings and actions, emotions and body language’ (Charmaz, 2014, p. 59). Intensive interviewing is similar to in-depth interviewing (Johnson, 2001) but is best suited when the aim is to uncover hidden actions and intentions (Charmaz, 2014). Interviewing took the form of a conversation where the participants were encouraged to do most of the talking. My role was to encourage the participants to talk. The initial
interviews were a loosely guided exploration of topics supported by an interview guide (see Appendix 6). The guide was progressively revised as the data collection and analysis progressed to one that involved semi-structured focused questions that developed the emerging theory. In total four additional interview guides were developed and used throughout the duration of the research (see Appendix 7). Consistent with theoretical sampling, questions asked later in the research were not known until the analysis was under way. The initial interviews provided me with information on the topic. Later interviews become increasingly focused, exploring further ideas raised in earlier interviews. I checked my developing understanding with subsequent participants to verify emerging ideas (Johnson, 2001).

The quality of data was dependent on the establishment of a trusting interpersonal relationship between the participant and myself. The interview followed a specific process designed to help the participant relax into the interview. I greeted the participant, confirmed their consent and asked them if they had any questions or comments before the interview began. I commenced the interview with an ‘ice breaker’ (Johnson, 2001). At the commencement of each interview I asked the participant to tell me a little about themselves. Asking this question enabled the participant to settle into the interview with a question they could answer easily. It also provided me with useful information about their lives to complement the demographic data. Once the interview was under way I asked semi-structured questions. I requested in-depth description, more detail, restated points, revisited earlier points and ideas, slowed or quickened the pace, changed topic, validated views and expressed appreciation of the participant. The interviews were concluded on a positive, conversational note (Charmaz, 2014). Following suggestions from Charmaz (2014), ‘why’ questions and ‘loaded’ questions were generally avoided. I rarely interrupted participants. Transcripts were returned to participants for comment in the first round of data collection if the participant agreed. Participants were asked to comment on aspects of the transcripts that they felt did not in retrospect reflect their perspective and to add any new perspectives they had thought about as a consequence of reading the transcript. I ceased returning transcripts for comment after the first sixteen interviews because participants’ responses suggested that reading the transcript made them self-conscious about how they spoke or behaved. One participant commented negatively on
how often she laughed. In addition, no new data was provided in response to the return of
the transcript. That is, no participant provided new ideas as a consequence of reviewing
their transcript.

Interviews were conducted mindful that the appearance and interviewing technique of the
researcher influenced what participants felt comfortable saying. Charmaz (2014) suggests
that differences in age, status and experience can result in interactional power differences
that impact the data. Similarly, Johnson (2001) suggests that gender, social class, age,
race, status in society and appearance can affect participants. Phone interviews were
useful in reducing the impact of most of these factors because I could not be seen. On the
negative side I could not evaluate the body language of participants. Participants who
were interviewed face to face chose that option and the only way to reduce the impact of
my personal, visible attributes was to build the best rapport possible in the time provided.
Only four interviews were conducted face to face. These were all interviews that occurred
in the first round. All other interviews were conducted by phone.

I found the process of interviewing was a learning experience. Kvale (2007) recommends
transcribing the first three interviews and critiquing them for sound quality, questioning
technique including ethical conduct of questioning, rapport building, and differences
between oral and written language. I did this and found it particularly useful for
developing strategies for enhancing sound quality during phone interviews. With the
consent of the participants all interviews were audio-recorded. Early into one interview
the batteries in the recorder went flat. I had no replacement batteries with me so I
summarised the interview as best I could after the session. A lesson was learned.

I conducted twenty-nine intensive interviews with seventeen participants. I anticipated
that 20–30 interviews would be required to reach theoretical saturation, that is, the
categories would be sufficiently theoretically robust, with established properties
accounting for patterns in the data (Charmaz, 2014). The precise number of interviews
required was not determined at the commencement of the research as it could not be
determined at what point in the data collection process there would be sufficient data for
theoretical purposes.
Demographic questionnaire

I collected demographic data in order to describe participants and ensure alignment with the demographic sampling strategy outlined earlier. The demographic data was used to gain a unique perspective on each of the interviewees. It was also used to identify specific student characteristics that might provide useful data during the theoretical sampling phase of the research. Demographic data relating to campus location (city, metropolitan area or rural), mode of delivery, gender, entry pathway into the program, years in the program, full or part-time status, age and grade point average was collected. I emailed participants the demographic questionnaire and asked them to return it to me via email prior to interview. I had support in designing the questionnaire as an interactive pdf with a ‘submit’ button that would attach it to an email that could then be returned to me. While this seemed like a good idea at the time, it was not user friendly for some participants due to software incompatibility. I reverted to a Word document format for the questionnaire and there were no further issues. Some participants did not return the demographic questionnaire prior to interview, preferring to complete it immediately prior to interview. See Appendix 8 for a copy of the demographic questionnaire.

The seventeen students who participated in interviews jointly met all the criteria established for the sampling strategy except two. The two sampling criteria that were not met were gender other than male or female and entry via an equity pathway. Table 3.1 summarises the demographic characteristics of the participants in the study.
Table 3.1. Sampling frame and demographic characteristics of participants

<table>
<thead>
<tr>
<th>1. Campus location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City centre</td>
<td>10</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>6</td>
</tr>
<tr>
<td>Rural</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Mode of delivery</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>On campus</td>
<td>10</td>
</tr>
<tr>
<td>Off campus</td>
<td>5</td>
</tr>
<tr>
<td>Mixed</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Entry pathway into the program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Tertiary Admission Ranking (ATAR)</td>
<td>2</td>
</tr>
<tr>
<td>Enrolled Nursing (EN)</td>
<td>3</td>
</tr>
<tr>
<td>Mature-aged entry</td>
<td>10</td>
</tr>
<tr>
<td>Equity pathway</td>
<td>0</td>
</tr>
<tr>
<td>International</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Years in the nursing program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>6</td>
</tr>
<tr>
<td>1–2 years</td>
<td>4</td>
</tr>
<tr>
<td>2–3 years</td>
<td>3</td>
</tr>
<tr>
<td>3–4 years</td>
<td>2</td>
</tr>
<tr>
<td>4–5 years</td>
<td>2</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time</td>
<td>5</td>
</tr>
<tr>
<td>Full-time</td>
<td>12</td>
</tr>
</tbody>
</table>
**Table 3.1. Sampling frame and demographic characteristics of participants (cont’d)**

<table>
<thead>
<tr>
<th>7. Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>1</td>
</tr>
<tr>
<td>20–30</td>
<td>4</td>
</tr>
<tr>
<td>31–40</td>
<td>6</td>
</tr>
<tr>
<td>41–50</td>
<td>4</td>
</tr>
<tr>
<td>Over 50</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Self-reported grade point average (GPA) if known</th>
</tr>
</thead>
<tbody>
<tr>
<td>4–5</td>
</tr>
<tr>
<td>5–6</td>
</tr>
<tr>
<td>6–7</td>
</tr>
<tr>
<td>7–8</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Field notes**

I wrote field notes after each interview to record the context of the interview. Birks and Mills (2015) support field notes as an important source of data in grounded theory research. Birks and Mills (2015) also suggest that field notes should be recorded after interviews to document the physical surroundings, record immediate responses to the interaction, and to document participants’ non-verbal behaviour. In this study the field notes focused on content and context, meaning and action, structures and actors (Charmaz, 2006). The field notes were more extensive for face-to-face interviews. Less was documented following phone interviews. See Appendix 9 for the field notes template.

**Analysis**

In order to identify how students determine satisfaction with learning, analysis in this study involved a process of concurrent data generation and constant comparative analysis. Glaser and Strauss (1967), Glaser (1992), Corbin and Strauss (2008) and Charmaz (2014) all agree that this process is vital in grounded theory research. Data is analysed and coded before more data is collected and coded. Data collection and analysis
go hand in hand (Corbin & Strauss, 2008). Glaser and Strauss (1967) are adamant that comparative analysis is central to grounded theory, stating that it involves comparing incidents in the data that are relevant to each category and integrating categories and their properties. Corbin and Strauss (2008) differentiate between constant comparative analysis, which is a comparison of incidents from the data for the purpose of classification, and theoretical comparative analysis, which compares properties within categories, and leads to theory development. Charmaz (2006, p. 187) suggests constant comparative analysis is used to generate increasingly abstract concepts and theories by comparing ‘data with data, data with category, category with category and category with concept’ (p. 187). Data is compared to data to generate increasingly complex codes and categories.

I used Charmaz’s (2014) guidelines for data analysis to identify how students determine satisfaction with learning. The process of data analysis outlined by Charmaz (2014) involves initial coding of initial data, initial memos that facilitate the identification of tentative categories, theoretical sampling, further data collection, focused coding, advanced memos, theoretical integration and then writing of the first draft. In practice the whole process was more complex and time consuming than I had anticipated. The process for preparing and managing the data throughout the analysis is discussed next.

**Preparing and managing data throughout the analysis**

I audio-recorded and transcribed the first sixteen interviews verbatim. The remaining audio recordings were transcribed by a person experienced in the area of research audio transcription who was aware of their obligations around confidentiality. Most transcriptions were transcribed within seven days. I checked all transcripts against the recording for accuracy several times and filled in words or phrases that the transcriber had been unable to correctly decipher. I printed interview transcriptions with large margins on both sides of the paper to facilitate manual coding. I formatted interview transcripts using Microsoft Word to enable direct importation into NVivo 10 to facilitate further analysis. I de-identified transcripts so as to ensure confidentiality.

Once theoretical codes had started to emerge using manual coding I entered the interview transcripts in to NVivo 10 software. NVivo 10 is designed to support qualitative research
through the organisation and management of non-numeric data. As NVivo 10 and Microsoft Word are compatible, importation of the data into NVivo 10 was seamless. While NVivo 10 provides tools to assist coding, in this study it was mainly used to sort data. I had attempted to do the initial coding in NVivo 10 but found this unsuitable because of the large number of codes that were being generated. I found I needed to see each piece of data as a part of the whole to make sense of it, so I adopted the manual method described in the paragraph above. NVivo 10 was helpful, however, for sorting data once categories had begun to emerge. I found managing incident-to-incident coding in NVivo 10 a little restrictive because I could not visualise or move data around as effectively as I wanted when making comparisons. I then downloaded the NVivo 10 categories back to Word documents where I could label, highlight and move the data around to better suit the way I work. Each major category was placed in a different document. I moved data around and across documents as necessary in line with the evolving theory. How the guidelines for analysis proposed by Charmaz were used in this study is discussed next.

**Initial coding of data following initial data collection**

The first stage of analysis commenced the process that enabled insight into how students determine satisfaction with learning. In this study initial coding and categorisation of data comprised the first stage of analysis. Initial coding and categorisation of data is an accepted method of data analysis in grounded theory research. Glaser (1992) calls the approach open coding, as do Corbin and Strauss (2008). Charmaz (2014) refers to the process as initial coding.

In this study I used initial coding guidelines proposed by Charmaz (2014). Charmaz (2014) suggests that initial coding should stick closely to the data and reflect actions rather than topics. In this part of the analysis, significant words, or series of words, were identified and labelled. The interview transcripts were printed and codes written in the margin in pencil. Initial codes assisted me to separate data and to ask questions of the data (Charmaz, 2014). Charmaz (2014) recommends commencing the initial analysis with line-by-line coding and/or incident-to-incident coding. Line-by-line coding enabled me to break up the data, examine actions and assumptions, explicate meaning, compare

Morgan Roberta Smith
data and identify gaps in data. Charmaz (2014) also advocates remaining open to possibilities, keeping codes simple and precise and comparing data with data. Incident-to-incident analysis assisted ideas to develop. Comparing new incidents with earlier ones also assisted with this process. Charmaz (2014) suggests that, when undertaking initial coding, speed and spontaneity are helpful and this proved to be so at least initially. I did some initial coding of the transcripts quite quickly as suggested. When I got an idea for a code as I was working I jotted it down in an A3 art book. I would go back to the transcript and code some more. As further ideas came to me I jotted them down in the art book. Similarly, I clustered ideas together. While this involved some repetition, it was an approach that worked for me. Memos will be explored further later in the chapter because they were used across all stages of analysis including to explain the rationale for diagrams. I felt the need to explain here what I did because I did not go from one aspect of the analysis to the next. I went backwards and forwards between coding and writing down my ideas as I thought of them.

**Further data collection and theoretical sampling**

As this study progressed I collected further data to enhance the analysis. Once categories started to emerge, I used theoretical sampling to collect data that were useful for the emerging theory. Data was sought during interviews with participants, often the follow-up interviews, on those categories that were ‘thin’ on detail (Charmaz, 2006, p. 96) so that the properties of the categories could be more fully developed and explained. Theoretical sampling in constructivist grounded theory studies involves abduction. Abduction is a particular kind of imaginative reasoning used when researchers come across surprising or puzzling findings (Charmaz, 2014). I tried out different possible explanations before choosing the most plausible. In this study there were many puzzling findings and so many decisions that had to be made about the most plausible explanation. Often decisions were revisited when new data became available. It was a complex, constantly changing and evolving process that step by step saw the theory come together.

**Focused coding**

In this research study I used focused coding to synthesise and explain large sections of data. Focused coding is an advanced form of coding that is central to grounded theory
data analysis. Intermediate and advanced coding approaches have different names depending on the methodologist. For Glaser (1992) selective coding commences after the identification of a mandatory core category, which emerges automatically from data. Selective coding is followed by theoretical coding. Corbin and Strauss (2008) suggest axial coding but note that axial and open coding are interwoven, where open coding breaks the data apart and axial coding relates concepts and categories to each other. Charmaz (2014) acknowledges multiple possible forms of intermediate coding, namely, focused coding, axial coding and theoretical coding. Axial coding is not mandatory in Charmaz’s approach to data analysis and was not used in this study. Likewise, theoretical coding as proposed by Glaser was not used in this study. Charmaz (2014) suggests theoretical codes can add clarity to the analysis but should be avoided if they threaten to impose a forced framework onto the analysis.

I used the focused coding approach recommended by Charmaz (2014) in this research study to enhance theory development. For Charmaz (2014), focused coding is the second, and mandatory, phase of coding. Focused coding commences once some significant categories have started to emerge from the data. Focused codes are more directed, selective and conceptual than initial codes. Focused coding was used in this study to synthesise and explain larger segments of data. I made decisions about which analytic codes captured the data most convincingly. Comparing data to data enabled the development of focused codes, which were refined by further comparison with data (Charmaz, 2014). How this actually happened is explored below in relation to memos.

I used theoretical integration to facilitate the finalising of the grounded theory. Glaser and Strauss (1967) refer to effective writing strategies that pull the theory together. Corbin and Strauss (2008) refer to this as a storyline. Glaser (1992) states that the storyline proposed by Strauss is the integrated, dense, saturated, delimited and completed articulation of the core category. Charmaz (2006, p. 156) refers to this activity as ‘pulling the pieces together’ and constructing arguments. The outcome is a carefully crafted substantive theory. I would like to think this is what has been achieved and how I did this is explained below.
Memo writing

In this study I wrote memos for the duration of the analysis. Memo writing is central to the integrity of grounded theory research. Memo writing is supported by Glaser and Strauss (1967), Glaser (1992), Corbin and Strauss (2008), and Charmaz (2014). Memos contain a written record of the researcher’s thinking. They provide a record of the progress of the research and the development of analytical thoughts and ideas. Charmaz (2014) advocates memo writing throughout the research project to facilitate data analysis. Charmaz (1999) advocates writing memos about emerging ideas during data collection, suggesting that memo writing is an essential step between coding data and writing the initial draft of the theory. Charmaz (1999) suggests memos assist the researcher to think about the data, trigger ideas, clarify categories and demonstrate relationships between categories. They also highlight gaps in the data and link data gathering to data analysis. Charmaz (2014) also suggests that memo writing assists the researcher to define and delineate theoretical categories and direct further data collection. Early memos recorded my thinking about what was happening in the data. They explored what the people were doing, saying and the influences of context. The memos recorded emerging categories.

As mentioned earlier, I recorded ideas about codes in an art book. Similar codes were clustered together and diagrams created to suggest possible relationships. Charmaz (2014) suggests ‘clustering’ as a type of memo writing to enable grounded theorists to get started. It involves creating diagrams. I found the visual representation helpful so I created diagrams throughout the analysis and not just to get started. Each page was dated on commencement of the diagram but not always titled. I often added titles later when it was clearer to me what I thought the data might mean. In the early stages of the analysis I also had a large board where I placed ideas on different coloured ‘post-it’ notes. Related codes were written on the same colour ‘post-it’. Having the board enabled me to see an overview of all the emerging categories which the art book could not.

Once the theory began to take shape I documented the evolving theory as diagrams using Microsoft Word. Every time I made a change to the theory I saved it as a new document with the date in the title. This approach enabled me to view changes over time easily.
Appendix 10 provides an overview of the theory in its infancy. Appendix 11 shows the evolving theory ten months, and many drafts, later.

I wrote memos throughout the research study to chart analytical developments about how students determine satisfaction with learning and to provide an audit trail. During the study I created memos in different formats to ensure as many ideas as possible were captured as text. Using this approach reduced the number of fleeting ideas that were lost forever. I wrote brief memos by hand in a notebook and titled and dated them. This provided the opportunity to write thoughts down when they occurred. The notebook was portable, and kept close at hand, so ideas could be written down as soon as they occurred. I also wrote memos to explain my diagramming decisions. Originally, I planned to use a Livescribe Echo Pen and the associated software but as I started to work I found the standard notebook best.

Once tentative categories started to emerge through focused coding I documented my memos in a Word document, saving each with a title and date. Memos increased in length and depth as categories were developed in response to ideas in the literature. I created many memos about diverse ideas. Some did not stand up to ongoing scrutiny, others held only fragments of insight that were woven into the emerging categories, and others contained ideas that endured. That said, the enduring memos all underwent multiple revisions. See Appendix 12 for an example of a memo. This particular memo was where I documented a range of ideas that I thought might be important but had to date not found a place for in the evolving theory.

Memos also provided the basis for the writing up of the theory. Advanced memos compared people, a person across time, and categories with other categories (Charmaz, 2014). Glaser and Strauss (1967) and Charmaz (2014) both suggest memos provide the basis for the theory. The reality of using memos to construct the theory was much more complex than I anticipated and at times I wondered if it would actually work. Corbin and Strauss (2008) suggest that an inability to lift description to theory often occurs because of a failure to write long, thoughtful memos throughout the research process. I had plenty of memos but I struggled to lift the description to theory. Glaser (2005) suggests that integrating the theoretical codes into the theory is often the most challenging aspect of the
grounded theory process. The guidelines proposed by Charmaz (2014) suggest that you write the memos and then pull them together and there is your theory! That did not happen for me. I went over and over the memos many times, changing a word here, a paragraph there. Word by word, sentence by sentence, the description became theory as promised. Charmaz (2014) suggests that memo writing increases productivity. I am not so sure about that. I have thought many times about how I could have created the theory more efficiently. Maybe now I have experienced the process working, if I did another study I would move forward with greater confidence and that would enable the theory to develop more quickly. I was reassured by several people including Charmaz (personal communication, 2015) that the process would work but I remained sceptical until it did!

In summary, data analysis in this research study was an ongoing process of analysis, followed by data collection, followed by further analysis. The developing analysis determined who would be sampled to gain the data required. Memos were written throughout the process to trigger thinking and to record the developing theory. Through the process of data collection and analysis, and further data collection and analysis, the codes became categories, which become increasingly theoretical. Through this process I gained a better understanding of how students determine satisfaction with learning in undergraduate Bachelor of Nursing programs.

**Methodological rigour**

This study was conducted mindful of the need for methodological rigour. Birks and Mills (2011) suggest rigour relates to the strategies and techniques that are employed during the research process to ensure a quality outcome. Rigour is about demonstrating control of the process so that all factors that can potentially diminish the quality of the research can be explained (Birks & Mills, 2011). Rich data, reflexivity, audit trail, member checking and researcher expertise are discussed next as approaches that were used to enhance rigour.

Rich data was collected as part of the process of ensuring rigour. Charmaz (2014) suggests that the quality and credibility of a study start with the data and that the scope and depth of data make a difference. Developing a worthwhile theory is not possible without rich data. While I was mindful of the need to conduct interviews in such a way
that the collection of rich data was more likely, gaining the required data would not have been possible without the support and generosity of the participants, and for this I am grateful.

I used reflexivity throughout the research process in order to ensure methodological rigour. Reflexivity is when the researcher thinks about their evolving theory (Charmaz, 2014). Lincoln, Lynham and Guba (2011) discuss reflexivity as the process by which the researcher reflects on themselves as a researcher. The researcher learns about themselves through the research, and the research through themselves. Birks and Mills (2011) suggest the researcher’s personal levels of insight into both themselves and their area of investigation are central to data analysis within grounded theory research. Reflexivity assisted me to remain, I hope, true to the participants’ perspectives but it was not always easy. Reflexivity was facilitated through memo writing. Initial memos were revisited and revised. Lincoln and Guba (2013) suggest that the voice that is heard is by necessity that of the constructor, who must be mindful of the authority by which they speak for another person. I am not an undergraduate student and I have experience as a nurse academic so I needed to be careful to represent the students in the way they would wish. I could see this quite clearly when I revisited memos, particularly in the early stages of the research. I could often see that I had not always paid careful enough attention to what the participant was saying. I had been carried away by my own perspectives. Memos were very helpful in assisting me to rethink my understanding.

I had had many years’ experience as a lecturer in nursing, creating personal challenges around accurately explaining the students’ perspectives. Bryant and Charmaz (2007) suggest the views a person hold’s as an observer shape what they see. As a consequence, observers have to be constantly self-reflective, because what is most important to individuals is what they most take for granted. Avoiding preconceived ideas was quite difficult particularly early in the study. The most effective approach to managing the preconceptions was frequent reviews of the memos relating to category development. Revisiting earlier memos provided the opportunity to identify where analysis had not accurately reflected the data. To present the research findings so that participants were not blamed for their dissatisfaction was sometimes challenging. The ability to see the
participants’ perspectives more clearly evolved over time with much reflection and ongoing questioning of self and participants as part of the research process.

I maintained an audit trail in order to demonstrate rigour throughout the research process. Audit trails are widely supported as essential for grounded theory studies (Birks & Mills, 2011; Lincoln & Guba, 2013). Birks and Mills (2011) suggests an audit trail involves the recording of decisions made throughout the research process. In my study I charted major decisions I made about the direction of the research in a methodological journal. Memos were recorded by title and date, as were diagrams and versions of the theory as it developed. Each of these documentary forms provides a visual representation of how the theory emerged over time.

I also used Member checking to ensure rigour during the analysis. Lincoln and Guba (2013) suggest that potential misunderstandings can be partly resolved when the researcher collaborates with the research participants so they are partners in the representations made. Charmaz (2014) supports member checking where participants are re-interviewed to collect data to elaborate on categories and when participant feedback is sought on major categories. I explored emerging concepts with participants during later interviews and adjusted categories in response to the new data. Participants were invited to review and comment on the transcript of their interview if they wished, although no new ideas emerged from this process. When the theory was in draft form, two participants provided feedback on the major categories, one suggesting where the theory required additional work for clarity. The theory was further refined over the next twelve months.

Researcher expertise is another area that can influence methodological rigour. The complexities of grounded theory can be challenging for the novice researcher (Birks & Mills, 2011). Grounded theory is significantly different to other qualitative methodologies because of the theory-building requirement. I had some previous research experience in using grounded theory methods that ensured I essentially knew what was required. I developed further understanding during the process of the study but beginning with some idea of what was required was helpful. I had three supervisors overseeing my
work. Two of them had experience and expertise in grounded theory specifically. The remaining supervisor had expertise in qualitative methods more generally.

In summary, this research study demonstrates rigour through good design. It was conducted honestly, and the results communicated in ways that permit scrutiny. The project was supervised by three highly experienced academics, two of whom were experts in the chosen methodology.

**Ethical considerations**

When undertaking this research, the highest ethical standards were maintained. As indicated earlier ethics approval was sought and granted by two university human research ethics committees prior to the commencement of data collection. The National Health and Medical Research Council (2013) suggests that highly ethical research is evident when the research has merit and integrity, is respectful of human beings, ensures justice and maximises benefits while minimising risks. Each of these areas are discussed below.

Respect for human being was demonstrated by ensuring the autonomy of the participants was respected. Participants chose freely to participate or not in the research. They understood the research, what was involved and the implications for them of participating. The research was explained to participants via an information sheet written in plain English. Participants were not pressured or coerced to participate and were asked to sign a consent form if they agreed to participate to indicate that they were participating freely. For some phone interviews, at the participant’s request, consent was verbal. The participant’s verbal consent was recorded. I informed participants they were free to withdraw at any time without penalty but none chose to do so. They were also informed they did not have to answer questions they did not wish to answer. They were notified they could choose to have the audio recorder turned off at any stage. None took up this option. Participants were asked if they wished to receive a report of the research when it was finalised.

Justice was ensured by providing the opportunity to participate to all students within the participating schools of nursing. Different perspectives were sought to ensure multiple
voices were heard. Participants were not exploited and were treated fairly at all times. Their views were respected, and their willingness to participate, and keep participating, checked regularly. If there was any suggestion that the participants were pressured for time I checked their preparedness to continue and assured them that if they needed to stop the interview that was understandable. Participants’ perspectives were reported as accurately as possible in the analysis.

Maximising benefits and minimising risks to participants was an important ethical principle. The interviews were not burdensome and some participants indicated they benefited from the reflection. There was a very small risk of psychological harm for some participants from revisiting incidents that had caused distress in the past. I notified universities’ counselling services via email that the research was occurring and received emails back acknowledging support for any potential referrals. Participants were informed of the existence of counselling services where help could be sought if necessary. I did not refer any participants to the counselling service. No foreseeable physical risks were posed by the research.

Anonymity and confidentiality were ensured. I separated consent forms from the audio-recordings and the transcripts of the audio-recordings. Participants were asked what name they would like to be called by during the interview and advised they could create a fictitious name for the purpose of the interview if they wished. None chose this option. No names appeared on the transcription of the recording. Reporting of the research in this thesis does not identify individuals or anything about them that could lead to their identification. This confidentiality also applied to the institutions that participated. Institutions were not referred to by name. Confidentiality of participants and institutions will be maintained in any future publications arising from the study.

Interview transcripts have been stored securely and will continue to be for as long as necessary. Electronic copies of interview transcripts were stored on a password-protected computer throughout the duration of the study. Hard copy data was stored in a locked filing cabinet at my home for the duration of the research. On completion of the research the data will be stored securely at an Australian university for five years from the date of
any publications, as required by the National Health and Medical Research Council (2013).

**Conclusion**

Constructivist grounded theory methodology underpinned by constructivism and symbolic interactionism provided the theoretical framework to explore how students determine satisfaction with learning. Constructivist grounded theory methods were used to collect and analyse data. A sampling strategy was developed. An approach to recruiting participants that was ethical and consistent with an initial sampling strategy was devised. Cyclic data collection strategies using semi-structured interviews produced rich, complex data. Data were analysed, then more data collected using theoretical sampling, in an ongoing process of theory development that answered the research question.

The next two chapters present the findings of the study. Chapter 4 presents the basic psycho-social problem and the three contexts that must be negotiated if students are to be satisfied with their learning in Bachelor of Nursing programs in Australia.
CHAPTER 4

The basic psycho-social problem and contexts of the self, university and nursing workplace

Introduction

This chapter presents the basic psycho-social problem and the contexts that give rise to the psycho-social problem. Chapter 4 is the first of two findings chapters. Chapter 5 explores the process students use to address the psycho-social problem and in so doing become satisfied with their learning. Identifying a psycho-social problem is consistent with constructivist grounded theory methodology and was a stated objective of this research.

The data analysis suggests that the basic psycho-social problem experienced by Bachelor of Nursing students in their quest for satisfaction with learning is negotiating a valued learning journey that accommodates the self, university and nursing workplace. Consistent with constructivist grounded theory this is one possible theoretical construction and others are possible. The theoretical construction provided is a co-construction between the researcher and the participants. In this chapter a statement of the problem is followed by an explanation of how the personal characteristics of Bachelor of Nursing students, and the social contexts of the self, university and nursing workplace influence students’ experiences of the basic psycho-social problem.

The psycho-social problem: negotiating a valued learning journey that accommodates the self, university and nursing workplace

The data analysis suggests that the principal problem that prevents students achieving satisfaction with learning is negotiating a valued learning journey that accommodates the self, university and nursing workplace. Accommodating the self, university and nursing workplace is challenging. Many students have pressured, challenging personal lives. Universities and organisations where nurses work have complex social structures and processes. The university is different to the workplace. Also, there are many workplaces
and these are often different to each other. Negotiating a valued learning journey that accommodates the self, university and nursing workplace takes time, emotional and intellectual effort, and confidence. The demands of each context have implications for meaning and action that students must address if they are to be satisfied with their learning.

**Accommodating the social context of the self**

For students to be satisfied with their learning they must be able to negotiate a valued learning journey across the Bachelor of Nursing program that accommodates their personal social context. Sometimes required changes are small and easily accommodated. Other changes maybe larger and less easily accommodated. Integrating program requirements with the social context of the self can be challenging. Students have busy lives and time is precious and allocated with care. Students all have a range of commitments that can change over time. Sometimes non-study-related commitments increase and sometimes they decrease but rarely are they constant. If other commitments increase, squeezing out their study time, students can be concerned about their reduced ability to study sufficiently and meet their own expectations, and those of their university and/or workplace. The time spent studying is time away from other life commitments. Relationships with children, partners and other family members must change to accommodate program requirements. Community-related activities may be avoided, reduced or adjusted to accommodate study commitments. Workplace placements, in particular, can be difficult to accommodate. Alternative arrangements must be made for childcare, other caring responsibilities and work. While taking time to study may be rationally acknowledged as necessary, it may still be difficult to emotionally justify. One participant was committed to her studies but was aware that time spent studying was time away from her family.

*I’m giving up time I could be spending with my family so I want to make the most of it … having a six and a ten-year-old, having to cook, obviously they come first … also [dealing with] the mother guilt. (Participant 1)*
Students who can integrate program requirements and social context of the self are positioned well to negotiate a valued learning journey and be satisfied with their learning across the Bachelor of Nursing program. Doing so maybe be difficult.

**Accommodating the university**

For students to be satisfied with their learning they must negotiate a valued learning journey that accommodates university required learning approaches with their own preferred approaches to learning. Each student has a unique perspective on how to learn at university. Each student has a view about how to learn at university that they adjust to accommodate the requirements of the university learning environment. Students’ understanding of learning at university changes over time in response to new experiences and situations, sometimes minimally, sometimes extensively. Making such adjustments can be difficult. Students may enter the Bachelor of Nursing program and find learning within the university different to how they have learned in the past. Learning in the university environment can be perceived to be unusual, counter-intuitive, or just feel wrong. In past educational situations some students may have experienced more direction from the educator, while others may have experienced less, influencing their perspectives on anticipated approaches to learning. One participant had been required to use enquiry-based learning during her Bachelor of Nursing studies. She developed her understanding of enquiry-based learning over several years. She said:

*I can do it [enquiry-based learning] but I need some direction. I like to know that I’m on the right track and with enquiry-based learning it doesn’t always provide that for you. You’ve got to do your own investigating. I guess I’m like the rest, everybody else, in that case scenarios, I want so much of it done for me and I just want to tick the boxes and say yes, yes, yes, yes, I meet all that. But I don’t think the world operates like that anymore. (Participant 13)*

Students who learn to blend their personal learning preferences with university expectations and required approaches to learning are well positioned to negotiate a valued
university learning journey and be satisfied with their learning in the Bachelor of Nursing program. Doing so, however, is challenging.

**Accommodating the nursing workplace**

For students to be satisfied with their learning they must negotiate a valued learning journey while on placement in the nursing workplace that accommodates their personal wishes, beliefs and dreams for a future nursing career and workplace requirements and expectations. Undertaking placement can be exciting but also stressful. Students anticipate future placements, wondering if they will enjoy them, hate them, or even survive them. On placement students want to learn the skills they perceive they require, at the necessary depth, for their future registered nurse role. They may perceive that such opportunities are lacking or insufficient. They want support with their learning but fear rejection or ridicule from busy nursing staff. Students may wonder about their ability to perform at a level expected of them in the area where they are placed. This is particularly concerning if they have not experienced a placement for a while because of program structure. One participant explained a placement thus:

*The most interesting thing [I did] was the insulin injections and stuff, but otherwise I just followed people around – they were all very nice to me ... I did see a lot, five people dying and lots of ADLs, and learnt about different meds and that sort of stuff. But that ended in June, so July, August, September, October, November, December, six months to the next one ... it’s a big gap. (Participant 4)*

Students who can integrate workplace requirements and opportunities into their preferred placement-related learning are positioned well to negotiate a valued learning journey and be satisfied with their learning in the Bachelor of Nursing program. Doing so can be problematic.

**Integrating university and nursing workplace learning**

For students to negotiate a valued learning journey and be satisfied with their learning they must be able to accommodate differences in understanding between the university
and the nursing workplace. Doing so is essential if students are to be confident they have identified learning of value. Students receive different messages from the university and nursing workplace about what knowledge is of value. Students may perceive that what they are learning at university is not consistent with what they are required to do in the workplace. Perspectives from these two areas must be accommodated if students are to move forward confidently in their studies. The university curriculum outlines for students what they are required to learn. They may hear from nurses in the workplace that different knowledge is required. They may have personal knowledge from their life experience that sways them towards one perspective or the other. While on placement a participant experienced incongruence between the nursing care she had learned at university should be provided and the care she was asked to provide on a ward. She said:

[The patients] Who are sick and not doing well ... having all those thoughts about what actually is their life. Not having the time to provide what I would consider holistic nursing care, which is not just taking care of meds ... the role on this ward is to get those tasks done. (Participant 17)

Integrating knowledge, attitudes and skills across the university and nursing workplace is challenging. Students who can integrate workplace and university learning are well positioned to negotiate a valued learning journey across the Bachelor of Nursing program and be satisfied with their learning.

In summary the basic psycho-social problem preventing students achieving satisfaction with learning is negotiating a valued learning journey that accommodates social contexts of the self, university and nursing workplace. Doing so is challenging and can be highly problematic. Students must create meaning that accommodates personal contexts of the self, the university and the nursing workplace as well as differences between the university context and the workplace context if they are to negotiate a valued learning journey and thus be satisfied with their learning.

**Bachelor of Nursing students, the university and the nursing workplace**

The next part of this chapter describes the personal characteristics of Bachelor of Nursing students and the social contexts of the self, university and nursing workplace that must be
accommodated if students are to negotiate a valued learning journey and be satisfied with their learning. Understanding context is necessary for understanding students’ experiences of the basic psycho-social problem. Understanding context is also central to qualitative studies and grounded theory studies more specifically (Charmaz, 2014). The contexts that provide the backdrop to this study are all complex and are interpreted uniquely by each Bachelor of Nursing student based on their personal characteristics and life story. An understanding of context is central to understanding how nursing students determine satisfaction with learning.

**Bachelor of Nursing students: the context of self**

Each student’s ability to negotiate a valued learning journey and experience satisfaction with learning in the Bachelor of Nursing program is influenced by their unique personal characteristics and social situation. Students’ unique personal characteristics and social situations influence how they experience the basic psycho-social problem. Personal characteristics include a unique personality, self-expectations and commitment to the program. Each student also has a personal social situation that includes their educational background, family situation, economic standing, work situation and community commitments. These personal characteristics influence students’ perceptions of what is happening around them and how they respond in university and workplace contexts.

**Personal characteristics**

Students studying in the Bachelor of Nursing have unique personalities and abilities that influence how they experience the basic psycho-social problem, approach their learning journey, and determine satisfaction with learning. A student’s personal characteristics influence how they act in the university and the nursing workplace. They influence the student’s ability to bring about the changes they desire for a valued learning journey. For example, some students are assertive (Participant 2 said: ‘I’m quite assertive’), some are quiet or shy (Participant 6 said: ‘I’m fairly quiet, that’s my personality’), some confident (Participant 5 said: ‘I think I have a good level of self-confidence when it comes to learning’), some not so much (Participant 4 said: ‘confidence wise, no I don’t feel confident’). Some are self-disciplined (Participant 11 said: ‘I’m a more self-disciplined person’). Some are comfortable with technology (Participant 14 said: ‘I don’t have a
problem with it’ [technology]) while others can struggle (Participant 3 wanted to ‘throw the laptop’). Each student’s unique personality and abilities influence how they negotiate a valued learning journey that accommodates the university and the nursing workplace.

Students enter the Bachelor of Nursing program for different reasons that influence how they perceive and address the challenges posed by the university, workplace and their own personal social situation. One participant had wanted to be a registered nurse for many years. She said: ‘it’s been on my bucket list since I was 16’ (Participant 10). Others came to the career decision suddenly. Participant 1 enrolled in the program after deciding she wanted to be a registered nurse a year earlier. She said: ‘about a year before I decided to start’. One participant was fulfilling a promise she had made to her dying mother:

It was my last promise I made to my mum before she passed away. When she was passing, I’m going to try really hard to be a nurse one day.

(Participant 9)

Similarly, whether students are in the program primarily for the experience of being a student, as opposed to the goal of graduating, influences how they perceive the challenges of university, the workplace and their own personal social situation. One participant valued the learning experiences and said: ‘for me that journey itself’ (Participant 9). Other participants, however, are in the program primarily for the qualification. One participant said: ‘I can do anything, but I need to get that piece of paper’ (Participant 7). Another participant was a carer in an aged care facility and sought career advancement to enhance her income. She said:

I’m trying to get myself educated so that I can get myself a better income, so I can get myself a better socioeconomic standing. (Participant 13)

Students’ expectations of themselves influence how they negotiate and accommodate learning in the university and the nursing workplace. Self-expectations vary widely. Students may have very high expectations of themselves. Self-expectations relate to time and effort put into their studies, their expected performance in the clinical area and the grades they hope to achieve. A participant said:
You don’t spend 20 years thinking of a career and become an undergraduate then waste that experience ... I’m giving up time I could be spending with my family so I want to make the most of it. (Participant 1)

Students enter the program with a range of career interests and ambitions that influence how they approach the challenges posed by the university and nursing workplace. Some are unclear about where they want their career to take them, while others have a path mapped out. Participant 1 wanted to go into mental health, Participant 17 wanted to work in health promotion, and Participant 6 stated that aged and palliative care were areas that called to her. Not surprisingly, like many nurses, other participants specifically saw themselves working in hospitals at least initially. One participant had the following view of hospitals early in the program and said:

I’ve always had this amazement at hospitals. I’ve always felt like, for me, they are like a secular temple, in that a hospital is where the best of humanity in terms of kindness and caring and looking after people who are less fortunate, combines with the best of knowledge in terms of science and technology. (Participant 8)

In summary, diverse personal characteristics result in a diverse student body in the Bachelor of Nursing program, each with a differing experience of the basic psycho-social problem. Personality traits, reasons for enrolling in the Bachelor of Nursing program, attitudes to learning and expectations of personal performance are all influential personal characteristics. Each student is unique in how they perceive the university and the nursing workplace and ultimately this uniqueness influences how they determine satisfaction with learning.

Social context of the self

Students come to the Bachelor of Nursing program from a range of social backgrounds, which influence how they experience the basic psycho-social problem, approach their learning journey, and determine satisfaction with learning. Students have widely different educational experiences, financial situations, work commitments, and family and community responsibilities. Their social backgrounds influence how they perceive the
Bachelor of Nursing program, how they learn across the university and the nursing workplace, and the extent to which they are able to meet their expectations of themselves.

Students come to the program with diverse educational and employment backgrounds, which influence their ability to negotiate and accommodate the requirements of the Bachelor of Nursing program. Some students come to the Bachelor of Nursing program from high school (such as Participant 14). Others are mature-age entrants with diverse employment histories (such as Participant 6). Some students work in the health care industry (such as Participant 5). Others have degrees in another area or discipline. Participant 17 had previous degrees in arts and business. Some students have not studied formally for many years. Participant 10 had not studied formally for almost 30 years when she commenced studying in the Bachelor of Nursing program. Each of these cohorts of students brings unique experiences of the basic psycho-social problem that influence how they perceive and accommodate learning within the university and the workplace.

Students enter the Bachelor of Nursing program with diverse financial positions that influence their ability to accommodate university and workplace requirements. Attending university is costly. For some the costs are more prohibitive than for others. Some students are financially supported by their families. Some students must earn the money they need to support both themselves and their family. They must also earn money to cover the day-to-day costs of being a student. In the Bachelor of Nursing program these costs can be considerable. Attending university incurs costs other than tuition fees. Time spent on placement may reduce time available to work, with financial implications for everyday life. One participant spoke specifically about juggling time spent earning the money needed for attending university with the time required to study. Financial pressures had been one of the reasons she had delayed commencing the Bachelor of Nursing program. She said:

\textit{The money was the big thing ... I was lucky I found a really supportive employer so that I could have time off for the workshops and whatever ... the other thing is the hidden costs. I knew textbooks and perhaps uniforms ... Yeah, the costs are huge. Huge for me. I have to budget everything. I’ve}
really only got limited hours I can work in but still try to keep a family income and I have a child that needs medication and it is difficult to manage. I don’t have financial support from my family either. (Participant 3)

Families and friends, where they exist, influence how students perceive their studies in the Bachelor of Nursing, their future career as a registered nurse, and how they accommodate Bachelor of Nursing program requirements. Family and friends encourage and support or sow the seeds of self-doubt. The perspectives of family assist students to see nursing as a desirable career or a lesser one and influence students’ perceptions of the skills required of a registered nurse. Family and friends may assist students to meet their self-expectations, support them financially and materially, or not. Participant 8 appreciated his sister’s role in helping him to learn and was jubilant when his father indicated support for his career choice, the brother of Participant 15 was disparaging of his career choice and the mother of Participant 14 cooked evening meals for her so she could spend more time studying.

Students enter the program with a range of personal commitments that must be negotiated to accommodate study if they are to experience a valued learning journey. They have families and sometimes partners, possibly with children or ageing parents to care for. Many have work commitments. Students also have commitments to friends, and sometimes communities. The more commitments a student has the more challenges they must negotiate if they are to experience a valued learning journey. One participant said:

I work, I’m a mum, I run a household, you know, there are more things in my life than just my study. I know it’s the same for most people. (Participant 5)

In summary, a student’s ability to negotiate a valued learning journey across the Bachelor of Nursing program is influenced by their unique social situation. Students come to the program with unique social situations that include their educational background, financial position, social support and social commitments. These all influence how they experience
the basic psycho-social problem of negotiating learning within the university and the nursing workplace, ultimately influencing their satisfaction with learning.

The university context

How students perceive the university context influences their perception of the basic psycho-social problem, how they approach their learning journey, and how they determine satisfaction with learning. Each student in the Bachelor of Nursing program has a unique perspective on the university. The university context poses challenges that must be accommodated for a valued learning journey.

Learning resources provide both opportunities and challenges that must be negotiated for a valued learning journey. The university provides many resources from which student choose. Learning resources are a vital aspect of the university context. Students perceive resources provided by the university uniquely. Resources assist students to learn how to learn as well as what to learn. These are available in face-to-face and online modes. Online resources can include text-based documents, audio recordings and video recordings, including online classes and online lectures. On-campus resources can include live lectures, tutorials, nursing laboratory sessions and placements. Students’ perspectives on resources depend on their personal preferences, needs and past educational experiences. Some students perceive value in a wide range of resources while other less. One participant had come to Australia as a migrant and spoke English as her second language. She had previous been enrolled in a library-related degree and saw benefit in the wide range of resources available to her. She said of the university resources available to her:

I joined [a group] that linked me up with uni students who are local ...
There is someone who checks my assignments online for me ... I have also joined the [English language support service], using as many of the services offered by [my institution] to support me ... [For assignments] I go to the lecture notes, try and understand the information they have given me, I always make sure I attend tutorial classes, because that is when I
can actually see my tutor and ask them questions that I can get answers to straight away. (Participant 2)

Negotiating online resources is necessary to accommodate university requirements and ensure a valued learning journey. Online resources provide both opportunities and challenges. Students have unique perspectives on the university online environment. Students may perceive the university online environment as an extension of everyday life or an alien world or a mixture of both. The contemporary online environment can be engaging, fascinating, through to confusing, and illogical. One participant said:

*If you were a mature-aged student and you haven’t used a computer for ten years or done an essay or whatever, you’ve got to know how to navigate the portal and so on with the degree. I know the uni can help you with a lot of resources out there but yeah you have to be tech savvy with that. I think for me, I don’t have a problem with it, I’m just going on what other people are saying.* (Participant 14)

Nurse academics provide both opportunities and challenges for students attempting to negotiate a valued learning journey. Nurse academics are part of the university context. Nurse academics are acknowledged by students as part of the university with potential to assist their learning. They may be seen as highly knowledgeable, lacking knowledge or out of touch with nursing practice in the workplace. One participant said:

*There has been some really excellent lecturers ... They really know their stuff. Also had a very good tutor at, a couple actually, who actually work in the emergency department at my workplace ... It is not as though they’re just purely academics. They are in touch with what is happening on the floor, current practices, that kind of stuff. Good at theory and putting into practical, which is fantastic.* (Participant 5)

Students evaluate nurse academics for other nursing-related skills as well, such as their interpersonal skills. Students understand from their studies that nurses must be empathic and so expect nurse academics to demonstrate these characteristics as well. They want
nurse academics to demonstrate they understand that students have personal lives that impact their student role. They want their personal situations to be understood and taken into consideration. One participant reported that a lecturer had failed to demonstrate empathy towards her following the death of her mother:

*The most concerning thing was sometimes lecturers ... although they teach us empathy and recognising when people are in distress they don’t actually apply that themselves ... Laughs ... this is speaking from my own experience ... Last year my mother passed away. And it was a very emotional time for me, and it took a lot out of me. Although I told my [lecturer], look I’m really struggling and I can’t seem to do this ... but that person never asked me ... critically analysed what I wrote and saw it from my point of view. There was no empathy in any way. (Participant 2)*

University support staff act as gatekeepers to valued learning opportunities in the workplace. University support staff are part of the university context from a student perspective. Students are aware that university staff coordinate access to learning opportunities in the nursing workplace. Placement allocation is viewed by students with excitement, hope, anxiety or irritation, with each placement considered for the learning opportunities on offer. The convenience of placements close to home are often appreciated. Placements complicated by travel are often problematic. One participant explained her perspective:

*A year or two after we had already commenced the degree the [university said] everybody is going to have to do a rural placement and you are going to have four choices and two of those choices will have to be rural otherwise we will automatically send you off to rural ... I thought well that is really unfair because if I’d known that in the first place maybe I might have chosen another university to go to knowing how difficult it would be to go rural and expect someone else to look after your child the whole time. (Participant 5)*
Placement-related requirements and documentation maybe perceived as onerous and costly, creating challenges for students attempting to negotiate learning of value and accommodate university requirements. Meeting the documentation requirements for both the university and nursing workplaces can be time consuming. Workplaces sometimes have additional requirements to the university requiring yet more actions, such as additional immunisations and documentary evidence. A participant said:

All the stuff you have to do for placement. Those kind of things took me days. I needed a secretary just to work through that ... all the forms and the photocopying and the documents. (Participant 3)

Other students are important when negotiating a valued learning journey that accommodates university requirements. Other students influence how each individual student perceives the university context. Students seek the support of other students at university to assist them to learn. Students appreciate the support of other students in similar life situations whom they perceive understand them. They seek them out in classes and online. Students may interact face to face on campus, off campus, or online, including via social media. Making friends can be difficult. Mature-aged students seek other mature-aged students who understand their life situation. Enrolled nurses seek other enrolled nurses who understand the reality of working as a nurse. Meeting up or staying in touch may be complicated by family commitments, work or distance. Interactions with other students must be of mutual benefit if the relationship is to continue. One participant, a mature-aged entrant, sought to interact with other mature-aged students and said:

In first semester when I was trying to find my feet, and friends, and the first six months it was a bit hard because I don’t know anyone and also the younger students, I found it hard to have that connection, that feeling of mutual understanding because of the age gap. (Participant 2)

Negotiating a valued learning journey while accommodating university requirements changes over time. Students’ perspectives on the university context change as they move through the Bachelor of Nursing program. The opportunities and challenges they perceive change becoming easier in some areas of the university and harder in others. With time in
the program several of the participants changed their perspectives significantly, in part because they were seeking to accommodate different areas of the program. Participants who had just begun the Bachelor of Nursing program were adjusting to university. Those towards the end of the program were familiar with the university and were less interested in it and more focused on the workplace and their imminent careers as registered nurses. Students’ priorities at different points in the program determine how they perceive the university context. One participant explained her changing perspective thus:

_Then did my aged care placement and felt in control of that at the end of it. I’d learnt, done stuff, I overcame my fear of doing something different. So that was all good, but I just sort of went ... oh well, ho hum, we’re going to go into semester 2, and it will just be a continuation of what I’d done ... the scientific side ... was good to read articles or watch YouTube clips ... a different kind of learning, it’s more knowledge and enrichment I guess. But [now] with the practical stuff ... the important side of things and putting drips in or calculating what goes into people and stuff. That’s a different side._ (Participant 4)

In summary, a student’s ability to negotiate a valued learning journey across the Bachelor of Nursing program, that accommodates university requirements, is influenced by their perspectives on the university context. The university context is complex and multifaceted, providing students with not only opportunities but also challenges. Significant aspects of the university from the students’ perspective include online and material resources, nurse academics and support staff, and other students. Students’ perspectives on the university context change over time as the focus of their studies change. These all influence how students experience the basic psycho-social problem, learn within the university, and determine satisfaction with learning.

**The nursing workplace context**

How students perceive the nursing workplace context, when on placement, influences their experiences of the basic psycho-social problem, how they approach their learning journey, and how they determine satisfaction with learning. Many nurses work within
health care services but not all. For example, nurses also work in factories, banks, aged care facilities and homeless shelters to name a few. Nursing workplaces are diverse in their mission statements, organisational structures and nursing role descriptions. The nursing workplace may be a public or privately funded hospital, residential aged care facility or community-based organisation. Registered nurses may be the dominant discipline in any given area or less dominant. Students may experience any of these workplaces while on placement in the Bachelor of Nursing program.

While on placement students seek to negotiate learning experiences of value while accommodating the reality of the workplace. Each student in the Bachelor of Nursing program has unique perspectives on the nursing workplace. Students view the nursing workplace with awe, uncertainty, excitement and sometimes dread. ‘On the floor’ is where ‘real’ learning maybe thought to occur (Participant 5). It is where students confirm whether the learning they are gaining at university is applicable to the nursing workplace. It affirms or otherwise their career choice and prepares them for the work-related aspects of their future role as a registered nurse.

University-based education in the form of the Bachelor of Nursing program continues to be compared with hospital-based training, creating challenges for students attempting to negotiate a valued learning journey across the Bachelor of Nursing program. The workplace location of the past system of nursing education continues to be remembered. Members of the community have views on hospital-based training that they share with students. Other students have relatives or friends who trained as nurses within the hospital system. They also meet hospital-trained nurses on placement who may tell them about the perceived superiority of hospital-based training. Students contemplate the practical aspects of hospital-based training, where tasks can be practised repeatedly until confidence is achieved and where they are part of the workforce and part of a team of known colleagues. One participant who was nineteen years old, and so would have been born after hospital-based training had been phased out in Australia, said:

Because you know back in the day how they had hospital-based training, I think they should follow that more because I find I learn more through
practice than theory ... there’s something about theory but practical is better. It’s hard to explain. (Participant 14)

Students must negotiate placements of value in an environment that still perceives a long-gone nursing education system as superior. Hospital-based training is remembered as an alternative to the current practice of block or integrated placements within a university curriculum, which students sometimes contemplate nostalgically. A participant who had experienced hospital-based training as an enrolled nurse said:

I’m looking back [at hospital-based training] thinking we really had it good back then. We were based in a hospital, we were getting paid, we had time to spend with people and to care about people, show them that you really were caring. No one got brushed off, no one got told well we will be back in a while, or whatever. It was a more holistic approach, I guess, to patient care, (Participant 6)

Depending on the setting the nursing workplace includes patients/clients/consumers/residents with opportunities and challenges for negotiating learning of value. The nursing workplace provides opportunities for students to communicate with the receivers of health care in an authentic way and to practise their nursing skills. There are no manikins, dummies, models or fellow students as actors. Instead there are humans, with uniquely human characteristics, in need of nursing care. The nursing workplace is also where students find out about people who are different to themselves and their families and friends. Placements enable them to interact with, and provide care to, people with diverse life experiences. One participant said of one cohort of clients she had cared for:

It gave me insight because if you have never had to really struggle ... Like, ummm, [pause] rent has never been an issue for me which means a massive load of stress off my mind, and I know I’m never going to go hungry. (Participant 12)

Students must negotiate learning opportunities of value with nurses in their placement venue. Students perceive that registered nurses act as gatekeepers to learning
opportunities on placement. Nurses are busy. They have heavy workloads and students are only one of their responsibilities. Supportive registered nurses are highly valued. One participant said:

*I met those good nurses that will give you the chance to do it by yourself and at the same time they will supervise you, next to you, and they will teach you what you are doing wrong, or what you are doing correct, and they will explain to you what the rationale is behind the reason.*

*(Participant 15)*

Negotiating learning of value can be challenging when students perceive registered nurses are not prepared to assist them. In the workplace there are nurses whom students perceive to be primarily interested in reducing their workload rather than assisting students to gain meaningful learning opportunities. These are the ones who students perceive see them as ‘an extra pair of hands’. With these nurses, students perceive they undertake nursing activities that the nurse would prefer not to do themselves and negotiating learning of value is perceived to be more difficult. A participant said:

*They [registered nurses] tend to ask you to do like simple stuff, to wash the patient and to do the ADLs without explaining further to you and from that point I would think that they are trying to reduce their workload because you are there to help them ... I don’t think I’m learning from those nurses who ask me to do such things.* *(Participant 15)*

The nursing workplace is where students perceive they are watched, judged and discussed, creating a stressful environment for experiencing learning of value. Their performance is critiqued and compared against the expectations of nurses in different roles. Some nurses have higher expectations of students than others. Sometimes the nurses share their perceptions with the students. Other times it is communicated up the hierarchy and back again. Students sense they are being talked about but do not always know why. One participant said:
You feel like there is Big Brother watching you kind of thing ... It is not just your buddy who is helping you but also watching you do things and then feed that back to our facilitator. Also when we are out there all the other nurses that we are working with can offer input on our way of providing care for our patients. (Participant 2)

In summary, a student’s ability to negotiate a valued learning journey across the Bachelor of Nursing program is influenced by their perspectives on the workplace context while on placement. Workplace contexts are diverse, complex and multi-faceted, providing students many opportunities but also challenges. Workplaces may be perceived as exciting, scary, enticing or alienating, all with implications for satisfaction with learning. Significant aspects of the workplace from the students’ perspective include coping with being perceived to be learning about nursing work via an inferior approach, identifying supportive registered nurses and coping with being talked about, assessed and judged by others. These all influence how students negotiate learning within the workplace and determine satisfaction with learning.

Conclusion

In this chapter it was established that the basic psycho-social problem preventing students achieving satisfaction with learning is negotiating a valued learning journey that accommodates social contexts of the self, university and nursing workplace. Students look to each context and create understanding that is personally meaningful.

A student’s ability to negotiate a valued learning journey across the Bachelor of Nursing program is influenced by their unique personal attributes and social situation. Students come to the program with unique personalities, reasons for enrolling in the Bachelor of Nursing program, attitudes to learning and expectations of personal performance. Students also have unique social situations, which include their educational background, employment status, financial position, social support and social commitments. Students’ personal attributes and social situation influence how they perceive university and workplace contexts.
A student’s ability to negotiate a valued learning journey across the Bachelor of Nursing program is influenced by their perspectives on the university context. The university context is complex and multi-faceted, providing students with not only opportunities but also challenges. Significant aspects of the university from the students’ perspective include online and material resources, clinical placement requirements and personnel, nurse academics, and other students. Students’ perspectives on the university change over time as the focus of their studies changes. Students perceive many challenges negotiating a valued learning journey that accommodates university requirements.

A student’s ability to negotiate a valued learning journey across the Bachelor of Nursing program is also influenced by their perspectives on the nursing workplace context while on placement. Workplace contexts are also diverse, complex and multi-faceted, providing students many opportunities but also challenges. Students experience many different workplaces across the program and each experience is unique. Workplaces may be perceived as exciting, scary, enticing, irrelevant or alienating. Significant aspects of the workplace from the students’ perspective include coping with being perceived to be learning in an inferior nursing education system, identifying supportive registered nurses who will assist them to learn knowledge of value, and coping with being talked about, assessed and judged by others. Students perceive many challenges negotiating a valued learning journey that accommodates the nursing workplace.

The process by which students shape a valued learning journey that accommodates the self, university and nursing workplace and become satisfied with their learning is explored in Chapter 5.
CHAPTER 5

The basic psycho-social process: shaping a valued learning journey across the Bachelor of Nursing program

Introduction

It was established in Chapter 4 that the basic psycho-social problem experienced by Bachelor of Nursing students in their quest for satisfaction with learning is negotiating a valued learning journey that accommodates the self, university and nursing workplace. Students come to the program with unique personalities, reasons for enrolling in the Bachelor of Nursing program, attitudes to learning, expectations of personal performance and work, family and community commitments that influence how they negotiate a learning journey of value. Significant aspects of the university context from the students’ perspective that must be accommodated for a valued learning journey include online and material resources, clinical placement requirements and personnel, nurse academics, and other students. Likewise, significant aspects of the workplace that must be accommodated from the students’ perspective for a learning journey of value include coping with the perceived inferiority of a university education when compared to hospital-based training, identifying supportive registered nurses who will assist them to learn, and coping with being talked about, assessed and judged by others.

In this chapter the basic psycho-social process ‘shaping a valued learning journey across the Bachelor of Nursing program’ is presented. Once again this is one possible theoretical construction and others are possible. Students look to each context, observe consistencies and contradictions, create understanding that is personally meaningful and then act accordingly. I have referred to the process as a ‘journey’ because I identified in the data many examples likening studying in the Bachelor of Nursing program to travelling, with two participants (participants 2 and 9), specifically referring to it as a journey. Each student’s journey of value is unique as each student perceives what is value in their learning differently. Their past experiences, current life situation, and dreams for the future influence the knowledge they see as most important, the pedagogy they most want to experience and the
learning they most want to achieve. Working out how to choose a direction and move ahead is different in the university and the workplace. As workplaces vary the uniqueness of each workplace must be comprehended by the student before they can move ahead and attempt to shape the learning they value most. Doing so is necessary if students are to be satisfied with their learning.

**Shaping a valued learning journey**

In order to be satisfied with learning students must shape a valued learning journey. To shape is to create, bring in to desired form (Stevenson, 2010, p. 1636). Shaping occurs across time as a result of considered action and is driven by the student's perception of learning of value. Value is defined as ‘importance, worth or usefulness of something’ (Stevenson, 2010, p. 1963) or the ‘material or monetary worth of something’ (Stevenson, 2010, p. 1963). Both perceived worth and perceived monetary value are important when students are shaping a valued learning journey. A journey is defined as ‘a long and often difficult process of personal change and development’ (Stevenson, 2010, p. 946). Learning in the Bachelor of Nursing program occurs within a given timeframe. Like any journey sometimes the timeframe can be lengthened and occasionally shortened. Like many other journeys the Bachelor of Nursing journey has a defined beginning and an end that can be identified.

Shaping a valued learning journey across the Bachelor of Nursing program begins on entry to the program. It is a journey students commence on enrolment and complete when their final grades are released, leaving them eligible to register as a nurse and graduate from the university. Students commencing in the Bachelor of Nursing program have chosen to embark on a journey. They have chosen to study nursing. They have applied for entry into the Bachelor of Nursing program, been offered a place in it, and accepted the offer. For some students embarking on the journey has been a long-held dream. For others it is a means to an end and for some an offer accepted with some ambivalence. Students may come to the program with clear ideas about the shape they want their learning journey to take. Others may be less clear about the direction of their learning journey, preferring to take roads and see where they lead. Students may change the direction, and therefore the shape, of the journey at any time within the program or they may continue with the same direction throughout. Where they are forced to change direction because of pedagogical
requirements they may resist, become dissatisfied, or revise their perspectives on learning of value to create satisfaction with learning. Like any journey, progress can be smooth or bumpy, destinations may be arrived at as planned, or wrong turns can be taken. Delays may occur. Some students are satisfied with their learning when the journey is comfortable and progresses smoothly. Others prefer more challenges and adventure. Some are happy to explore side roads, which takes more time. Others want to get to their destination as quickly and efficiently as possible. All choose individual paths to follow. Students are satisfied with their learning when they experience their valued journey of choice and are less satisfied if they do not.

Students’ satisfaction with learning resulting from recognition of a valued learning experience on the journey may be transient, momentary, sustained or partial. Sensations of satisfaction can be intense or milder and may co-exist with dissatisfaction. Students may be satisfied with one area of their learning and dissatisfied with another at any given point in time. One area of satisfaction or dissatisfaction may dominate, influencing overall satisfaction at that time. Living with dissatisfaction may be necessary for a more intense sense of satisfaction in the future. Satisfaction with learning is fluid, complex and multi-faceted, and changes over time.

The basic psycho-social process ‘shaping a valued learning journey across the Bachelor of Nursing program’ has three phases, with each phase having implications for student satisfaction with learning. The phases are repeated many times over the duration of the Bachelor of Nursing program. In phase 1 students orient themselves to valued learning in the pedagogical landscape. In phase 2 students seek valued learning experiences across diverse pedagogical terrain. Phase 3 involves students evaluating their learning. Where the three contexts of the self, the university and the nursing workplace are accommodated within each phase students move towards valued learning with confidence. Where students perceive inconsistencies between any of the contexts they need to work out how to reconcile these differences. When they are unable to reconcile differences across contexts they become less satisfied with their learning. The first phase of the psycho-social process is explored next.
Phase 1: Orienting oneself to valued learning in the pedagogical landscape

Phase 1 of the basic psycho-social process is students orienting themselves to valued learning in the pedagogical landscape. Identification of learning of value is necessary if students are to be satisfied with their learning. To orient oneself is ‘to adjust or align oneself according to surroundings or circumstances … to position, align, or set a map with reference to the points of the compass’ (Harper Collins, 2017). Students orient themselves to the pedagogical landscape initially when they enrol in the Bachelor of Nursing program and they return to the orienting stage regularly as they progress through the program. They reorient themselves every time the pedagogical landscape changes. This is often. Frequent orientation is required for learning of value and therefore satisfaction with learning.

Identifying the lay of the land

When orienting themselves to valued learning in the pedagogical landscape students must first identify the lay of the land. Doing so is necessary if students are to become satisfied with their learning. The lay of the land is ‘the disposition of circumstances which one is considering’ (Merriam-Webster, 2016). Throughout the program students are confronted with a pedagogical landscape they must make sense of and locate within their personal frame of reference. Students must work out what is required of them by the university and what they need to do to meet university requirements and be successful. To identify the lay of the land students scrutinise course documentation. They mull over what they are reading. They read it again and consider the information from different perspectives. They challenge meaning, wonder if they correctly understand, and consider they might not. They experience confusion, partial understanding, or clarity. One participant explained her thinking in relation to a community placement assessment requirement she was struggling to understand:

*Obviously I need to do a lot of work purely because I do not have the knowledge yet so what I’m thinking is what things do I feel I need to be gaining by the end of this placement? I know what my weaknesses are but how can I relate that to professional placement and what I want to improve on? (Participant 9)*
When identifying the lay of the land students seek clarification from academic staff. Some students hope the lecturer will provide the information they require without them having to ask. They sit quietly in class, or listen online, not speaking, hoping someone else will ask the question that will enable them to understand better the lay of the land. One participant explained:

*Occasionally on the online forum for particular courses someone will actually say, ‘Maybe I am being stupid here but I’m finding this particular part really difficult.’ And you always get at least three or four people that reply, ‘I’m so glad someone else said that. I’m having the same issue.’* (Participant 8)

Some students seek answers to their questions. They request the answers they need to understand. They speak up in front of others. They feel confident to ask. They cope with the potential embarrassment of asking questions that may be perceived as silly by others. One participant went to considerable lengths to get the information he needed to identify learning of value while being mindful that other students needed the information as well. He said:

*I wanted to clarify what topics were covered for an upcoming assessment just so that I could pace my study and revision and I emailed the course coordinator and she went back and said the favourite words of all course coordinators: ‘as per the course outline’. The assessment covers topics one to seven and I said, ‘I don’t mean to be difficult but I’ve looked at the course outline and I cannot see where that is. Am I missing something?’ And then she wrote back and she said, ‘It’s just under this paragraph.’ And then I said again, ‘I don’t want to be difficult but that paragraph’s not in the version I’m looking at.’ And it turned out that basically that the version that was published [for a specific cohort of students] didn’t include that information.* (Participant 8)

Students discuss the lay of the land with other students. They interact with others, attempting to see the world from the perspective of the other. They do this face to face or online including via social media and other online platforms. Students increasingly
turn to social media to identify the lay of the land. Ideas are formed, revised and rejected through discussion with other students on social media, most often Facebook. Facebook, in particular, provides a communication forum for checking out perspectives, seeking solutions and venting frustration. Some students approach Facebook warily, others with a little concern, and others keep it for their personal lives, that is, their lives outside of university. They present their own perspectives and seek clarification and/or reassurance from other students. They rely on interactions with others to make sense of the lay of the land. One participant said:

So in case you are not sure about your placement or you are not sure about an exam or an assignment you can post a comment any time and other people will try to reply to you, yeah. We can share different opinions. (Participant 15)

Students compare themselves to other students in order to identify the lay of the land. Students who are in similar life situations and facing similar challenges to them are a trusted source of information. Students who have similar learning goals and attitudes to life are sought. Talking with others like themselves provides reassurance. Students compare themselves to others and evaluate themselves. They seek reassurance from other students that they understand appropriately. A participant said:

You meet other mums and listen to how they configure their time, particularly if they are working full time, and you get a bit of a baseline I think with what other people are doing and how they cope. And I’ve found it helpful to find out if I’m doing enough or if I’m spending too much time on something. That has been really helpful to me. (Participant 4)

The lay of the land in one course may be clearer than in another. Some students accept this as an inevitable part of university life. Others do not. There are many points at which students must assess, or reassess, the lay of the land as they move through the Bachelor of Nursing program. There are always surprises, the unexpected and the unforeseen. One participant said:

Last semester when the [lecturer in charge] sent out an email, you must do this, it supersedes whatever is written on the [student] portal.
And then she found she had made a mistake and then she sent another email correcting some of the information. Then I don’t know, some students told her something, whatever, and she sent a third email. Students receiving all those emails, you know what I mean. She sent three emails three different times and each time they are saying this one supersedes the previous one. So in the end it is just, like, very confusing, which one is it, do you trust? The latest one of course, you know three times, and then students are so confused. (Participant 11)

Students must also orient themselves to the lay of the land in the nursing workplace. As each nursing workplace is unique, orientation and reorientation is required not only between placements but within them. Placements can be very different. For example a placement in a hospital ward requires different skills and approaches to nursing work in a community setting. Placements are short in length, sometimes only a couple of weeks, so students must identify quickly what is expected of them and what learning opportunities of value are available to them. One participant explained:

On one [placement] I’m in ENT and the next one I’m on community, with all the different settings, and all the medications that involved, I feel pressured ... [for example] I didn’t know some of the questions she [clinical facilitator] was asking me and I said to her, ‘Look, is it OK if I look this up?’ It was medications or something to do with the patient’s disease ... so I think the answer she gave me was ‘You should know this. You are in this ward.’ And I was thinking fair enough, I am in this ward, but I don’t know all the illnesses and diseases.

(Participant 2)

In summary, in order for students to be satisfied with their learning they must first perceive they have correctly interpreted the lay of the land. They must believe they understand the situation sufficiently. This is just the beginning. Their understanding may be fleeting. It is time and incident specific. Students cannot move forward and become satisfied with their learning while they remain unconvinced they have correctly interpreted the situation. Identifying the lay of the land is just the first step in the process of orienting oneself to valued learning in the pedagogical landscape. Next
students must establish the relative worth of knowledge. Establishing what knowledge is of worth is necessary for student satisfaction with learning and is explored next.

**Establishing the relative worth of knowledge**

When orienting oneself to valued learning in the pedagogical landscape, students must identify knowledge of worth if they are to be satisfied with their learning. Worth is ‘the level at which something deserves to be valued’ (Stevenson, 2010, p. 2046). Important means ‘of great significance or value’ (Stevenson, 2010, p. 879). Students in the Bachelor of Nursing program scrutinise what they are learning and make judgments of worth about each area they are to learn. Students seek to establish what they perceive is important, less important and unimportant so as to move forward with their learning. Relative importance may change over time. It changes in response to their personal life and their experiences within both the university and the nursing workplace. Establishing worth requires priorities to be established. There is a complex web of unique perspectives for each individual. Knowledge, assessment requirements, standards of performance and approaches to learning are judged for relative worth.

Knowledge to be acquired is ranked according to relative importance. Some students enter the program with hazy ideas about what constitutes nursing knowledge. Others have work experience as enrolled nurses or assistants in nursing that sees them with clearer, sometimes very clear, perspectives on what they believe they need to know. Students’ ideas and attitudes towards nursing knowledge are shaped and reshaped over time by their interactions with other students and nurses, including nurse academics. They are shaped by observation and participation at university and the nursing workplace and are influenced by past life experiences and their existing social contexts. Perceptions of relative importance are unique to the individual.

The relative importance of specific knowledge often changes as students move through the program. With experience in the program students may adjust their ideas about knowledge of importance. The Bachelor of Nursing contains surprises. Students experience content areas that puzzle them. They struggle to make sense of ideas presented to them and to incorporate these ideas into their personal image of the registered nurse role. Perceived relative importance may change markedly as students progress through the program. This may involve a slow or fast process of change. It may take the full three years of the program or, potentially, longer. Interaction with
course resources, other students, academic staff and clinical nurses shape students’ ideas. They might change them subtly. As their image of the nurse’s role develops so may their comprehension of what constitutes knowledge of importance. A participant explained that as she moved through the Bachelor of Nursing program her understanding around research changed and her satisfaction with what she was learning about research increased. When she was towards the end of the program she said:

"[In the beginning] I’m thinking why do we have to learn about research, I don’t get it. I just want to go to work and be a nurse and do clinical things and come home and that’s it. Now I’ve finished, and we’ve culminated with [a research course] I can really see why they teach us all of that … I couldn’t really grasp all that in the beginning."

(Participant 13)

Students want to focus their attention on the knowledge they perceive to be most important. That which is perceived to be less important, less applicable to nursing, receives less attention. Students rank nursing knowledge based on their own personal image of the nursing role. If students focus on nurses’ work in hospitals, caring for the ill and injured, they will rank more highly those specific clinical skills they associate with working in hospitals. If students see nursing as being about manipulating highly technical equipment they will value knowledge acquisition in this area more highly. Equally they may not value fundamentals of care if it does not reflect their personal image of what constitutes the role of the registered nurse or their preferred nursing role. One participant perceived that the emphasis of the program, at least initially, should have been different. She understood the significance of different areas of knowledge but suggested the importance allocated to some areas in the curriculum was incorrect. She did not associate evidence-based practice with the skills required to provide nursing care. She said:

"I sometimes wonder whether the whole course [program] could be streamed a little differently so there’s not so much focus on essay writing or journal critiquing or, and I know that all the changes to do with nursing need to be about evidence-based research and evidence-based practice, and I understand all of that, but trying to get your"
knowledge and skill level up, really up, in the first and second year.

(Participant 10)

As students move through the program their perceptions around knowledge of worth may be perceived to be at odds with the university or nursing workplace. They hear the opinions of registered nurses about required knowledge, compare this with what they hear from nurse academics, and consider both within their personal frame of reference. The realities of being a registered nurse dawn particularly in the final year. Students may perceive they are not learning the knowledge of most importance, that is, those areas they perceive will be more beneficial following graduation. One participant in the final year of the Bachelor of Nursing program said:

We actually prefer to do something more practical ... because I think nursing is about skills ... So we want the uni to prepare the student to have stronger nursing skills, so when you go to the hospital you know how to deal with ... like changes, situations whatever. (Participant 15)

Students make pragmatic decisions about the relative worth of knowledge. They think about their lives and identify what they perceive is most important. Studying knowledge of perceived lesser importance is allocated a lower priority. Areas of knowledge may be downgraded at any point in the program if the student becomes disillusioned, frustrated or overburdened in another area of their life. Students decide what matters most, how to meet university requirements, what to focus on, what to leave. There is much to know and much that is unexpected. Pragmatic decisions are made based on personal circumstances. One participant acknowledged that over time she became better at identifying knowledge of importance. She said:

Well, I’ve been a bit better this semester. I’ve learned I guess what matters more. Like what not to waste time on. So how to prioritise, yes, I wasn’t very good at it in first semester. I got very caught up in doing things that probably didn’t matter so much and then running out of time to do other things. (Participant 3)

Career plans influence students’ ordering of knowledge according to worth. The relative importance of different areas of knowledge is influenced by personal career goals and aspirations. Students want knowledge acquisition to relate to their personal
areas of nursing interest. Students give preference to learning they perceive will assist them in their preferred future nursing career. One participant wanted to go into the mental health area. While this was not a preferred pathway for the other participants, it was for her. She referred to it as a ‘light bulb moment’ when she realised this was what she wanted to do. She said in relation to her learning priorities:

*I want to take the mental health side of thing as far as possible ... a change in the program, that’s probably more to suit me. I’d like to not ... I know that I definitely don’t want to work with the elderly and yet there are several courses ... a couple of courses that are pretty much focused on the elderly.* (Participant 1)

Students seek to identify knowledge of lesser worth, that is, knowledge students do not believe they need to know, knowledge they believe is excess to requirements. They scrutinise course documents and talk with other students about areas of duplication or content that is not essential to the registered nurse role from their perspective. They critique, puzzle over and discuss. The experiences of enrolled nurses working in the health system place them in a unique position to identify what they personally believe are foundational knowledge and skills for registered nurses. One participant suggested:

*For a lot of enrolled nurses, and we all talk about it at work, the ones that are doing university, we feel like we are just jumping through hoops to get the piece of paper at the end. I’m not saying we’re not gaining any knowledge but there is a certain amount of subjects that we are doing that we don’t really feel are necessary.* (Participant 5)

Students also attempt to determine the importance of the depth of knowledge they are asked to acquire. They may believe that such depth is unnecessary for their role as a registered nurse. They may find the concepts difficult to understand. They may perceive they are being required to learn in greater depth than they need for the nursing workplace or a nursing degree. They puzzle over their areas of concern and discuss their thoughts with other students. One participant said:

*Sometimes they [other students] just talk to me and complain. Some instructors they go too deep. Actually we don’t need to be that deep.*
Some of the subject they find it very hard to understand so in a way I kinda agree with them. (Participant 11)

Students also determine the importance of particular assessment items used to gauge knowledge. Their perspectives on the role of the nurse and their personal learning preferences influence their perceptions. Some accept a range of assessment items as of value while others prefer a particular kind of assessment only. Writing an essay may be perceived as appropriate if it assists in learning important aspects of nursing practice and enables engagement with complex ideas, problem solving and coming to personalised conclusions about an issue. In contrast, other students perceive essay writing as a less appropriate form of assessment. They prefer other methods of assessment. Essays may be perceived to have learning benefits that do not justify the time required to complete them. Other assessment items may be seen to be more relevant for measuring knowledge acquisition. Students may not understand how writing an essay will help them to be a registered nurse or assist them on placement.

One participant suggested:

To be honest sometimes I don’t see the value of the essay ... for me I’m very exam or marks focused. Some of the topics of the essays they are not related to your exams and I tend to choose topics that are relevant to what I have to do right now. (Participant 11)

In summary, students must identify knowledge of worth if they are to become satisfied with their learning. Students establish the relative worth of knowledge they are studying. There is much to learn so not all knowledge can be equally valued. Students also judge the depth of knowledge required and the value of assessments designed to demonstrate mastery. When students identify knowledge of worth they are positioned to move ahead in a direction they perceive as worthwhile. Before they can move ahead, however, they must first orient their social environment so that learning of value is possible. Orienting their social environment involves adjusting life so valued learning is possible.
Adjusting life so valued learning is possible

When orienting themselves to valued learning in the pedagogical landscape students must adjust their lives so that learning of value is possible. They must manage the commitments in their lives so that learning of value is possible. Doing so is necessary if they are to be satisfied with their learning. By this stage in the process students have identified the lay of the land and knowledge of worth in the pedagogical landscape. What remains to be done is to orient themselves, their personal lives, so that sufficient time is available for learning of value. Time is the hours and minutes available for study and learning within the Bachelor of Nursing program. It includes scheduled contact time, time for self-directed learning, time for assessment preparation, time on clinical placement and time spent in informal learning activities. Time has to be successfully allocated so that learning of value can occur. Sufficient time must be allocated to keep up with program requirements. Students have many competing demands on their time. Judgments are required to determine priorities. Students with insufficient time to learn or who are unable to use their time effectively to learn tend to be less satisfied with their learning. For some students insufficient time for their studies is an ongoing source of stress. One participant had a complex life that required that every minute of her time be used productively. She said:

*I guess the big issue for me is the time. I'd love to have more time to dedicate ... I tend to do study in blocks and I feel I can do that and check it all off. I've got my lectures on the phone. I live in a smallish town and work in small towns around so work within maybe a 40-km radius so I've got long drives so I just try and be as efficient as I can. Squeeze it in when I can. (Participant 3)*

Being unable to redirect sufficient time to study impedes a student’s ability to learn as they would wish. Having insufficient time to study sees students frustrated and disappointed with themselves, creating reduced satisfaction with learning. Insufficient time reduces their ability to think through complex ideas and demonstrate learning outcomes of value. One participant acknowledged there were a lot of barriers to her finding sufficient time to study. She could visualise a situation where having more time to study would enable her to study more effectively. She said:
I suppose in an ideal world there would be plenty of time and when you want to study something you have the luxury of being able to go and look up all the articles that you find about that subject and reading them and really being able to think about them and what they are saying as an integrated body of work. But in this study environment that I’m living in you don’t, it doesn’t exist. (Participant 7)

Students may perceive they are not using the time they have available to maximum benefit. They have found the time in their life for study but are unable to use the time as they had hoped. Students who use their time less effectively than they would like tend to get stressed and frustrated. Procrastinating causes disappointment and frustration with self. Students can often identify a preferred method of study that would use the available time more effectively. Instead, time is wasted and learning is reduced. One participant explained:

[Pause] Well, I could be learning a lot more than I am if I wasn’t procrastinating. I sit down at my computer with all my textbooks and everything open and just flip from one to the other but not really concentrating … umm, like for example last week rather than just sit there and read, I bookmarked every chapter that I am meant to read over the next semester. Three different massive textbooks, it took me ages. (Participant 1)

In summary, to be satisfied with their learning students need to perceive they have adjusted their personal lives to create sufficient time to study and to be able to use the time they have available effectively to acquire learning of value. There is always a time-related dimension that influences students’ abilities to learn as they would prefer. Students have many competing demands in their lives that require time. They juggle commitments based on self-determined priorities. Some are able to allocate many hours a week to study while others squeeze study around family and work commitments. Sometimes they do this successfully, from their perspective, but other times less so with implications for their satisfaction with learning.

In conclusion, in order to be satisfied with their learning students must orient themselves to valued learning in the pedagogical landscape. They check out the lay of the land, allocate relative worth to the knowledge they are learning and adjust their
lives so that valued learning is possible. They take understanding from personal life experience, university studies and nursing workplaces and create unique meaning. In phase 2, discussed next, students act to ensure they experience learning of value.

**Phase 2: Seeking valued learning experiences across diverse pedagogical terrain**

Phase 2 follows phase 1 and involves students seeking valued learning experiences across diverse pedagogical terrain. In phase 1 students identify the relative value of knowledge and adjust their lives so that learning is possible. These are both necessary if students are to become satisfied with their learning. In phase 2 students seek learning opportunities across the university and nursing workplace that will enable them to acquire the learning they value and be satisfied with their learning. When seeking valued learning experiences students must first learn to navigate diverse pedagogical terrain.

**Navigating the system**

To be satisfied with their learning students must efficiently and effectively navigate the university and nursing workplace so they can experience learning of value. When seeking valued learning experiences students navigate through diverse terrain. To navigate is to ‘sail or travel over (a stretch of water or terrain) especially carefully or with difficulty’ (Stevenson, 2010, p. 1184). As established in Chapter 4, the terrain through which students must travel comprises complex, often bureaucratic, territory. They must navigate university and nursing workplaces differently. Students must navigate their way around each of these if they are to experience their perceived learning of value. This takes considerable skill, effort and time. Navigation enables students to locate learning experiences they value.

Students must navigate the university system to find resources that meet their unique learning requirements for a journey of value. Navigating the university system for resources requires skill. Some students bring the required skills with them when they enter the program. Others acknowledge that they need to learn them if they are to succeed. As identified in Chapter 4, universities provide a wide range of resources for students to choose from but they need to be located. Locating them may be straightforward or it may be convoluted. Resources are provided and students must
work out how to access them. One participant, whose first language was not English, was highly skilled at accessing the resources she perceived she needed for a valued learning journey. She said:

There is someone who checks my assignments for me ... it is really wonderful because sometimes you can’t get assistance from learning advisers and because of their limited time, only 20 minutes per appointment ... I have also joined the English help, using as many of the services provided by [my institution] to support me. (Participant 2)

Much navigating within the university occurs within the online environment. Navigating the online environment is required for enrolment, program matters, locating course materials and applying for placements. Many aspects of the Bachelor of Nursing program are online. Becoming familiar with the online environment is essential to proceed through the Bachelor of Nursing program. Navigation can be slowed when information technology systems are unavailable, or tools are used differently across courses. One participant who commenced the program with sound information technology skills struggled to use course-specific technologies. She highlighted some of the issues she faced when navigating the online environment:

For some you click a pad because the content is hidden ... and I really struggled. E-readings were a good example of that. I didn’t realise the e-readings were under the pad. It was saying read this stuff and I’m going I don’t have access, it’s not in my book ... I just want to do the work but I’m struggling with the technology instead of the concepts and content, which is what I feel is the most important part.
(Participant 3)

Students seeking valued learning opportunities also must navigate the administrative and policy area. Sometimes, policies must be located. The specific policy required must be extracted from all the others, and its relevance determined. Staff must be consulted, and their advice contemplated. The perspectives of other students can also be sought. One participant, a student who lived in a metropolitan area, did not want to go on a rural placement for family reasons. Accommodating a rural placement given her personal social situation was not possible. A policy requiring all students to
undertake a rural placement was introduced after she commenced the program so she took action to avoid a rural placement. She said the following:

And I said, well look, can I please have special considerations? I am a single mother. I filled out all the paperwork, and they said no, that is not part of the criteria. (Participant 5)

Students may want to navigate learning terrain more easily. They may find navigation unnecessarily cumbersome, distracting them from pursuing learning that they value more highly. They want to move more smoothly through the terrain and think this should be possible. They believe the university could make navigation simpler, less confusing, and could be more accommodating of students’ personal situations. Time-poor students with complex lives yearn for better accommodation of their needs. Students talk among themselves and sometimes make requests of staff. Sometimes they stay quiet. Sometimes resentment grows. One participant explained:

Got workshop coming up next week ... feel like it would be a real benefit to a lot of people just to have something very simple about what is going to happen next and what you need to do for it ... I just want to know what do I need to do before Monday. (Participant 7)

Students must also navigate the nursing workplace for valued learning opportunities. As established in Chapter 4, like the university system, the sites where nurses work are complex, with multiple stakeholders. Students must navigate their placement organisations to access the learning opportunities they need. For students to learn effectively on placement they need to make the most of the learning opportunities available to them. A participant said:

Some students really know how to get on with other people, they know what’s good for them, which side their bread is buttered on, and they use these skills to get onto a friendly basis with the preceptors and then it goes much better for them. Some students don’t have as high a level of those skills at that point in their life anyway and they are not as confident and it often goes really badly for them. (Participant 7)
In summary, in order for students to access valued learning opportunities and be satisfied with their learning they must first navigate learning terrain. Students must be able to navigate both the university and the nursing workplace. Time is of the essence. If it is too difficult to navigate or takes too long students become frustrated. Time spent navigating is time that is not spent learning to be a registered nurse.

Once students have learned to navigate university and nursing workplaces they must find ways to learn in diverse terrain. Students must find ways to learn in diverse terrain if they are to become satisfied with their learning. Finding ways to learn in diverse terrain is explored next.

**Finding ways to learn in diverse terrain**

To be satisfied with learning students must develop a learning style that allows them to experience learning of perceived value. Each student’s approach to learning is unique and must be adapted to the university or workplace context. One participant had considerable insight into his learning style and the university system. He said:

> You do have to find your own way to learn, to maximise learning ... I am very heavily visual learning so some instructors just stand there and talk and it’s like too much explanation ... If I don’t understand the materials I usually go onto YouTube and then I just type in maybe like rheumatoid arthritis or blood pressure, even though they explain in class, just find more interactive videos ... Sometimes YouTube videos explaining those things in an interactive way makes it easier for me to understand. (Participant 11)

Students may struggle to find ways to learn in challenging terrain, making it difficult for them to experience learning of value and become satisfied with learning. Sometimes they develop the ability to do so as they move through the program. Finding ways to learn can be a complex, challenging and difficult process. One participant struggled enormously to find a way to learn at university. She ultimately succeeded. She was in a particularly challenging situation because the approach to learning that she ultimately discovered worked for her and, after considerable time and effort, enabled her to meet university requirements, was highly unique:
I finally figured out what the best study method was. For me personally I use colours. I have to go with my mood, if my mood says ok its black pen I would use black pen, if the mood says blue, I will use blue, and then I will go over all my notes and then I will section it up, write in any extra information. (Participant 12)

Students consider new approaches to learning in specific terrain in relation to what they have considered to be a useful way to learn in the past. Where students are asked to learn differently to how they have previously, they think about it, talk with others, and judge the merits of the new approach. They may retain doubts about the appropriateness of the new approach. One participant had the following to say about the relevance of research skills early in the Bachelor of Nursing program:

A lot of the nurses [students] don’t like the research side of things. They don’t understand why they need to be able to research and I fully understand where they are coming from. (Participant 13)

Failing to find a way to learn in any given situation can leave students feeling despondent. Students may perceive learning in a specific situation as beyond them. They perceive they are required to learn in a particular way they believe is not possible. Participant 7 referred to this as ‘spinning straw into gold’. Spinning straw into gold comes from the fairy tale ‘Rumpelstiltskin’ by the Brothers Grimm. Very briefly, in this fairy tale, a king hears about a miller’s daughter whose father has been boasting that she can spin straw into gold. She cannot, of course. The king captures the miller’s daughter and locks her away in a room filled with straw and a spinning wheel. He demands she spin the straw into gold or he will cut off her head. With the help of an imp she accomplishes the task but at a price. Most students do not have the assistance of an imp so they fall at the first hurdle. Alternatively, they find an imp equivalent in the form of another student, or similarly helpful other, and delay the inevitable consequences of failure to learn. Participant 7 was concerned the reading required of students set them up to fail. She said:

I think they need to cut out all that ridiculous amount of reading material ... Once you set that expectation up, if I say to you, like Rumpelstiltskin, I want you to spin this straw into gold by the time I
come back, what are you going to do? Well, you are not going to get inspired and interested in spinning the straw into gold. You are going to sit in the corner and cry. (Participant 7)

Students may pursue approaches to learning that prove ineffective. Their approach to learning may be inconsistent with a specific context. An approach to learning may be appropriate in one context but not another. Judgments must be made for each situation. Asking questions may be acceptable in one situation but not another. Answers to questions can clarify meaning, options and alternatives. Having insufficient opportunity to ask questions may impede the pursuit of learning as students’ questions remain unanswered, leaving gaps in their understanding. One participant said:

I’ve met some tutors, when you have some questions she will say, ‘I can’t give you too much information because it could be unfair to other students. You should know how to do that yourself’ ... That’s the point. I’m in your class ... I’m here to learn. (Participant 15)

The perspectives of nurse academics may be sought as a way to learn in diverse terrain. Students do not always know how their request for assistance will be received. They do not know whether their intrusion will be welcome or whether they will be dismissed. When students perceive academics hear what they are saying and respond supportively, they feel understood. A participant explained at length the beneficial interactions she had experienced with a nurse academic while on placement. The nurse academic was acting as her clinical facilitator. The clinical facilitation was by distance as the participant was placed in an interstate venue of her choice. She said:

We spoke twice a week. And we spoke for about an hour each time on the phone and it was really interesting. I loved it. I really looked forward to it. We talked about my experiences, she talked about what that brought up for her about her experiences with nursing. I told her about things and she was really interested to know for her own practice. She was going to listen to me anyway because she was my facilitator but she was actually really interested in it for the
implications for her own practice. Really thinking about what I was saying and responding accordingly. (Participant 7)

Students must also find ways to learn in diverse workplace terrain if they are to make the most of valued learning opportunities. They must judge each situation and determine how to act. They may ask questions or remain silent. They may observe from a distance. They may attempt to copy techniques and skills demonstrated by the registered nurses they are placed with. They watch, copy and practise. They may perceive that opportunities to master such understanding are missing from their university studies. One participant said:

I know when I work with a senior nurse and I see their work and I think she’s efficient I watch what she’s doing to see if I can grasp one of those techniques and try and take away from that and put it into practice for myself. (Participant 13)

In summary, to be satisfied with learning students must develop effective ways to learn in diverse pedagogical terrain. Approaches that are effective are unique to the individual and situation. Approaches to learning that work in one situation at one moment in time may not work in another. An approach that works in the university may need to be adapted or changed for the workplace. Finding approaches to learning that work can be challenging. Once students have found how to learn in diverse terrain, found how to adjust their learning in specific situations, they are then positioned to experience valued learning situations.

Experiencing valued learning situations

Where students experience valued learning situations they are satisfied with their learning. Students evaluate learning situations to determine if they meet their learning needs. In Bachelor of Nursing programs there are many possible learning situations. Students must choose from the many available. Students perceive learning situations in the university environment uniquely. Some see the usefulness of more learning situations than others. Some students are excited by the situations they find. Others are unsure what will assist them. Others do not realise what is available. From the student perspective this can be exciting through to confusing. Those that are able to experience valued learning situations move ahead quickly with their learning. These
Learning situations include online resources, lectures, nursing laboratories, group discussions such as tutorials and seminars, and placement venues.

In order to experience learning of value, and be satisfied with their learning, students evaluate online resources for engagement opportunities. Students access the online environment, check out what it has to offer, problem solve the site and puzzle over glitches. The online environment enables students who might otherwise be socially isolated to experience learning of value. One participant said:

*I actually properly engage. Even the other night, online, the group was, I think there were six other students and the lecturer and it was legal and ethics, which is not normally a topic, not my favourite [laughs], and we actually had a really interesting conversation ... ended up finishing about quarter to ten at night and I was on a really big natural high and I couldn’t sleep. It was really good. (Participant 3)*

Where lectures enable learning experiences of value students are satisfied with their learning. Students evaluate lectures for their capacity to engage. Lectures are a learning resource that students may choose to utilise to assist their learning. They search lectures for important information about course content and assessment. They judge their applicability to nursing practice. Lecture recordings may be preferred because they can be stopped, restarted and areas that are unclear replayed. The increased flexibility of the lecture recording is appreciated by students with impractical timetables. One participant explained her perspective on lectures as follows:

*If it’s more interesting to listen the students will be more engaged ... Put questions out there, not necessarily having them always answered but making them think ... questions to ponder in your mind, I think that is really important and useful ... reading from the slides rather than bringing in personal experience can be quite boring. (Participant 1)*

Students seek learning experiences of value in nursing laboratories. Such learning experiences promote satisfaction with learning. Nursing laboratory sessions are evaluated for the opportunities they provide to efficiently develop vital nursing skills. Engaging with sessions in the nursing laboratories enables students to learn those
skills believed most necessary for the nursing workplace. Students seek direction and supervision from laboratory staff. A participant said:

*If the staff ratio was higher it would exponentially increase engagement by the students because if they didn’t know how to do it, it would be easy to say, ‘Look, I don’t know how this is done.’ And if they did know what to do there would be this instant feedback, you know. And you know what it’s like when you’re engaged with something and someone else is engaged with you. You learn much faster than if you’re kind of bumbling around, not quite sure what you are doing.*

(Participant 7)

To experience learning of value students want their practice in nursing laboratories to be realistic with opportunities to practise sufficiently the skills they believe they need to develop. Students practise with the equipment available to them, aiming for the skill level they believe they will need in the workplace. One participant explained:

*What I really, really disliked about the learning was the dummies. I loathed them with a passion and that would be an understatement … It’s a very big leap from those fairly isolated practices that happen at university to going onto a ward.* (Participant 10)

Students seek group discussion experiences in tutorials and workshops that facilitate learning of value and therefore satisfaction with learning. Students vary in what they desire from group discussions. They vary in the experiences they most value. Some students learn best when they discuss nursing-related scenarios. One participant said:

*The tutor that was taking us for that workshop, he just put a lot of scenarios across to us and we, smallish group, there were some girls there that were extremely well-qualified enrolled nurses with a lot of skills and experience, and he would throw scenarios at us and we would have the opportunity to add to how we would care for that patient, what was going on, and I love that sort of stuff.* (Participant 10)
Other students most value those learning experiences that involve activities that are peripheral to course content. These learning experiences include educational games. The experiences students value the most are those that enable all students in the class to be equally involved where involvement is not dependent on having specific course knowledge. One participant said:

[Tutor] had a competition. She brought in stoma bags and we all put them on and actually had the physical experience of doing it and then she had a competition. The person who could leave it on for the longest won a book or whatever ... She [also] did this interesting exercise where you are in a plane and it crashes and you’ve got certain number of minutes to get all the items out and you have to list them in order of your priority, what you are going to get out. It was really interesting. Really interesting. Really, a lot of the activities didn’t have that much to do with exactly what was in the course work. It did, it’s not that it was completely unrelated, it wasn’t but it wasn’t just looking at that week’s, you know, week 3. (Participant 7)

Still others want the discussion to focus around the weekly learning objectives. Students want the opportunity to check their evolving knowledge against course requirements. Doing so enables them to check their emerging understanding and judge their progress. This is diametrically opposite to the comment made by the participant above. One participant said:

Then at the end of that week you get a three-hour tute or a two-hour tute and I just wish that the tutorials were more, let’s just go over what you’ve learned instead of, it just didn’t seem to be quite as relevant as I’d like it to be. In that I mean that I get to a tute about child and youth health and we were talking around about the topic. I’d love to be saying what are we actually looking for in an assessment about the infant and going over each thing. (Participant 6)

Students’ ability to engage with others influences their ability to acquire learning of value through discussion groups. Students vary in their expectations of fellow group members. The opinion of some members of the group may be more highly valued
than those of others. Some students want to hear the opinions of mature-aged students. Some want them to speak less. Some want to hear the opinions of enrolled nurses and others not. Some want to hear more from the tutor, others less so. The preferences for group discussion are unique to the individual. One participant said:

*I have noticed that it [discussion in tutorials] has been better when there are other nurses in the classroom as well. The conversation and the banter is a lot better. The answers given by the students are more realistic or they give a priority answer rather than a second or third, to do with the problem for the patient, or something like that. Might give a different perspective depending on what environment of nursing they come from.* (Participant 5)

Students contemplate the financial cost to themselves of studying in the Bachelor of Nursing and wonder if they are receiving value for money in relation to the learning resources available to them within the university. They weigh up the perceived quality of the resources available to them in relation to the personal cost. They make judgments about what they are receiving in return for their monetary contribution. Not getting value for money creates angst amongst students. Students are contributing financially towards their education. In exchange they expect value for money. They talk amongst themselves. They notice that university staff are busy, and resources are stretched. They wonder if maybe they should be entitled to more given the thousands of dollars of debt they are accumulating. One participant said:

*I feel like its [Bachelor of Nursing program] just a big cash cow for the university. I feel like they take way too many students, way too many nursing students, and they don’t have the capacity to facilitate them well, you know, I don’t see that money reflected in the course [program].* (Participant 7)

Students also seek opportunities in the nursing workplace that facilitate learning experiences of value and therefore satisfaction with learning. Students evaluate their placements for learning experiences of value. Placements in some areas are valued more highly than placements in others. Students have beliefs about the most valuable placements, that is, the placements that will enable them to learn important skills that
they will need for the future. Many students most value experiences in ward areas, high acuity units, and emergency departments in metropolitan hospitals. Acute placements in hospitals where specific, highly valued skills can be acquired, such as intravenous medication administration, are prized. One participant said:

*I prefer to do something more challenging rather than doing repetitive things every day ... You need to be very alert to any situation changes so I think emergency is more suitable for me ... because I really want to go in and see, like, how the procedure’s done and things like that, yeah.* (Participant 15)

Not all students value those learning experiences found on acute placements in hospitals most highly. Those with alternative career plans or interests in nursing want different workplace experiences. Some value the learning experiences found in residential aged care, palliative care or mental health placements more highly than acute care placements. One participant said:

*I’ve already decided what I want to be doing so I’m quite happy if they want to put me in a nursing home to work, I’m happy to do that. That’s where my heart is ... and palliative care.* (Participant 6)

Where students are placed in workplaces where the available learning experiences are valued less students can be less satisfied with their learning. Depending on the students’ perspective any workplace can potentially be valued less. One participant, who was an enrolled nurse, was dissatisfied with her learning on a rehabilitation placement. She claimed to have learned nothing new. She said:

*Absolute waste of time ... The only thing I got to do on the whole eight weeks that I can’t do already at work was to take blood from a PIC line. And sometimes I would double with RNs that didn’t even have as much experience as I have. And their scope is quite restricted there. Because it was a rehab placement it kinda comes from the standpoint that they are already medically stable.* (Participant 5)

To access learning experiences of value in the workplace, and be satisfied with learning, students must seek the support of staff. Students require nurses in the
clinical area to support them to develop the skills they perceive they need but this is not always straightforward. Negative experiences with nurses and clinical facilitators on placement leave students upset, angry and sometimes doubting their ability to learn. One participant, an international student, commented on a negative interaction with a nurse while on placement:

> Drugs, it was my first time running it, I wasn’t sure what was going on, and some of the international nurses they are like trying to help.
> Another: ‘How come you don’t know about this? You should go back to [his country of origin]’. That’s what she said. I didn’t say anything because I didn’t want to confront them as I am a student. This was my first time doing this. I didn’t know. (Participant 11)

Students turn to clinical facilitators to assist them to experience learning of value and be satisfied with their learning. The skills of an experienced clinical facilitator enable students to tease out and make sense of their clinical experiences. Students across the duration of the program interact with clinical facilitators with a range of helpful and not so helpful characteristics. Students want to be supported to provide safe, quality care. One participant explained how an unrealistic expectation placed on her by a clinical facilitator while on placement limited her ability to experience learning of value and left her feeling upset and unnecessarily pressured. She said:

> We were working on a ward and preparing a client for theatre and you know all those documents you’ve got to do to get them ready ... I was a bit thrown by it and my clinical facilitator said we’ve got to hurry up. And I’m thinking well I have to ask these questions to arrive at the right answer because I don’t want to get the wrong answer from the patient. And I knew we had to hurry up because we had to take the client to theatre but I felt at the same time they were rushing me to do something that I’m not confident in doing. (Participant 2)

The workplace provides positive nursing role models to emulate and, where successful, leads to satisfaction with learning. Role models enable students to imagine the registered nurse they want to be in the future. Conceptualising the registered nurse students want to be enables them to envision a professional nursing future for
themselves. They take the valued characteristics of the registered nurses they meet and hold onto them for the future while developing the necessary skills they identify in the present. They visualise aspects of themselves at a future point in time. These insights are highly individual and reflect the students’ personalities and life stories. It may be one nurse that influences their sense of the registered nurse they want to be or it may be many. Glimpsing the nurse they want to be is both motivating and inspiring. One participant cared for her mother while she had treatment for cancer and observed the nurses. She said:

I would take her to all her chemo and radiotherapy and everything but I remember seeing some of the nurses with mum and think that’s the kind of nurse I want to be. I want to be that nurse that just makes that little bit of difference to someone’s day. And it’s wasn’t big, but you know when you are observing. It is just that little smile or how are you, say hi to the family, instead of rushing in and out, giving her the pills and that’s it. (Participant 9)

The workplace also provides examples of nursing practice that students identify they do not want to emulate. Students glimpse the nurse they do not want to be. Negative behaviours provide scenarios for reflection. One participant saw the strengths and weaknesses of one of the nurses he observed on placement, recognising both what he wanted to emulate and what he did not. He said:

One nurse, she was very smart but not very patient oriented. When she’s done with her work, just in the nurses’ station, talking to other nurses, doing documentation, because she has done her stuff, but it’s not very patient centred. (Participant 11)

In summary, students are satisfied with their learning when they experience learning of perceived value. Students have unique perspectives on learning of value. A learning experience of value for one student may not be so for another. Potential learning opportunities of value include lectures and lecture recordings, nursing laboratories, group discussions, placements and online resources. In phase 3 students evaluate the outcomes arising from their valued learning experiences. They evaluate their learning achievements and they do so at every stage of the learning journey.
Phase 3: Evaluating achievement along the way

In phase 1 students orient themselves to the learning they value in the pedagogical landscape. In doing so they first have to identify the lay of the land. Once this is accomplished they are positioned to identify knowledge of worth and adjust their lives so that valued learning is possible. Completing these activities is necessary for them to be in a position to be satisfied with their learning. Once they have oriented themselves to the learning they value in the pedagogical landscape in phase 2, they seek valued learning experiences in the university and the nursing workplace that will enable them to learn what they perceive as important and accommodate their professional ambitions and social situation. They seek valued learning experiences by navigating complex university and workplace systems, adjusting their approach to learning to suit the learning terrain and experiencing valued learning situations.

In phase 3, discussed here, students evaluate what they perceive to be their learning achievements along the way. Students learn much on the Bachelor of Nursing journey. Students are satisfied with their learning when they receive confirmation they are acquiring valued understanding in the present that will serve them well in the future. Where doubt exists students are less satisfied. Achieving valued understanding is one of the learning outcomes necessary for satisfaction with learning and is explored next.

**Achieving valued understanding**

A personal sense of achievement occurs when a valued area of knowledge is recognised, creating satisfaction with learning. Something perceived to be important is learned. Understanding may occur suddenly or develop gradually. The sense of achievement may be transient or enduring. It may change with time and experience. It is dependent on the individual. What may result in a sense of personal achievement for one student may not result in a sense of achievement for another. What may create a personal sense of achievement early in the program may not create a sense of achievement later. Students may experience sudden confirmation that something of value has been learned, a ‘light bulb’ (Participant 1) moment. Participant 3 was satisfied with her learning when she felt ‘it was sinking in’. Satisfaction with personal achievement changes as students progress through the Bachelor of Nursing program. Over time their recognition of valued achievement develops and changes. Early in the
program students may be satisfied with their achievements if they can master learning challenges set by the university. One participant realised she had learned something important early in the program. She said:

*When I finally can get that blood pressure. When I can finally palpate. It’s just when you can grasp something, when you’ve got the skills or knowledge because a lot of it is just mind-blowing, particularly anatomy and physiology. One, it’s hard to believe the human body can do that many things at one time, but I think, yes, when you understand something.* (Participant 9)

Students gain valued understanding incrementally as they move through the Bachelor of Nursing program, creating satisfaction with learning. As students progress through the program they constantly judge their progress. Students want to learn as much of value as possible in any given timeframe. The same participant felt she had learned significantly since commencing the program the previous semester:

*I’ve learned a lot in a short space of time. Not only about the program but about myself. What I can achieve, you know, and the knowledge.*

( Participant 9)

Students recognise their understanding-related achievements and rank them accordingly. A student may be less satisfied with an achievement in a course where knowledge gained is considered of lower importance. One participant struggled to explain this to me. He said:

*A little part of me that’s saying … oh you’ve done really well in this particular course. Don’t think too much about whether you’ve got what you need from this, because you’ve got good results.* (Participant 8)

Students are satisfied with their learning when they translate understanding learned at university into nursing practice in the workplace. They experience a strong sense they have developed understanding of value. The ability to translate theoretical knowledge into practice is highly valued and results in a high sense of personal achievement. This recognition on placement boosts confidence and reassures students their learning is progressing well. One participant described such a situation:
I was looking after one patient and his O₂ sats had dropped, which is not good because it means he’s struggling to breathe, he’s about to pass out and he was still stable because that’s ok, we’ll just get some oxygen on him. And I told my nurse, can I just have your permission to put some oxygen on him because I’d seen doctors do that previously to pick him back up so that was in his chart that that was the action that was supposed to be taken. I just needed permission to make sure. (Participant 12)

Students are also satisfied with their learning when they receive confirmation they can apply theoretical understanding to simulated practice in the nursing laboratory. They perceive they have gained understanding of value. There are degrees of achievement possible in the nursing laboratory and the degree of achievement valued by individual students varies. One participant had developed a theoretical understanding prior to a workshop but it was when he attended a practical nursing workshop that he developed confidence that the theoretical understanding he had developed could be practically applied. He said:

I felt particularly satisfied with my learning after the workshop that we had. That included an OSCA, I just felt everything started to fit together over those few days ... I was surprised at just how well I did in terms of psycho-motor skills. (Participant 8)

Students may not gain as much valued understanding as they want in the nursing laboratory, leaving them feeling disappointed and less satisfied with their learning. Enrolled nurses may perceive they are being asked to learn skills in the nursing laboratories they already possess. Students may not believe they are learning the skills they most need for clinical placement or may doubt that the knowledge they have gained practising on manikins is sufficient to prepare them for the reality of providing nursing care to human beings. One participant said:

The program is jam packed ... you are hoping to make the most of the practical session so that you can transfer some of that for when you go on placement. But that has never been the case. (Participant 10)
Students experience achievement, and satisfaction with learning, when they master those clinical skills they believe are necessary for their role as a registered nurse. The mastery of clinical skills is valued highly in preparation for clinical practice. The ability to perform specific tasks is reinforced in the workplace where the ability to ‘do’ is highly appreciated. Students vary in what they believe priority tasks to be but mastering intravenous medication administration (Participant 5), wound care management (Participant 14), peri-operative care (Participant 2), insertion of an indwelling catheter (Participant 4), and taking blood (Participant 15) are highly valued. Some students continue to emphasise task mastery throughout the program, believing that the mastery of more and more tasks will be what prepares them for practice as a registered nurse. For these students to be satisfied with their achievements they need to have mastered many valued skills. Students make judgments about the skills they need to master through discussion with others. If they feel they are achieving skill mastery at the pace they expect they are satisfied with their progress. If they feel otherwise they can be disgruntled with their learning and fearful about their ability to function as a registered nurse in the future. A participant said:

*I just feel like if I compare with a friend, like with a nurse in [country of origin] I think they can do a lot more than me. Although I’ve got a higher qualification ... sometimes my friends in [country of origin] ask me, ‘Oh so now you can take blood. You can do this and that.’ And I say, ‘No, actually I can’t.’ And they say, ‘What? You are a nurse and now you are graduating too but you can’t do a lot of things?’ I just feel like, oh, yes, you know [laughs].* (Participant 15)

What constitutes valued achievement in a nursing workplace for one student may be of little significance to another, leaving one satisfied with their learning and the other less so. Sources of achievement are perceived uniquely by students. Some value task acquisition most highly, as illustrated above, while others value holistic care provision. Some students are interested in their clients’ lives. Insights into patients’ lives create understanding that enhances students’ ability to provide comprehensive care. Not all students value this kind of insight highly. They have different learning priorities. One participant said this about a community placement:
I went to this place where they connect homeless people, because some homeless people have some form of mental illness and drug and alcohol in their life and so when I am out there I actually see that person in their environment and I find that part of learning it gives you a better understanding and knowing what people are going through out there in life. When you see that person in the hospital that is limited, but when you are out in the community, in their own environment, you see how people are coping in their daily life. (Participant 2)

Achievements in low-value areas can be dismissed, with potential opportunities for satisfaction with learning lost. Students can be dismissive of achievement when their achievements are not in areas they personally value highly. Where students rate other areas of achievement more highly than the ones they are developing they may fail to appreciate their evolving understanding. A participant who had told me earlier in the interview that she had learned nothing on a rehabilitation placement, a nursing practice area she perceived to offer learning experiences of low worth, adjusted her perspective as we spoke. She said:

I had plenty of time to brush up on time management skills but I didn’t really learn anything new. For me that ended up being a good thing because I was able to culminate all of my knowledge. (Participant 13)

Students experience satisfaction with learning when they retain knowledge over time. Only practising a skill once, with long breaks in time between opportunities to practise, lessens the sense of achievement and creates frustration and concern for the future. Long breaks between placements can result in a perception that learned skills have been partially lost or lost. Students perceive they are moving backwards with their learning. Where students undertake block placements of several weeks there can be long breaks between placements, reducing opportunities to practise and consolidate learned skills. One participant said:

Those are the practical things that if you practise all the time you remember things more but if you only do it once in a while you will forget it ... You are trying to do things, to do your best, and you get to
do all this and they expect you at a certain standard and then you only
do it once. (Participant 2)

Students may value achievements, and experience satisfaction with learning, when
they gain insights into how their developing understanding assists them in their
everyday life. Knowledge of anatomy and physiology and disease processes are areas
where students may experience a personal sense of achievement in relation to their
developing knowledge. Acknowledging the usefulness of patho-physiology in daily
life, one participant said:

I find pathology is something that you can use. We can use our
knowledge every day. If someone is sick [that you know] you can
always explain why they are sick, how you can help them. I find that
really good. (Participant 15)

Students in the workforce in a nursing-related area experience a sense of achievement,
and satisfaction with learning, when they are able to relate what they learn at
university to their workplace. Where students are enrolled nurses or carers this
confirms for them that the knowledge and skills they are learning are useful. They
sense they are learning what is most important for their future role as a registered
nurse. A participant who worked in the community as a carer had the following to
say:

I’ve also got a young girl who is only a couple of years younger than
me who has had a really hard time with eating disorders and she has
had such a hard time going through the system and our lecturer
actually touched on a fair bit of eating disorder stuff which was really
good. (Participant 3)

In summary, students are satisfied with their learning when they experience a sense of
achieving valued understanding. A sense of achievement may be momentary or
sustained. It can occur at university, in the workplace or relate to one’s own social
context. All students are individual and what constitutes a personal sense of
achievement is unique to the individual and their point in the program. Achievement
is ongoing across the program but what triggers recognition of achievement changes
over time. Students are less satisfied with their learning when they fail to recognise it or perceive their learning as of lesser worth.

**Realising a valued professional identity**

Students experience a sense of achievement and satisfaction with learning when they perceive their skill level is sufficient to meet the expectations of the nursing workplace. Students’ experiences in the nursing workplace influence what expectations they believe the nursing workplace has of them and therefore their preparedness for nursing work. One participant had a view that nurses in the nursing workplace would be supportive of him as a graduate and would not expect him to have a comprehensive range of specific clinical skills. He said:

_I have this sense that by the time I’ve finished the degree I will have what I need to be at the level I need to be at. And I think that was confirmed over the past year. I think I’m fairly realistic in that I understand that you do the degree and you’ve got a good basis to go on, but it’s not as if you’re going to be a super nurse on the first day. And I think that kind of recognition is what allows me to be content and to be happy with what I’ve learned ... you’re not going to be expected to be perfect at absolutely every aspect of nursing on your first day of actually being a registered nurse. (Participant 8)_

Students who believe their skill level is not sufficient to meet the expectation of the nursing workplace have a sense of under-achievement and are less satisfied with their learning. This is sometimes an intrinsically formed personal belief and sometimes formed through interaction with nurses on placement. They may believe the university is not providing sufficient opportunities to master those areas required to function effectively as a registered nurse in the clinical area. One participant said:

_If I rock up for my January acute placement and the registered nurse says, ‘Could you help me with a catheter?’ or something and I say ... ‘I’ve never done it before.’ And she’ll say, ‘OK, well, have you ever seen it?’ ... ‘Yes, I’ve watched on YouTube.’ I’d be so embarrassed to say that [laughs]. I’d probably go home and apply for architecture or_
something [laughs]. I want to feel confident to go to placement.

(Participant 4)

Students are concerned about their achievements if they perceive nurses see them as under-skilled or unsafe, with implications for their satisfaction with learning. In the nursing workplace students hear nurses talking about students. They wonder if they talk about them that way as well. It creates anxiety and concern. Students challenge the usefulness of their university-based achievements. They worry about whether they will be up to the challenge of the nursing workplace. One participant said:

The educator there was a lecturer at one of the universities so she kept putting her university standards on me and I think at different times she thought that I was a little bit lacking. (Participant 13)

In summary, students are satisfied with their learning when they sense they are acquiring the skills they need for the future. They build their expertise, and their nursing identity, piece by piece. Meeting the expectations of the nursing workplace is required for students to experience a sense of achievement and this can be challenging. The divide between the university curriculum and the expectations of the nursing workplace may be perceived as huge, with associated implications for achievement and satisfaction with learning.

Receiving valued grades

When students receive the grades they anticipate, and believe grades are allocated fairly, they experience a sense of achievement and satisfaction with learning. Feedback provided to support grade allocations also influences students’ sense of achievement. Grades are the marks, percentages and overall grades allocated for items of assessment and courses by members of academic staff on behalf of the university. Students vary widely in their expectations around grades. Grade expectations depend on the student’s expectations of themselves, their life situation, the reason for studying the program, their beliefs about knowledge and skills, as well as how they are learning.

Students shape their learning to achieve the grades they want for themselves. They plan what they will do in order to achieve anticipated grades. Some want high grades while others are comfortable to pass. Each calculates what is required to meet their
own expectations and those of the university. Students may have high expectations of themselves and require high grades for their expectations to be realised. Some students are highly committed to succeeding and their measurement of success, and satisfaction with learning, is the grades they receive. Eighteen months into the Bachelor of Nursing program one participant had a grade point average of 7 and would have been disappointed with less. He said:

Even if I was to get a six GPA, which is still a good achievement, I would feel like I had dropped down, so I’d have to adjust my expectations. (Participant 8)

In some instances students are highly satisfied with a pass grade. Sometimes students are grateful and satisfied simply not to receive a fail grade. While a pass grade might not be ideal, sometimes personal circumstances result in it being accepted gratefully. One participant explained how pleased she was to receive a conceded pass when she expected to fail. She said:

I was fortunate enough to get through and pass, and I don’t actually like to get passes, but I had to come to terms with my situation where I wasn’t here 100% of the time studying ... I got a conceded pass ... I think while I was on placement I did a theory subject as well ... and I really didn’t keep up with the work, I did what I could, as I could, and I handed in an incomplete assignment ... I put it in anyway and I thought I was going to fail but they gave me a conceded pass. (Participant 13)

Students may feel diminished by a lower grade than anticipated, reducing their satisfaction with learning. A lower grade may diminish their self-esteem. It is not only fail grades that diminish self. Pass grades can also create a sense of being diminished as both a student and a person. In some instances higher grades than a pass may also be personally unacceptable. One participant felt her grades reflected her worth as a person and was devastated by a pass grade:

My lecturer came to me and she said, ‘I’ve only given you a [pass grade]’ and I was absolutely devastated because I’d put that much effort into it ... It was just the word count and then she said, ‘If this wasn’t a first-year subject I would have failed you.’ And I was
absolutely crushed. I just thought this is something that I do from my heart and it takes me a lot of time to get every sentence just right. (Participant 6)

The participant’s reaction to the pass grade was a response to a past experience in an abusive relationship. She said:

*I remembered when I did my last degree I only received one pass in the whole degree and for me that was, oh my god, I’ve had a marriage where my husband told me I was dumb, I couldn’t do anything. So for me it was proof, oh my goodness, I have got a brain, I can study, I can achieve. So when I got the P [pass] on this topic it was like, my goodness, I’m back to where I, back there. (Participant 6)*

While grades that are lower than students expect can be a shock to their self-esteem it can also reduce their satisfaction with learning. They can be left wondering whether they have the necessary ability to succeed in the future. It shakes their confidence and has them doubting their ability. This does not apply just to fail grades. It applies to any grade that is lower than the student anticipates. Students may find themselves puzzling over the grade. They may feel angry, disheartened or stressed. Students unable to understand the rationale for their grade remain confused about what they need to do to be successful in the future. One participant said:

*I got a [pass grade] but the feedback coming back from the lecturer didn’t make a lot of sense ... I was so nervous to do the next assignment that I left my exam preparation for another subject, I put that on the back burner and I only just passed that exam, and this one I’d put so much effort in to it and worried about meeting the criteria and the guidelines and after all that worrying and concern going in to that paper to only get a [pass grade] and a comment that it was average (Participant 4).*

Similarly, students who feel they have excellent practical skills and are used to working fairly independently as enrolled nurses can feel undervalued by a grade if it is perceived not to reflect their ability reducing their satisfaction with learning. Enrolled nurses experience frequent challenges to their sense of self-worth, both as a
person, and as a nurse, while in the Bachelor of Nursing program. One participant failed to get the grade she expected in a practical assessment prior to placement. She said:

_Somebody assessed me giving someone a Clexane, well I checked the chart, checked the patient, explained what the medication was, why we were giving it, how I was giving it, gave it and then suggested not to rub afterwards, you know blah, blah, blah, and he just ticked me off as requiring supervision. I’ve given Clexane injections every day for the last four years (Participant 5)._  

Students sometimes turn around disappointment with a grade when they have time to learn from the grading experience reducing their sense of dissatisfaction. Turning around a situation that has initially caused considerable heart ache requires introspection. To turn the situation around requires students to learn to see themselves differently and accept aspects of themselves that they may be reluctant to acknowledge. It is a painful process. Over several years one participant developed an ability to see how her past performance had been inadequate. She said:

_Failing is good. Failing lets you know you’re not the best. Like, you know, it’s ok to fail, you learn from it, and now I have greater knowledge and I know how to study better. So if you are self-aware you can improve. If you’re not self-aware you can’t improve (Participant 12)._  

Students may perceive grades are worth less if a lack of rigor is perceived reducing their satisfaction with learning. Where more distinctions are awarded within a cohort of students an individual student may perceive their higher grade as worth less. Similarly for an examination that is perceived to be too easy with students passing who some students perceive should not. Such incidences diminish their sense of achievement and satisfaction with learning. One participant believed one exam assessment was less rigorous than she believed it should be. She said:

_I was particularly concerned with one of the exams that we had. A majority of it was copied and pasted from a learning website. And although they said they had a licence for it so therefore they were able_
to do it. I got a really high mark for that exam but it was only because I had read and looked over and done all the multiple choice questions the night before. (Participant 5)

For some students high grades diminish their satisfaction with learning if they perceive other students are passing whom they perceive cannot provide safe care to patients. This perception impacts on the value they place on the award they will receive when they finish the Bachelor of Nursing program. Therein lies a dilemma. On the one hand students appreciate receiving higher grades, but on the other hand grades that are too high, where students pass who should not, lowers the worth of the award for students with higher expectations. One participant said:

I’m looking around … other people around me and all I’m thinking is … there are some people here that I just wouldn’t want near my family … And that’s really disconcerting. I don’t know what the gap is, I don’t know how to get it fixed or, if that’s just the way it is. Maybe when I’ve seen struggling students or have been working in student groups and feeling that some students aren’t prepared or have no interest in … or have limited or resisting interest in comparing or checking information before putting in any intervention. (Participant 17)

Some students dwell little on grades as a source of satisfaction with learning. A grade is for a past piece of work and they have moved on to other learning and assessment items. The program is often intense, students have complex lives, and there is limited time. A grade is in the past and new challenges demand attention. Grades may be viewed as irrelevant when nursing is perceived to be about doing and not thinking. One participant said:

I’ve heard that your GPA doesn’t really matter about getting a job. I don’t know, this is like rumours, and I don’t know if they take it into consideration but yeah, I don’t think it really matters as long as you pass … the people who don’t get as good marks it’s because they don’t know how to write essays that well, and they say why do you need to know all this referencing stuff if you are going into nursing and you are not going to use it ever again? (Participant 14)
Some students remain satisfied with their learning by lowering their personal grading-related expectations in the light of their life at the time. Students may prefer higher grades but for personal reasons choose not to pursue them. They may also accept lower grades in order to live more comfortably with themselves. One participant illustrated how she consciously chose to spend less time studying and accepted the consequences of this choice in relation to the grades she received. While her percentages did not add up, she summarised her attitude to grades and priorities in life succinctly. This participant was satisfied with her learning under the circumstances. She said:

*I could have done a whole lot better, but in saying that, I wouldn’t have had the life experiences I’ve had outside of uni. Like, you can put 100% into uni and like 20% into your social life, or you can put 80% into your uni and have a few more experiences outside of uni. So I do the best I can when I can. Always 100% when I am at work but I think I will take a deduction to any grade if it means I can still keep a pleasant state of mind and be happy. It’s a trade-off. The whole degree is a negotiation.* (Participant 12)

Students challenge the value of grades when they perceive inconsistencies between markers, with implications for satisfaction with learning. Students talk to each other and compare grades and comments. They check for similarities and differences. They look for evidence that the grade they expected and received is consistent with the experiences of others. Where they believe they have created a similar assignment to another student but received a lower grade they may be annoyed. In response to her grade in the OSCA assessment one participant said:

*I probably didn’t feel so bad, but as, you know, students talk. Like we do. We had a close-knit group and it wasn’t like we talked with everybody, it was just amongst ourselves. Another person in our group had had the same scenario as me and got a high distinction. We spoke to each other about it, it was a pleasant conversation and this person said I didn’t have any of those things, the things I felt were a little bit unjust.* (Participant 9)
In summary, students are satisfied with their learning when they receive the grades they anticipate. Students’ sense of self is closely linked to their grading achievements. The grades students anticipate are uniquely personal. Some students aim for high grades while others aim to pass. Where they fail to receive a grade they anticipate they are less satisfied with their learning.

**Moving ahead**

Students are satisfied with their learning when they experience recognition that they are meeting the Bachelor of Nursing program requirements as planned. Timelines are being met. Progress is being made. Readings are being completed, assignments are being submitted on time and exam preparation completed. One participant said:

> Well, I’m organised and I’m up to date with my readings. I’m up to date with my assignments. The first assignment I’ve got for this semester I’ve managed to hand it in quite confidently a week before the due date, I’ve been in contact with the lecturer since. Being on time and being ahead of my readings and what I have to print off and things. (Participant 4)

Students may experience differing senses of achievement in response to different rates of learning, with implications for satisfaction with learning. Some areas of their learning may flow smoothly, creating a sense of achievement, while in other areas they may perceive that they stumble or stall. Students may perceive that it takes them longer to achieve than it does other students around them. The sense of achievement they experience may be lessened because of the additional time taken. They see themselves as slower to grasp ideas, less intelligent. Their sense of self is diminished. One participant said:

> I probably don’t learn as quickly as I’d like to. I don’t retain information as well as I’d like to cause you compare yourself to other students ... I’d like to be able to pick it up quicker. (Participant 16)

Finally, progressing through the Bachelor of Nursing program course by course is valued, creating a sense of satisfaction with learning. Students experience a sense of achievement when they can see that they are progressing through the program. They are satisfied with their learning when they complete courses, semesters and years of
the program. Completing milestones creates a sense of achievement. Progress is being made. Students perceive they are moving forward towards their ultimate goal: completing the degree. A participant said:

After our last exam the four of us went down to the pub and had lunch. So that was nice, that was a really nice way to end the semester and I’m sure we will do that again this semester. So I think those things really stand out, we did it, we made it, we passed, we survived and that kind of thing. (Participant 9)

In summary, to be satisfied with learning students need to feel they are progressing through the program as they anticipate they will. Students are individuals so moving ahead varies among individuals. They compare themselves with others and judge their progress. What may be moving ahead satisfactorily for one student may not be for another. Acknowledging achievement is helpful. It encourages reflection on incremental progress, as does celebrating an aspect of the completed journey. Completing course requirements on time and moving though courses sequentially creates a sense of satisfaction with learning.

Concluding this section, students are satisfied with their learning when they can acknowledge valued achievement along the way. Not all achievement is seen to be of equal worth and some learning may be dismissed or go unacknowledged. Sudden flashes of insight, visions of competence in a future nursing role that appeals, receiving anticipated grades and moving ahead as planned are all sources of satisfaction with learning. Achievement that is valued is central to satisfaction with learning.

**Conclusion**

To determine satisfaction with learning and to shape a valued learning journey, students must first orient themselves to the learning landscape. They identify the lay of the land, establish the relative worth of knowledge and the standard required, and adjust their lives so that learning of value is possible.

Students next travel through diverse learning terrain that includes university and workplace settings, in search of valued learning experiences and satisfaction with learning. While travelling they navigate a range of terrains, interacting with students,
academics, nurses and the community. Individual students approach the different terrains uniquely and their ability to craft the experience in the way they wish determines their satisfaction with learning. Those students who are able to experience learning situations that they value are more satisfied with their learning than those who cannot.

Students also learn along the way, with recognition of achievement determining satisfaction with learning. They make connections and achieve understanding. They receive grades that they interpret to gauge their progress. They contemplate their learning in relation to what they believe is expected of them both as a student and a future registered nurse. Where students gauge their learning as worthwhile and timely they are satisfied with their learning. When the importance of their knowledge acquisition is valued less or the understanding takes longer to develop than they anticipate they will be less satisfied with their learning.

Success in each stage requires effective integration of understanding between the social context of the self, university and nursing workplace. Inconsistencies between each must be reconciled, accepted and incorporated into new ways of being if the student is to be satisfied with their learning. Figure 5.1 provides a diagrammatic representation of the basic psycho-social problem described in Chapter 4 and the basic psycho-social process described in Chapter 5.
Figure 5.1. Shaping a valued learning journey across the Bachelor of Nursing program
Chapter 6 explores the substantive theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’ in relation to existing theories and other literature around satisfaction and learning.
CHAPTER 6

Discussion

Introduction

This chapter explores the substantive theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’ in relation to student satisfaction with learning in Bachelor of Nursing programs. The substantive theory is explored in relation to existing theories and other literature.

Students are satisfied with their learning when they can shape a valued learning journey across the Bachelor of Nursing program. The substantive theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’ suggests student satisfaction with learning in Bachelor of Nursing programs in Australia is more complex and nuanced than generic theories of student satisfaction to date suggest. There are many more influences on students’ satisfaction with Bachelor of Nursing programs than have been considered to date.

In Chapter 4 the basic psycho-social problem was explored. To become satisfied with their learning the principal problem students must overcome is negotiating a valued learning journey that accommodates the self, the university and the nursing workplace. Students are diverse, with diverse lifestyles, commitments, and abilities and attitudes to their study. The university and the nursing workplace are different. Workplaces where nurses work are diverse. Students must create meaning across contexts if they are to experience learning of perceived value and be satisfied with their learning.

In Chapter 5, the three stages of the basic psycho-social process ‘shaping a valued learning journey across the Bachelor of Nursing program’ were explained. In phase 1 students orient themselves to valued learning in the pedagogical landscape. They identify knowledge requirements and expected standards, making judgments about the relative worth of what they are learning. When they identify they are studying knowledge of high perceived worth and can adjust their lives so that learning of perceived worth is possible they are positioned to become satisfied with their learning. In phase 2 students seek valued learning experiences across diverse
pedagogical terrain. They seek learning experiences of value online, on campus and in the nursing workplace. Those students who are able to experience a journey of their choosing are more satisfied with their learning than those who are less able to do so. In phase 3 students evaluate their learning as they progress through the program and judge the value of their knowledge acquisition. Where students acknowledge their learning achievements as worthwhile and timely they are satisfied with their learning. When their knowledge acquisition is valued less, or their understanding takes longer to acquire than they anticipate, they are less satisfied with their learning. Similarly, where students recognise a developing, valued, professional identity in the present and for the future, and the grades they receive meet their self-expectations, they are satisfied with their learning.

Social diversity is central to the basic psycho-social problem presented in Chapter 4 and is discussed next.

**Social diversity and student satisfaction with learning**

The basic psycho-social problem suggests that for nursing students to be satisfied with their learning they must negotiate a valued learning journey that accommodates their personal characteristics and social situation. This section of the discussion explores the literature on social diversity, an issue inherent in the basic psycho-social problem.

Central to the basic psycho-social problem is acknowledgement that students come to the Bachelor of Nursing program with diverse personal and social backgrounds that influence their perceived satisfaction with learning. Students from a diverse community demographic are entering university (Australian Government, 2016; Ramsden, 2013), including Bachelor of Nursing programs, with nursing students drawn from many areas of the community, as well as internationally (Croxon & Maginnis, 2006; Salamonson et al., 2012; Koch, Phillips & Davidson, 2015). Nursing students enter the program from high school or with many years of life experience. The personal and social diversity of Bachelor of Nursing students suggests that satisfaction with learning can only be understood at the individual, or possibly cohort by cohort, level. Students are different to each other and it is only within this context that student satisfaction with learning can be comprehensively understood.

The basic psycho-social problem suggests situational factors influence nursing students’ satisfaction with learning. Gruber et al. (2010) conducted a theoretical study
of student satisfaction that acknowledged a student’s personal situation as an influencer of their satisfaction with their educational experience. They propose a model of student satisfaction in higher education for the European context that acknowledges the impact of personal and situational factors on students’ satisfaction with services provided by the university. This theory does not, however, explain how students’ unique personal and social characteristics influence their satisfaction with learning specifically. Research by El Ansari (2002) in the United Kingdom suggests ethnicity and age influence satisfaction with nursing programs, with mature-aged students having both enhanced satisfaction and better learning outcomes as measured by marks and grades. For nursing students situational factors influence not only their satisfaction with university services but also their satisfaction with learning.

Similarly, the basic psycho-social problem is premised on the Bachelor of Nursing student population having some diversity in personal values, which influences their satisfaction with learning. Schwartz’s (2012) theory of basic values may explain why students struggle to accommodate differences between university and workplace contexts. Of the ten values identified in the theory four hold explanatory possibilities in relation to the psycho-social problem. The values ‘achievement’ and ‘hedonism’ are linked to self-centred satisfaction, while ‘benevolence’ and ‘universalism’ involve promoting the welfare of others. These value clusters are theorised as opposites, assisting with understanding how nursing students may perceive that universities encourage students to value high achievement, while nursing workplaces encourage students to highly value benevolence. Schwartz’s theory supports perceived value differences across contexts with associated implications for satisfaction with learning.

The basic psycho-social problem also suggests nursing students’ individual social situations influence how they perceive satisfaction with learning while on placement. Salamonson et al. (2015) found students in health-related employment, though not statistically significant, and those for whom English was not their first language, were less satisfied with their clinical placement. Salamonson et al. (2011) found that students who worked more than sixteen hours a week were less satisfied with their clinical placements. While these findings relate to satisfaction with clinical placements, rather than satisfaction with learning on placement, the relevance of personal demographics is significant. The research does not extend to how students’ individual social situations influence how they perceive satisfaction with learning in
the nursing workplace, suggesting more work could be done in this area to identify strategies to enhance satisfaction with learning specifically.

For nursing students to be satisfied with their learning they want interactions with other students that suit their personality, personal situation, learning needs and ambitions if they are to be satisfied with their learning. Communication with other students requires more than friendly exchanges. Communication between students has been theorised as essential for student satisfaction, if not student satisfaction with learning, with Douglas et al. (2008) theorising communication between students as an ancillary area. That is, general communication between students creates a sense of connectedness to the institution and therefore satisfaction with the learning environment. To be satisfied with their learning, however, nursing students want communication with fellow students that enhances their ability to learn. Communication to enhance satisfaction with the learning environment alone is insufficient.

In summary, there is some support in the literature for the basic psycho-social problem impacting on students’ satisfaction with learning in the Bachelor of Nursing program. Existing theory suggests that social diversity influences student satisfaction with the educational environment, if not learning in particular. Acknowledging social diversity as a driver of student satisfaction with learning is important if student satisfaction with learning is to be enhanced in Bachelor of Nursing programs through acknowledgement of individual differences in program design and student support.

**Learning journey**

Nursing students are satisfied with their learning when they can shape a valued learning journey. This section of the discussion explores how the theory presented in Chapter 5 integrates with what is documented in the literature about learning journeys.

The concept of a learning journey emerged as an important element in student satisfaction with learning, consistent with other published research. Walker, Rossi, Anastasi, Gray-Ganter and Tennent (2016, p.40) called on the concept of a learning journey when they undertook an integrative review of satisfaction with undergraduate nursing programs. They used the Central Queensland University definition of student learning journey: ‘a transformational learning curve undertaken during their studies
that is supported by academic staff and activities of the university’. While the research team defined a student learning journey, they did not define satisfaction and thus did not show a convincing relationship between the two concepts.

The concept of a learning journey is evident in other undergraduate nursing education literature, if not in relation to student satisfaction specifically. The concept of a learning journey in nursing education in the United Kingdom has been related to the process of learning to be a registered nurse linked to rites of passage (Holland, 1999). In the Australian context Newton (2004) refers to her journey in teaching first-year undergraduate nursing students to reflect. She refers to ‘potholes in the road’, ‘hills to climb’, ‘signposts’ and ‘pathways’. While she does not discuss student satisfaction specifically, she does mention that students questioned her creative approach to teaching and that she recognised that she was imposing her values around the importance of creativity onto her students. The outcomes for at least some of the students were clearly significant, suggesting sometimes pursuing learning outcomes in the face of negative student attitudes can be worthwhile. Doing so in the current higher education environment, however, is likely to be increasingly challenging.

The concept of a learning journey has been used metaphorically in studies outside of nursing education. The concept of a learning journey has been used to explain aspects of the students’ experience in teacher assistant education in the United Kingdom, where ‘learning journey’ was defined as ‘the process of becoming and being a student’ (Tierney & Slack, 2005, p. 375). Postgraduate learning journeys have also been charted in relation to heterosexual privilege (Walls et al., 2009). What these studies have in common is the suggestion that a journey involves students progressing through stages. Such a conceptualisation is consistent with the shaping of a valued learning journey presented in Chapter 5.

Consistent with a journey, several studies suggest nursing students’ satisfaction with their undergraduate nursing program varies depending on the stage of the program they are experiencing. Milton-Wildey et al. (2014) and Kantek and Kazanci (2012) both found students are more satisfied with their nursing education experience in first year than third year. Perli and Brugnolli (2009), however, identified that students in their third year are the most satisfied and students in the second year less satisfied. The latter study focused on the clinical learning environment specifically, suggesting that context matters. While programs globally vary in structure, and to some extent

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emphasis, potentially resulting in different findings in relation to satisfaction, the suggestion that students’ satisfaction with their educational experiences change at different stages of the program is consistent and supportive of student satisfaction as a learning journey.

Changing experiences as the learning journey evolves are also implied in other nursing literature not specifically related to student satisfaction. Ten Hoeve, Castelein, Jansen, Jansen and Roodbol (2017) observed that nursing students’ attitudes to knowledge, skills and the professional role of the nurse changed as they progressed through the program. While there is no discussion of student satisfaction, the areas identified as subject to change over time are amongst those identified in the theory as relating to student satisfaction with learning.

Nursing students’ changing satisfaction with learning is an integral part of the learning journey. Students experience changing satisfaction with self as they encounter new, challenging situations across the learning journey. This is consistent with the findings of Levett-Jones et al. (2011), who suggest that student satisfaction comes before learning or is an integral part of it. If student satisfaction is measured retrospectively, as is the case with the Course Experience Questionnaire (Social Research Centre, 2018) and also, if to a lesser extent, the Student Experience Survey (Social Research Centre, 2018), then how these measures are interpreted may be problematic if student satisfaction results from a process rather than just an outcome.

In summary, there is support for the concept of a learning journey in the literature, if not in relation to student satisfaction with learning in general or student satisfaction with learning in Bachelor of Nursing programs more specifically. That learning occurs and changes over time is consistent with a learning journey. The concept of a learning journey in relation to student satisfaction is important because it suggests the current practice of measuring student satisfaction retrospectively may need to be re-examined, or if not, the findings interpreted mindful of the changing nature of satisfaction across time as each individual student’s learning journey evolves differently.

**Value and student satisfaction with learning**

Nursing students are satisfied with their learning when they experience learning they perceive is of value. This section of the discussion explores the theoretical literature
related to the concept of value and its relevance to how Bachelor of Nursing students determine satisfaction with learning.

When judging what might constitute learning of value, nursing students, in part, look to the future. Alves and Raposo (2007) found that value was central to student satisfaction with their higher education experience. Alves and Raposo (2007) conceptualised value as beneficial for the future, that is, being able to get a good job, perceiving their education as a good investment and employers being interested in graduates from their university. Bachelor of Nursing students are satisfied when these aspects of value are realised but they also often want more. When Bachelor of Nursing students look to their preferred future, while in the present, what they see is unique to them. It is based on their personal situation and career plans.

The concept of financial value is also central to nursing students’ satisfaction with learning. Gruber et al. (2010) found that value for money is a determinant of satisfaction for higher education students in Germany. Similarly, Nguyen (2012) proposed a relationship between the personal cost of higher education and satisfaction. Both of these theoretical proposals, however, relate to satisfaction with the educational environment, not satisfaction with learning generally, or satisfaction with learning in Bachelor of Nursing programs.

Value in relation to satisfaction with learning is uniquely defined by each individual nursing student. Zhang et al. (2008) proposed that perceptions of value are influenced by student expectations, perceptions of quality and study activity. They perceived students as cooperative producers of their education, so their study activities influence their perceptions of value, and their satisfaction with their educational experience. Like Zhang et al.’s (2008) study, Bachelor of Nursing students identify learning of value uniquely and when their value-related expectations are met they tend to be satisfied with their learning.

In summary, there is support in the literature for a relationship between the concept of value and students’ satisfaction, which can potentially be extended to student satisfaction with learning in Bachelor of Nursing programs. Students seek value in the learning environment and learning of perceived value. Conceptualising value as central to satisfaction with learning extends theoretical understanding in this area. It is
important because it adds a new dimension that is potentially relevant for the measurement, and interpretation of measurement, of satisfaction.

**Phase 1: Orienting oneself to valued learning in the pedagogical landscape**

Bachelor of Nursing students are satisfied with their learning when they identify valued learning in the pedagogical landscape. Students allocate worth to areas of knowledge, and to depth of knowledge, and adjust their lives so that learning of perceived value is possible. By addressing multiple perspectives that influence how students orient themselves to learning, this theory enables better understanding of how Bachelor of Nursing students determine satisfaction with their learning. Other theories of student satisfaction tend not to address this conceptual area. This section discusses phase 1 of the basic psycho-social process and the literature that informs it.

When students identify knowledge of high perceived value they are positioned to become satisfied with their learning. Huitt (2009) and Knowles et al. (2015) support the classic principle of humanistic education that suggests students learn best what they need and want to know. To date this principle of humanistic education has addressed learning only, not satisfaction with learning. Acknowledging that nursing students not only learn best what they need and want to know, but are also more satisfied when this happens, extends theoretical understanding in relation to both learning and satisfaction.

Students are less satisfied with their learning when they study those areas of the Bachelor of Nursing they value less such as nursing research and evidence-based practice. Halcomb and Peters (2009) found that students questioned the relevance of research in their undergraduate degree when they did not see it used in practice while on placement. Milton-Wildey et al. (2014), similarly, found that participants questioned the importance of research and writing when they did not find it useful in the nursing workplace. In a systematic review of pedagogical strategies used to teach evidence-based practice, Aglen (2016) theorises that students need cognitive maturity and an understanding of knowledge transfer before they can understand the importance of evidence-based practice. The author suggests that cognitive maturity develops over a lifetime so it may be unreasonable to expect many undergraduates to have sufficient maturity to understand evidence-based practice. This is possibly
compounded by research findings that suggest academic staff have different personal definitions of evidence-based practice (Malik, McKenna & Griffith, 2016). Students may be blamed for their lack of understanding and satisfaction if the pedagogical approaches to evidence-based practice go unexamined.

Nursing students may perceive that standards of knowledge acquisition should be higher or lower, both with implications for satisfaction with learning. Biggs and Tang (2011) suggest that the standards required of students must be prescribed by the university as desirable or intended outcomes. Similarly, Merriam and Bierema (2013) suggest that university programs should include behavioural objectives that include the criteria that will be used for judging specified behaviours. Neither consider the implications for student satisfaction. Intended outcomes have been explored in relation to learning only, not satisfaction with learning specifically. The university may set the standard but nursing students have their own perspectives that impact on their satisfaction with learning within the program. How students’ perspectives on required learning standards impact on satisfaction with learning in Bachelor of Nursing programs has until now been under-theorised.

Learning to a depth greater than that believed to be necessary reduces student satisfaction. Judging the required depth of learning has been linked to motivation, if not satisfaction, in the general student population. Seifert and Sutton’s (2011) theory of motivation named ‘expectancy x value’ theorises that to be motivated students need modest expectations of success, while being assigned a task with at least some positive value. If something is perceived to be easy to accomplish, without perceived value, motivation will be low and vice versa. It may be that under these circumstances rather than lack of motivation students experience dissatisfaction with learning, suggesting that what may sometimes be perceived as a lack of motivation amongst Bachelor of Nursing students may actually be dissatisfaction with learning.

Nursing students’ personal social situation must be adjusted so that learning of perceived value is possible if students are to be in a position to become satisfied with their learning. Research findings suggest time spent on purposeful educational activities correlates with increased learning (Kuh, Cruce, Shoup, Kinzie & Gonyea, 2008). In a grounded theory study Mirzaei, Oskouie and Rafii (2012) highlighted students’ stress when they have insufficient time to meet the high academic workload and their fear of ‘falling behind’. Students managed time to reduce stress and create a
sense of satisfaction. Students reduced external commitments so as to be able to spend more time on study-related activities. Students recruited for the study ranged in age from nineteen to twenty-three years and were studying in an Iranian undergraduate nursing program. Students in Bachelor of Nursing programs in Australia are often older (Koch et al., 2015) and may have additional pressures on their time and fewer opportunities to reduce their commitments. Where time pressures reduce students’ abilities to pursue learning of value they experience reduced satisfaction with themselves and/or the learning environment.

In summary, theoretical and research-related literature support phase 1 of the theory, suggesting it is plausible, if different to the theory and literature that currently exists. To date orienting oneself to the learning landscape has been associated with principles of humanistic education, including adult learning. That nursing students’ lower commitment to research and evidence-based practice reduces their satisfaction with their undergraduate experience is documented. The lack of acknowledgment by universities that expected standards impact student satisfaction is potentially problematic. All of these areas require greater attention if students’ satisfaction with learning in Bachelor of Nursing programs is to be enhanced.

**Phase 2: Seeking valued learning experiences across diverse pedagogical terrain**

Nursing students are satisfied with their learning when they experience learning of value in both the university and the nursing workplace. By addressing students’ experiences of learning of value in multiple contexts this theory enables a more comprehensive understanding of how Bachelor of Nursing students determine satisfaction with learning. This section discusses the literature that informs phase 2 of the basic psycho-social process: ‘seeking valued learning experiences across diverse pedagogical terrain’.

A quality educational environment is important if nursing students are to experience satisfaction with learning. The Student Experience Survey (Social Research Centre, 2018), *The Good Universities Guide* (Good Education Group, 2019) and the Course Experience Questionnaire (Social Research Centre, 2018) all primarily focus on students’ perceptions of the educational environment. Current theories of student satisfaction with higher education also tend to focus on students’ perceptions and
satisfaction with the university environment (Alves & Raposo, 2007; Douglas et al., 2008; Gruber et al., 2010; Nguyen, 2012; Bates & Kay, 2014). All of these theories, surveys and publications focus completely, or substantially, on the role of the university environment in determining student satisfaction and relate to all students, not nursing students specifically. These theories and surveys account for one determinant of student satisfaction with learning among many.

Nursing students are satisfied with their learning when the university and nursing workplace provides them with valued learning experiences. There is limited acknowledgement in existing theories that students’ satisfaction with the higher education experience may be influenced by studying across more than one environment during their program. Gruber et al. (2010) mention ‘school placements’ but what this refers to is unclear. Moving between contexts will increasingly become an issue for students as more programs in the higher education sector reorient to reflect the priorities of the workplace (Australian Government, 2016). The impact of secondary environments such as workplaces on student satisfaction in general is under-theorised, as is their impact on student satisfaction with learning in Bachelor of Nursing programs more specifically.

The value students place on the university and workplaces varies depending on the opportunities provided to them in each setting. One contemporary study from the United Kingdom explored nursing students’ satisfaction with both university and clinical environments. Dennison and El-Masri (2012) developed a tool that measured satisfaction with the educational environment, including where nursing students are placed, as well as the university environment, enabling students to provide their perspectives on both contexts. The tool does not, however, distinguish between different types of nursing workplaces, rather seeing them all as essentially similar. Tools that reflect the diversity of the Australian nursing workplace, not only hospitals, but also residential aged care, mental health, rehabilitation facilities and community venues, are more likely to accurately capture students’ satisfaction with the learning environment.

Nursing students are satisfied with their learning when they are allocated placements they perceive will enable them to develop psycho-motor skills they perceive to be of high worth. Studies report strategies that have been put in place to increase nursing students’ satisfaction with placements in non-traditional areas such as mental health
(Happell, 2008), aged care and sub-acute areas (Ford, Courtney-Pratt, Marlow, Cooper, Williams & Mason, 2016), suggesting students have not traditionally valued the learning opportunities provided in these settings. Continuing to develop placements in these areas so that students perceive them of equal worth to more acute areas is important if students are to be satisfied with learning in diverse workplace contexts.

Students are satisfied with their learning when they are able to maintain perceived skills of high worth over time. Increased student enrolments have increased demand for clinical placements (Ford et al., 2016), with Miller and Cooper (2016) and Maddox (2016) questioning the adequacy of clinical placement hours in the Bachelor of Nursing program. Milton-Wildey et al. (2014) also report on students’ concerns about the adequacy of clinical hours. Given the difficulties acquiring placements for large numbers of students and the relatively low number of clinical hours in the Bachelor of Nursing program, when compared with other comparable countries (Miller & Cooper, 2016), it is not surprising that students become less satisfied with their learning when they perceive insufficient opportunities to learn, and to practise repeatedly, what they believe they need to know to be a registered nurse. Additional placement hours may be required for some students to become satisfied with their learning in the workplace. Not all students require additional placement hours. Some experienced enrolled nurses, for example, may not require more placement hours. Early in the program they may actually require less. Students require opportunities to increase their skill level from their personal perspective if they are to be satisfied with learning in the workplace.

Nursing students are satisfied with their learning when they perceive the workplace environment enables them to learn what they most value. Dunn and Hansford’s (1997) conceptualisation of student satisfaction with the clinical learning environment focused on students’ thinking, and their role in creating satisfaction or dissatisfaction. Student satisfaction was considered important for student learning and was considered to be in part the students’ responsibility. This conceptualisation does not focus on learning experiences of value specifically but is close to what occurs when students seek valued learning experiences across diverse pedagogical terrain because it acknowledges the students’ role in creating a journey of choice.
While learning in the workplace was enhanced by students being able to observe and model the behaviours of the registered nurses they worked with, this by itself was not always sufficient for satisfaction with learning. Bandura’s social learning theory emphasises the importance of observing and modelling behaviours, attitudes and emotional responses to others (Keesee, 2011). While students observe clinicians for behaviours to model, they do so from the perspective of their own personally evolving professional nursing identity. They make judgments about the behaviours they witness and consider them in relation to how they want to practise as a registered nurse in the future. Unlike Bandura’s social learning theory, students do not always follow the behaviours of their registered nurse role models. They made judgments identifying those behaviours they want to emulate while rejecting those they do not. Registered nurse role models are vital if students are to develop a professional identity of value.

Nursing students may experience dissonance over the best approach to learning across contexts in the Bachelor of Nursing program, with implications for satisfaction with learning. Students who are self-directed in their personal learning style and seek evidence-based solutions to clinical problems may be confronted by traditional, ritualistic approaches in the nursing workplace (Henderson et al., 2011) where following instructions and completing tasks is expected rather than seeking innovative solutions to care provision. Studies of students’ experiences of the clinical area have repeatedly shown that students who value workplaces where task orientation is highly visible are more satisfied with their placement experience (Henderson et al., 2011). Grealish and Smale (2011) argue that one of the reasons for the transfer of nursing education to the higher education sector was to enable students to learn differently, to learn to think critically and problem solve, but suggest that some changes to how clinical education has occurred has put these ideals at risk. This would appear to still be so. Relieving tension between the expectations of the university and those of the nursing workplace, from a student’s perspective, is necessary if students are to be satisfied with their learning.

While self-confident students are more likely to be able to experience learning of value, their attempts to secure this may not always be successful, resulting in reduced satisfaction with learning. Letcher and Neves’ (2010) theory of student satisfaction with higher education proposes a dimension of student satisfaction that includes self-
confidence. They suggest that ‘student satisfaction helps to build self-confidence, and that self-confidence helps students to develop useful skills, acquire knowledge, and become more confident, in what is described as a virtuous cycle’ (2010, p. 2). One of the League for Nursing’s simulation scales relates to satisfaction and self-confidence with learning (Franklin et al., 2014). The eight-item subscale ‘self-confidence with learning’ covers areas identified in this study as relating to satisfaction with learning. These are content mastery and necessity, skill development, available resources and help options. While this study found that self-confident nursing students are more likely to be able to access preferred learning experiences than less confident students, and be satisfied with their learning, when this does not happen those students who have asserted themselves, strongly advocating their wishes, can be less satisfied.

Nursing students are satisfied with their learning when they identify resources and opportunities that enable them to engage. Engagement has been linked to student satisfaction with higher education and has been reported as what students do to learn (Kuh, 2003). It is a behavioural interpretation of learning which suggests that what students do determines what and how much they learn. This theoretical perspective has widespread support and was the underlying principle behind the Australasian Survey of Student Engagement, which included satisfaction with engagement (Australian Council for Educational Research, 2017). In 2011 the Australasian Survey of Student Engagement was replaced with the University Experience Survey (Social Research Centre, 2018) where the emphasis on engagement was reduced. In America student engagement is measured through the National Survey of Student Engagement (Indiana University School of Education, 2017). Norton (2012) suggested that when Australasian Survey of Student Engagement and National Survey of Student Engagement scores were compared American students were more engaged with productive educational activities than Australian students. In other Australian work it is reported that undergraduates who experience high challenge and high support experience the highest satisfaction and the highest grades (Australian Council for Educational Research, 2008). While there is support for the proposition that engaged students are satisfied students, there has been limited research around engagement and satisfaction in Bachelor of Nursing programs and how this can be enhanced.

To be satisfied with learning nursing students want to communicate purposefully with staff around accessing and engaging with meaningful learning opportunities.
Communication between students and staff has been theorised as essential for student satisfaction if not student satisfaction with learning. Schertzer and Schertzer (2004) emphasise the importance of effective communication between students and staff for satisfaction, as do Douglas et al. (2008). Rogers and Smith (2011) found the best indicator of overall satisfaction was staff demonstrating genuine interest in students’ needs and progress. In Australia nurse academics are increasingly busy with ever higher workloads. Ensuring sufficient time is available to communicate with students about their studies is likely to be an ongoing, but necessary, challenge if students are to be satisfied with their learning.

For nursing students to be satisfied with their learning they must find effective ways to learn across diverse and constantly changing contexts. Students must work out for themselves how effective their preferred learning style is in each context. Surface learning may be a learning style of choice for some students at times. Biggs and Moore (1993) state that surface learning is undesirable, although for many nursing students it may be how they expect to learn, how they have learned in the past or an approach chosen through necessity. Kolb’s learning theory (D’Amore, James & Mitchell, 2012) suggests students have particular learning styles that they favour. Similarly, Gardner’s theory of multiple intelligence learning (Fountain & Alfred, 2009) highlights different cognitive preferences across a group. As nursing students learn across multiple contexts they need multiple learning styles. When nursing students struggle to develop a learning style of choice that works across contexts, or struggle to develop a range of learning styles that work in different contexts, they experience less satisfaction with learning, suggesting an issue for consideration when planning Bachelor of Nursing curriculums.

Similarly, while some nursing students value the opportunity to engage in problem-solving approaches, this is not so for all, with implications for satisfaction with learning. Some nursing students see problem-solving approaches as unnecessarily time-consuming, preferring to be provided with the information required. Knowles et al. (2015) theorise that adults learn best when solving problems. Many nursing curriculums in Australia use an enquiry or problem-based framework to foster student learning. Knowles also advocates self-directed learning, which is a feature of many Bachelor of Nursing programs. While this may assist students to develop the skills they need as registered nurses, there is limited understanding of nursing students’
satisfaction with these approaches to learning. Smedley (2007), for example, found that many Bachelor of Nursing students in their first year were not prepared for self-directed learning and that this could be a source of resentment. Findings from this study suggest self-direction may develop over time. Resentment about problem-solving approaches, however, in the early stages of the program could manifest as lower satisfaction with learning.

In summary, there is support in the literature for many of the properties proposed in the category ‘seeking valued learning opportunities across diverse pedagogical terrain’. Theories of satisfaction to date have focused on student satisfaction with the learning environment, but have lacked the nuanced theorising required to explain student satisfaction with learning across contexts in relation to the Bachelor of Nursing specifically.

**Phase 3: Evaluating learning achievement along the way**

Students are satisfied with their learning when they are able to recognise their learning achievements as they progress through the Bachelor of Nursing program. Valued learning achievements relate to recognition of acquisition of knowledge and skills, recognition of a developing professional identity as a registered nurse, receiving anticipated grades and experiencing a sense they are moving ahead with their studies. This section explores phase 3 of the basic psycho-social process in relation to the existing literature.

Nursing students are satisfied with their learning when they recognise valued achievement. Several studies asked students to self-report on their satisfaction with an educational innovation and perceived benefits to learning in the clinical area (Staun, Bergstrom & Wadensten, 2010; Zhang et al., 2012) and curriculum innovation (Berry, 2009; Meedza & Fisher, 2009; Vogt et al., 2010; Hsu & Hsieh, 2011; Roh et al., 2015). These studies were all quantitative so students’ perceptions of enhanced learning were specified via Likert scales. The value students placed on each of these specified learning outcomes was unknown. It is possible that self-perceived learning of value was different to those areas covered by the measurement tools utilised in the research.

Similarly, outcomes of examinations and other assessment items may not reflect students’ perceptions of learning of value, accounting for discrepancies between
student satisfaction as self-reported and learning outcomes as measured through assessment. Missildine et al. (2013) found reduced satisfaction but enhanced learning, as indicated by examination results, with flipped classrooms, possibly suggesting students did not value highly what they were learning. Ideally students report enhanced satisfaction and increased learning as demonstrated through exams or final grades, such as in the study by Davidson and Candy (2016) where a gaming strategy was used to enhance students’ understanding of evidence-based practice. For students to be satisfied with their learning achievement they must perceive the learning they acquire to be of value and this may be to some extent independent of external assessment.

Probably not surprisingly, nursing students who can successfully negotiate the theory–practice gap tend to be more satisfied with their learning. The theory–practice gap has long been considered important in the education of undergraduate nursing students in Australia (Wilson, 2008), but the discussion has not extended to include satisfaction with learning in Bachelor of Nursing programs. According to Scully (2011) the theory–practice gap is possibly the most important issue in nursing education today. Scully (2011) theorises that bridging the theory–practice gap is the joint responsibility of nurse academics and students. Nurse academics who acknowledge valued achievement as somewhat unique to the individual can design strategies that enable students to understand diverse stakeholder perspectives, as well as their own, thus managing the theory–practice gap while enhancing student satisfaction with learning.

Establishing a valued professional identity for the future is important for student satisfaction with learning in Bachelor of Nursing programs. Consistent with this study, Larsen, Brady, Engelmann, Perkins and Shultz (2013) theorise professional identity as a continuous process beginning with admission to the Bachelor of Nursing program and continuing throughout a nurse’s career. The development of a professional identity has tended to be linked to clinical placement, where students experience a sense of fit with their personal and professional values, or not, impacting on their learning (Levett-Jones, Lathleen, McMillan & Higgins, 2007; Thomas, Jinks & Jack, 2015). A sense of belonging is a dimension of social identity theory (Willetts & Clarke, 2014) and has been associated with satisfaction with clinical placement (Borrott, Day, Sedgwick & Levett-Jones, 2016). The role of knowledge in
belongingness, however, is under-explored. Acknowledging the development of a future professional nursing identity to date has not been explored in relation to nursing student satisfaction in general or nursing student satisfaction with learning in particular.

Also linked to the development of a professional nursing identity is that students are more satisfied with their learning if they believe they are developing the necessary skills to meet the expectations of the nursing workplace. Meeting workplace expectations relates to placement as a student but also, particularly towards the end of the program, as a future registered nurse. Learning opportunities that lead to the development of competence are viewed as essential for a successful placement experience from a student perspective (Ford et al., 2016), but the fact that some skills may be viewed as more important than others was not explored. Some students perform well on placement but remain dissatisfied with their performance. The Australian Nursing and Midwifery Accreditation Council (2016, p. 8) requires universities to ensure that graduates have ‘the required common and transferrable skills, knowledge, behaviours and attitudes’ upon which to build the skills they need for practice. This statement is in contrast to the expectations of many employers who expect graduates to be work ready (Woods et al., 2015), creating inconsistency between the educational goals of higher education and the expectations of the nursing workplace. When the expectations of higher education and the nursing workplace are different, students are less likely to be satisfied with their learning and this to date has been discussed insufficiently in the nursing literature on student satisfaction with the Bachelor of Nursing program.

Nursing students are satisfied with their achievements when they are able to master the specific task-related skills they believe are most important for the nursing workplace. Students who value task orientation highly have been found to be most satisfied with their placement experience (Chan, 2002, 2004; Smedley & Morey, 2010; Lovecchio, DiMattio & Hudacek, 2015). Scully (2011) suggests that for advanced beginners task orientation enables the mastery of skills, while building confidence. The more complex activity of coordinating total patient care follows later. Carey (2014) suggests that, somewhat counter-intuitively, a range of studies report greater learning with variation in tasks rather than repetition of tasks. With variation the learner has to work harder each time they undertake the task than if they were
repeating it and overall, with variation, the learning acquired is greater. Task orientation continues to be a vexed issue but building confidence through repetition appears beneficial for student satisfaction with learning if not for maximising learning.

Students’ satisfaction with their perceived ability to work as a nurse changes as they move through the program. Milton-Wildey et al. (2014) acknowledge that the skills of reflection, critical thinking, problem solving and decision making may not be seen as priorities by students when practical skills are required to cope with the workload. They suggest that, in line with Benner’s (1984) novice to expert theory, these skills may not be seen as important until the graduate has at least two years post-graduation experience. There is an issue here around preparation for practice in the immediate post-graduation environment, preparation for lifelong learning and satisfaction with learning while still a student in the Bachelor of Nursing program. Clearly all are important. Graduates who are not confident to practise can easily be lost from the workforce (Milton-Wildey et al., 2014), while those with inadequate academic skills will fail to develop their long-term capacity as a registered nurse. Milton-Wildey et al. (2014) report that students did not feel adequately prepared for nursing work and felt there were problems with clinical education. Such perceptions likely influence their responses to the Course Experience Questionnaire (Social Research Centre, 2018) following graduation. Specifically, their overall satisfaction. It would appear that if students’ perceived competence in the clinical area can be enhanced their satisfaction with the Bachelor of Nursing program is likely to increase.

Achieving maximum learning in the least time is likely to see nursing students satisfied with their learning. Jensen (2008) theorises that designing teaching activities that capitalise on neuro-physiological processes related to movement, sight, smell, acoustics and emotion to maximise learning outcomes has the potential to enhance student satisfaction with learning. Teaching activities that capitalise on neuro-physiological processes have the potential to enhance students’ achievements and their satisfaction with learning, assuming the achievements are perceived to be in areas of value. The more efficiently students perceive they are learning knowledge of value the more satisfied they are likely to be with their learning. Linking neuro-physiological processes to satisfaction as well as learning creates additional clarity around both concepts.

Morgan Roberta Smith
When nursing students receive the grades they anticipate, that is, the grades they believe they are entitled to, they are likely to be satisfied with their learning. In relation to students generally Svanum and Aigner (2011) suggest that it is well established that course grades influence student satisfaction. They also theorise that receiving expected grades positively influences course effort and appears to be associated with optimism and aspiration to succeed, implying receiving expected grades can potentially enhance future learning as well as satisfaction. In the nursing student context Edraki, Rambod and Adoli (2011) found a relationship between nursing students’ satisfaction with their educational experience and their academic success based on grade point averages. Both these studies support satisfaction as an indicator of learning and academic achievement. This perspective is also shared with Stupans (2007). In contrast Clifton and McKillup (2016) suggest grades do not influence student satisfaction. They found that the overall satisfaction for four bioscience courses was higher than most of the other nursing courses offered in stages one and two of a Bachelor of Nursing program, even though the overall grades for the bioscience courses were lower. They concluded there was no correlation between student satisfaction and mean pass rate, although the study was based on one university and therefore one approach to bioscience education. Salamonson, Halcomb, Andrew, Peters and Jackson (2010) found that nursing students in the first and second years of an undergraduate nursing program were more satisfied with sessional teachers because they allocated higher grades than tenured staff. None of these nursing studies, with conflicting findings, specifically identified the grades students hoped, or expected, to achieve. It is possible that comparing students’ hoped-for grades with their actual grades would provide additional understanding related to nursing students’ satisfaction with learning. It is likely that enabling nursing students to achieve the grades to which they aspire will enhance their satisfaction with learning.

In summary, students are satisfied with their learning when they recognise learning achievement of value. There is support in the literature for some of the theoretical properties proposed. To date the literature on student satisfaction does not appear to have been linked to personal perspectives around achievement of worth. Also, students’ satisfaction with their learning achievements and evolving professional nursing identity are often not sufficiently accounted for in theories of satisfaction. The
relationship between satisfaction and grades is acknowledged in the research-based literature but somewhat contested. Support for the role of achievement in satisfaction with learning comes from the general scholarly literature in education rather than the nursing-specific literature.

While there is support in the literature for some of the properties proposed in the theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’, some new ones are also evident. These additional properties may assist in better understanding overall satisfaction, as well as satisfaction with learning more specifically, in Bachelor of Nursing programs in Australia.

**Conclusion**

Support for the theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’ comes from areas of the literature not always specifically related to student satisfaction with the Bachelor of Nursing program, suggesting the proposed theory provides new insights. Some support comes from theoretical material but much comes from the research literature. The challenges students experience as they seek to align their university learning with the nursing workplace, and to identify what they value most, is evident in the literature. Also evident is the challenge of allocating students to quality supportive placements of their choosing. Jointly the literature supports student satisfaction with learning as a valued journey that is shaped by both the student and the learning environment across time. The importance of orienting oneself to valued learning in the pedagogical landscape and evaluating learning achievement along the way adds additional theoretical dimensions to student satisfaction with learning in Bachelor of Nursing programs.

The theoretical gaps around student satisfaction with learning in Bachelor of Nursing programs revealed by ‘shaping a valued learning journey across the Bachelor of Nursing program’ have implications for nursing education, higher education, nursing practice and research and are explored next in Chapter 7. The focus on orienting oneself to valued learning in the pedagogical landscape has implications for how students approach their learning and how nurse academics approach the teaching of courses, particularly those courses that students value less. The importance of orienting oneself to the pedagogical landscape and evaluating learning achievement along the way has implications for policy around when and how student satisfaction is
measured. All aspects of the theory have implications for the nursing workplace. Further research around the additional theoretical propositions proposed would be helpful in the search for a more comprehensive understanding of nursing students’ satisfaction with learning.
CHAPTER 7

Conclusion and recommendations

Introduction

This study aimed to identify how students determine satisfaction with learning in Bachelor of Nursing programs using a constructivist grounded theory approach. In this chapter a brief summary of the findings is once again provided and the significance of the findings explored. The literature related to the substantive theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’ is summarised and the theory evaluated according to the four criteria of credibility, originality, resonance and usefulness proposed by Charmaz (2014). The limitations, implications and recommendations arising from the study are also presented. The chapter concludes with some final comments on the study.

Summary of the findings

It was established in Chapter 4 that the basic psycho-social problem that nursing students must address in order to become satisfied with their learning is that they must negotiate a valued learning journey that accommodates the self, the university and the nursing workplace. Nursing students have diverse lifestyles, commitments, abilities and attitudes to their study. The university and the nursing workplace are different and students must create meaning across contexts if they are to be satisfied with their learning.

It was established in Chapter 5 that the basic psycho-social process ‘shaping a valued learning journey across the Bachelor of Nursing program’ that accommodates the social contexts of the self, the university and the nursing workplace involves three phases, each with implications for student satisfaction with learning. In phase 1 students’ orient themselves to valued learning in the pedagogical landscape. They make judgments about the relative worth of knowledge requirements, and the standards they are expected to meet, and adjust their lives so that learning of value is possible. In phase 2 students seek valued learning experiences across diverse pedagogical terrain. They seek learning experiences of value online, on campus and in
the nursing workplace, adjusting their learning approach as required by each context. Those students who are able to experience learning of value are more satisfied with their learning than those who are less able to do so. In phase 3 students evaluate their learning along the way and judge the value of their knowledge acquisition. Where students recognise their learning achievements as of value and timely they are satisfied with their learning. When their knowledge acquisition is valued less, or the understanding takes longer to acquire than they anticipate, they are less satisfied with their learning. Similarly, where students recognise a personal, developing, valued professional identity for the present and the future, the grades they receive meet their self-expectations and they sense they are moving forward with their studies they are satisfied with their learning.

**Significance of findings**

The findings of this study are significant because they provide a theory that extends understanding of nursing student satisfaction beyond their satisfaction with the educational environment. This is a unique and significant contribution because it provides additional concepts, with practical possibilities, for students, nurse academics, university leaders and nurses to enhance satisfaction in Bachelor of Nursing programs.

The theory is also significant because it places the student at the centre of the experience. The theory demonstrates how unique individual characteristics influence how students perceive satisfaction with learning and go about achieving it.

The theory accounts for previously absent determinants of satisfaction. While it probably does not surprise academic staff who teach Bachelor of Nursing students that nursing students’ satisfaction is influenced by their personal and social situation, this has not to date been adequately acknowledged in theories of satisfaction and therefore instruments that measure student satisfaction with Bachelor of Nursing programs.

The theory is significant because it highlights how nursing students’ satisfaction with learning is influenced by their position in the program. Satisfaction with learning changes over time, determining what is considered most important at any one time. One issue can dominate. Therefore, attempts to measure student satisfaction simply as an outcome are problematic because a perspective held at the end of a semester, for
example, may not adequately reflect the satisfaction experienced at different points in
time during that semester.

Finally, student satisfaction with the Bachelor of Nursing program is determined by
interactions within both the university context and the nursing workplace context.
Measuring students’ perspectives on the university environment alone is insufficient
for a comprehensive understanding of how students determine satisfaction with
learning.

**Current theory in relation to previous theory and research on
student satisfaction**

As established in Chapter 6, support for the theory of ‘shaping a valued learning
journey across the Bachelor of Nursing program’ comes from a range of areas within
the scholarly literature. Some literature is nursing specific but much is from the
international higher education literature.

Theoretical literature on student satisfaction mostly supports one aspect of the theory
only. Current theoretical literature on student satisfaction supports aspects of phase 2
of the basic psycho-social process. Current theories conceptualise student satisfaction
as arising from consumption of a product. Perceiving nursing students’ satisfaction
with Bachelor of Nursing programs as more than product consumption is necessary if
student satisfaction is to be better understood.

Much support for the theory comes from literature on student learning in higher
education, undergraduate nursing education internationally and Bachelor of Nursing
programs in Australia. This support comes from the literature that aims to enhance
learning primarily, or solely, rather than the literature related to student satisfaction
with learning. Learning is a source of satisfaction that is often absent from theories of
student satisfaction with higher education in general, and in relation to nursing
students’ satisfaction specifically.

The challenges students confront when aligning their university learning with the
nursing workplace and identifying what to value most are evident in the literature,
although there they are not related to student satisfaction specifically. The challenge
of allocating students to quality, supportive placements is evident in the nursing
literature but not related to student satisfaction with learning. The literature is
supportive of the concept of a learning journey that is shaped by both the student and
the learning environment across time but has not to date convincingly linked a
learning journey to satisfaction with the Bachelor of Nursing program.

Finally, one unexpected finding not only sits outside traditional conceptualisations of
student satisfaction, it goes to the heart of the future nursing workforce, and the
quality nursing care that members of the community have a right to expect from the
nursing profession. Student satisfaction with the Bachelor of Nursing program is
influenced by their developing professional nursing identity. It is influenced by the
registered nurse the student hopes to be in the future. For some students the image of
a future professional nursing identity is already formed when they enter the Bachelor
of Nursing program and changes little as they move through the program. For other
students a professional nursing identity is hazy on admission to the program and
changes and develops as they move through the program. Evolving professional
identity has mostly been seen as a necessity for the nursing workplace rather than a
driver of student satisfaction with Bachelor of Nursing programs.

**Evaluation of the constructivist grounded theory**

Evaluation of a constructivist grounded theory comes at the end of the project and
relates to the product, the grounded theory, rather than the process of constructing the
theory. The grounded theory, which was the focus of this study, was evaluated against
four criteria. Charmaz (2014) suggests the four criteria for evaluating a constructivist
grounded theory study are credibility, originality, resonance and usefulness. These are
explored next in relation to the study ‘shaping a valued learning journey across the
Bachelor of Nursing program’.

**Credibility**

This study’s credibility was demonstrated through evidence of intimate familiarity
with the data. The data was rich and sufficient to merit the claims made. Participants
from a range of backgrounds participated, enabling breadth of data collection. Depth
of data was demonstrated through the quotations from the data that were used to
support the theory. The quotations used to support the theoretical propositions enable
the reader to make their own judgments about the credibility of the study.
Originality
This study has some claims to originality. The categories ‘orienting oneself to valued learning in the pedagogical landscape’ and ‘evaluating learning achievement along the way’ offer some new insights into student satisfaction with Bachelor of Nursing programs. Prior to this study there was limited understanding of students’ satisfaction with Bachelor of Nursing programs and even less about their satisfaction with learning specifically. This study extends thinking around student satisfaction by challenging currently held theoretical perspectives on student satisfaction in higher education programs generally and Bachelor of Nursing programs in particular.

Resonance
Resonance in the study is demonstrated through the fullness of the theory’s categories. The study has revealed some taken-for-granted meaning including identifying that students rank knowledge according to self-perceived value and evaluate knowledge acquisition against their evolving professional nursing identity. The two participants that reviewed the draft theory agreed they could relate to the concepts presented to them. One participant was particularly enthusiastic. She strongly believed I had understood her perspectives.

Usefulness
The substantive theory offers interpretations that can be useful for students, universities and places where nurses work. The theoretical interpretations are useful for students in that they provide direction for them when thinking about their personal characteristics and social context and the implication of these for their own satisfaction as they progress through the Bachelor of Nursing program. When their thinking triggers action to enhance personal satisfaction the consequences can be highly beneficial. The theoretical interpretations have implications for nurse academics involved in curriculum development and/or working with students in built environments or online and for academics and nurses located in the nursing workplace. It provides possibilities for action to enhance nursing students’ satisfaction with learning without compromising the knowledge acquisition that is essential for the registered nurse role.

In order to evaluate a constructivist grounded theory study Charmaz (2014) also suggests it is necessary to look forward and imagine how the readers of the study will
perceive it. The end points make sense to the researcher because they have been immersed in the process. The readers of the study, however, judge it by the quality of the final product – the report. It is difficult for me to imagine how others will perceive my report. I envisage that a student reading it may see it differently to an academic. If the report triggers debate, raises questions, or leads to reflection by academics or students, I will be very happy. I have learned much from undertaking this study and believe I have created some plausible understanding around an issue that puzzled me for years.

**Limitations**

Consistent with constructivist grounded theory, the substantive theory developed is specific to the contexts explored. Study participants were recruited from two large schools of nursing in Australia. One school of nursing had a metropolitan campus as well as small rural campuses. The other had metropolitan campuses and one semi-rural campus. From these campuses a wide demographic of participants were recruited to ensure variation for theory development. This aside, there is no assumption about the generalisability of the theory to other contexts.

The participants in this study had the courage to contact me and participate in the study. It may be that students with less courage or confidence to approach me have perspectives I have been unable to capture. While three of the participants were student leaders, and often spoke to me not only of their own perspectives but also what others were saying, this would not have been the same as speaking with those other students directly. With the consent of the Head of School of one of the universities and a Director of Nursing, I attempted to recruit less confident students directly from a university-affiliated health care service. I spoke with small numbers of students at a time over coffee. Some indicated they might participate in the study but did not follow through and contact me after the session.

Future studies could test this theory with larger numbers of students to see if it stands up to scrutiny. This theory significantly changes how the determinants of student satisfaction are viewed by placing the unique attributes and social context of each individual student at the centre of how they view satisfaction with their Bachelor of Nursing journey. This study is a beginning, not an end. Other studies are not only
possible, but necessary, now that how students determine satisfaction with learning is a little clearer.

Implications of the research for students, universities and nursing workplaces

Students play a role in interpreting their satisfaction with learning, which has implications for each of them as individuals. Students do not simply respond objectively to what is happening in the environment around them and they each hold unique perspectives on satisfaction with learning in Bachelor of Nursing programs in Australia. Bachelor of Nursing programs accept students from many areas of the community, resulting in not all learning and contexts of learning being perceived by students as of equal worth. Facilitating opportunities for students to explore their priority areas of knowledge as they progress through the Bachelor of Nursing program, while explaining to them the importance of areas perceived to be of lower worth, requires students to be acknowledged as individuals. Doing so in an increasingly complex higher education environment where academics have ever more demands on their time is likely to be challenging.

Students’ perspectives on valued learning, and therefore satisfaction with learning, may not always align with national nursing practice standards and curriculum requirements, which has implications for nurse academics. Graduates of Bachelor of Nursing programs are required to be able to meet the practice standards for registered nurses (Nursing and Midwifery Board of Australia, 2016) on graduation. Bachelor of Nursing programs across Australia are designed around these standards (Australian Nursing and Midwifery Accreditation Council, 2016). Students who are unable to demonstrate they are progressing their understanding in the areas required may not be able to proceed through courses in the Bachelor of Nursing program as they would like, reducing satisfaction. Privileging a student’s personal satisfaction with learning over measures of competence in either the university or the workplace context is not an option if students are to graduate sufficiently skilled for clinical practice. A graduate with insufficient skills pose an unacceptable risk to the recipients of nursing care. Graduates of Bachelor of Nursing programs take up responsible positions in the community and it is vital they possess the necessary understanding to carry out their
role effectively. Ensuring student satisfaction with learning, therefore, must be weighed against the requirement for safe, competent graduates.

Students decide what to value in their learning by comparing and contrasting what they learn at university with what they experience in the workplace, with implications for how Bachelor of Nursing programs are structured. Where their learning aligns across settings the students value their learning more highly. While much work has already been done to create structures that enable a smooth transition between university and workplace, it is clear work remains to be done to ensure seamless transitions across all contexts at all times if students are not only to maximise their learning but also to be satisfied with their learning.

Student satisfaction with learning in Bachelor of Nursing programs in Australia is more complex than has to date been suggested, with implications for how student satisfaction is conceptualised, measured and acted upon within the university. Students’ perceptions of satisfaction with learning change over time in response to personal and organisational issues and situations. Most tools used to measure student satisfaction within higher education programs are generic and do not measure all the dimensions of satisfaction including those dimensions unique to Bachelor of Nursing programs. The tools do not take into consideration the many different workplace contexts as well as university contexts. Tools also need to measure dimensions of student satisfaction related to learning of value, including satisfaction with oneself, course structure, across-context consistency, engagement with program pedagogy and personal sense of achievement. Quantitative tools that measure student perception and overall satisfaction should be complemented by qualitative methods of data collection, such as focus groups, where more specific data may be collected to plan future course changes.

**Recommendations**

Following are recommendations for students, universities and nursing workplaces. All have a role in enhancing student satisfaction with learning.

**Recommendations for students**

Students should ask that student voices be heard in relation to how student satisfaction can be enhanced. As a group, students should request meaningful forums, where
student perspectives and suggestions can be shared with those in a position to make change. They should request feedback on the progress of the issues raised at such forums and request the end of tokenism where it exists.

Students should ensure when enrolling in the Bachelor of Nursing program that they make themselves aware of what the program requires, and the personal resources that are required to be successful and satisfied with learning. Students require a realistic understanding of what and how they will be required to learn, and an ability to adjust their lives accordingly to accommodate their studies, if they are to be satisfied with their learning.

Students must be aware that time on task is essential for satisfaction with learning and that ensuring sufficient time to study must be their responsibility. Currently students have their attention drawn to time requirements in subject/course statements. Students who are not able to make sufficient time available to study should be encouraged to defer, rearrange their commitments so they have sufficient time to learn, or live with their reduced satisfaction.

**Recommendations for universities**

Greater focus on students as individuals and how they learn is required to boost student satisfaction. While this is not new, in reality it requires revisiting. Higher education institutions have become larger, student-to-teacher ratios and staff casualisation have increased, and self-directed, online approaches to learning have expanded, jointly reducing opportunities for students to perceive themselves as individuals within the higher education system. Redirecting resources specifically to assist staff to work with students as individuals may increase satisfaction with learning.

Universities should focus more on how student demographics influence student satisfaction with learning both within the university and the nursing workplace. Resources are required, which must then be brought to the attention of students, to ensure those students that require assistance, including financial assistance, can get it. The assumption that students are financially able to study because repayment of their tuition fees is delayed is not supported by this study.

Measures of student satisfaction need to be extended to include measures of satisfaction with learning. Findings from this study suggest current measures of
overall satisfaction do not provide sufficient information on which to make policy decisions in Bachelor of Nursing programs. Interpretation of student satisfaction data should be adjusted to accommodate the concept of a learning journey where students’ experiences of satisfaction change over time.

To boost student satisfaction with learning it may be best if all courses in the Bachelor of Nursing include some content that most students are likely to value highly, such as task-based skills. Content that students see as less worthy, such as research and evidence-based practice, may be integrated into courses where it is both visible and assessable.

Bachelor of Nursing programs should be designed so they are more responsive to the needs of different cohorts of students, increasing the likelihood that students will become satisfied with their learning. This might include providing a specifically designed program for enrolled nurses, with opportunities to develop greater knowledge in elective areas of nursing practice. Permitting students to select a major and minor area of study within the program may increase the likelihood of students perceiving that the program matches their particular areas of nursing interest and career aspirations. Flexible study options may enable students to enhance their time management and ultimately their satisfaction with learning. Currently students study intensively over approximately thirty-two weeks of the year. Extending study options over more weeks of the year would enable students to extend the time they have to study for better study and life balance.

To maintain program quality, staff teaching in Bachelor of Nursing programs should be supported to maintain high academic standards. When students enrol in a subject/course bringing academic and time requirements to their attention in class, online, and through other course materials, may be helpful in assisting them to fully comprehend the time and effort required to learn effectively. Not all strategies to enhance student satisfaction with learning are acceptable if the desired outcome is a competent graduate capable of providing quality health care to the community. Some students may be satisfied with lower standards if they can progress through the program more smoothly. Health care services and consumers of these services may not be.
It is possible that student satisfaction data on specific areas of contested curriculum where the required depth of knowledge is greater than many students believe necessary can provide nurse academics with an opportunity to see pedagogy from the student perspective and consider alternative pedagogy as a consequence. I am not suggesting this will always be necessary, or even desirable, but sometimes it may be helpful. Academic staff who teach areas of the curriculum that students perceive as of lower value should encourage students to place a higher value on these areas but not be chastised by university management for lower satisfaction scores in these courses. It is likely that while the university–nursing workplace divide exists such variations in satisfaction will continue.

**Recommendations for the nursing workplace**

Schools of nursing within universities need to work even more closely with nursing workplaces to enable students to experience enhanced learning and in so doing increase satisfaction with learning. This is hardly an innovative thought but findings from this study suggest that students still experience disconnects between what they are learning at university and the workplace, which impacts on their satisfaction with learning. It is important that university staff retain connections with nurses in the workplace. These connections can be used to self-educate both nurse academics and nursing staff about how best to support students to maximise their learning in the limited time they have on placement. This is in everybody’s best interest: students, nurse academics, nurses and most importantly the recipients of care.

Nurse academics and nurses in the workplace should open up opportunities for realistic discussions with students around the benefits and weaknesses of hospital-based training. Enabling students to express their views opens up the opportunity for dialogue. While academics and many nurses may perceive that hospital-based training is long gone, it lives on in community consciousness, so continues to influence current Bachelor of Nursing students’ satisfaction with learning.

**Further research**

Further research in to how students’ personal characteristics and social context of self-influence their satisfaction with Bachelor of Nursing programs is desirable. Such research could include intervention studies designed to focus on the social context of self and nursing knowledge with tools designed specifically to measure satisfaction.
Research is required to develop comprehensive tools that measure student satisfaction with learning in Bachelor of Nursing programs. Many of the tools used to measure student satisfaction with higher education are generic, dated and limited in scope. They reflect a higher education environment of the past. With more learning across contexts, flexible delivery methods and student-centred approaches this emphasis is now of limited value.

Further research is required into the university–nursing workplace interface specifically in relation to those factors that promote or diminish satisfaction with learning. Many studies are located in the university or the nursing workplace. Few consider the interface between the two and even less the implications for student satisfaction.

**Conclusion**

The theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’ provides a range of concepts, and associations between concepts, that provide understanding about how students determine satisfaction with learning in Bachelor of Nursing programs in Australia. The theory provides one interpretation and, consistent with a constructivist approach, other interpretations are possible. The current study suggests there is more to student satisfaction with Bachelor of Nursing programs than has to date been theoretically acknowledged. Addressing the theoretical gaps around student satisfaction with learning is necessary not only to enhance nursing students’ satisfaction with learning but also to ensure the recipients of nursing care receive the care they expect and deserve.

The theory of ‘shaping a valued learning journey across the Bachelor of Nursing program’ suggests student satisfaction with learning is unique to the individual. When students are focused on learning what they perceive to be of greatest worth, experience learning of value and achieve what they value most, they tend to be more satisfied with their learning.

Possibly the most effective strategies for enhancing satisfaction with learning are to ensure all students have the necessary personal, social and economic resources to succeed and a realistic understanding of what the Bachelor of Nursing program entails both on enrolment and throughout the Bachelor of Nursing journey. Programs that are
sufficiently flexible to accommodate students’ individual situations, plans, hopes and dreams are required.

Like Bachelor of Nursing students, I have also been on a learning journey, albeit of a different kind. My journey involved constructing this theory of student satisfaction with learning as a PhD student. I look back to Chapter 1 and my account of how I came to research the topic of student satisfaction. I read again the quotation from a student about the challenge of completing the clinical assessment form. I can see now that the focus was on her as a unique individual, with career aspirations and ambitions, wanting to be a more skilful nurse, and trying to work out how best to achieve learning of value from her perspective. Student satisfaction with learning is unique to the individual and shaped by interaction within the university and the nursing workplace. It must be achieved, however, in ways that are beneficial to the recipients of nursing care and there lies the challenge for all of us: students, nurse academics and nurses in the workplace.
**Appendix 1: Abstraction appraisal tools x 3**

**Abstraction form – Research paper – Quantitative**

<table>
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<td>Research problem, hypothesis</td>
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<td>Discussion, conclusions (limitations, recommendations)</td>
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<td>Are the results applicable to my study?</td>
<td>Reviewer comments (strengths, weaknesses, relevance of results)</td>
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<td><strong>Research approach</strong> (philosophical framework, methodology, data collection and analysis)</td>
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<td><strong>What are the results?</strong></td>
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<td><strong>Discussion, conclusions</strong> (Are these consistent with findings?)</td>
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<td><strong>Are the results applicable to my study?</strong></td>
<td><strong>Reviewer comments</strong> (strengths, weaknesses, relevance of results)</td>
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# Abstraction form – Systematic review

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<td>Question (population, intervention, outcomes)</td>
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<td>Quality of studies included (level of evidence)</td>
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<td>Search strategy</td>
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<td>What are the results?</td>
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<td>Conclusions</td>
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<tr>
<td>Are the results applicable to my study?</td>
<td>Reviewer comments</td>
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Morgan Roberta Smith
Appendix 2: Email to heads of schools

Dear (insert name of head of school)

I am a PhD student with the School of Nursing and Midwifery at Griffith University and I am investigating student satisfaction with learning in Bachelor of Nursing programs in Australia. I am seeking your support to access undergraduate nursing students to participate in a semi-structured interview or focus group. Your role, or the role of a person you nominate, would be to forward a recruitment email to students in the Bachelor of Nursing program at your university.

You will be aware that the Course Experience Questionnaire data suggests that student satisfaction with Bachelor of Nursing programs is generally low, although this is only one source of data and much is unknown. I am specifically interested in the largely unexplored area of student satisfaction with learning and aim to develop a substantive grounded theory to explain the students' perspective.

Attached is a copy of the student recruitment email, student information sheet and consent forms for both face-to-face and phone interviews for your information.

Could you let me know if you are prepared to support my research request please? I appreciate that you may receive many requests for access to students and you may not feel it is appropriate to approve yet another. The outcomes of this study have implications for multiple stakeholders including students, Schools of Nursing, the nursing profession, the health care service and ultimately patients who benefit from students and graduates with greater levels of competence.

Griffith University Human Research Ethics Committee has approved this research. Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research.

Could you please contact me by email on morgan.smith7@griffithuni.edu.au or by phone on 0412097473 to inform me of your decision.

Alternatively you may prefer to contact my supervisors:

  Associate Professor - Winsome St John
  School of Nursing and Midwifery, Griffith University.
  Ph: (07) 55528935
  Email: w.stjohn@griffith.edu.au

  Associate Professor - Saras Henderson
  School of Nursing and Midwifery, Griffith University.
  Ph: (07) 55528910
  Email: s.henderson@griffith.edu.au

Thank you for taking the time to read my email.
Regards
Morgan Smith
Appendix 3: Initial email invitation for students to be forwarded by head of school or delegate

Griffith UNIVERSITY

Students’ perspectives of satisfaction with learning in Bachelor of Nursing programs in Australia

RECRUITMENT FOR RESEARCH PROJECT

Hello Student,

I am a PhD student and am interested in finding out about your satisfaction with learning in the Bachelor of Nursing program. By being part of this study you will assist me to develop strategies that may lead to improvements in Bachelor of Nursing programs for students in the future.

Would you like to participate in an individual or focus group interview and / or find out more about this research? If so please contact me via email at: morgan.smith7@griffithuni.edu.au so that I can provide you with more information.

Participation in this research is voluntary. You may choose to participate or to not participate. There is no penalty for choosing not to participate. If you agree to participate you can withdraw at any time. There is no obligation. The interview will be confidential, the data de-identified and you will not be identified in any publications arising from the research.

I am undertaking this research as a PhD student in the School of Nursing and Midwifery at Griffith University. I have been interested in student satisfaction for several years.

Permission to approach you has been given by your Head of School. Thank you for reading my email and I look forward to discussing the research with you further should you want to do so.

Morgan Smith
PhD student – Griffith University
Appendix 4: Participant information sheet

Griffith UNIVERSITY

Students’ perspectives of satisfaction with learning in Bachelor of Nursing programs in Australia

INFORMATION SHEET FOR PARTICIPANTS

Researchers:

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Email: s.henderson@griffith.edu.au

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School of Nursing and Midwifery, Griffith University.
Ph: (07) 33528933
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Morgan Smith (PhD student)
School of Nursing and Midwifery, Griffith University.
Ph: 0412097473
Email: morgan.smith7@griffithuni.edu.au

Student satisfaction with Bachelor of Nursing programs in Australia is generally low. Little is known about why this is so. Your participation in an in an interview, or focus group interview will assist me to understand this issue better.

The individual interview can be either face-to-face or by phone. The interview will be semi-structured and take the form of a conversation. Focus group interviews will be face-to-face at a venue of the students choosing.

Students currently enrolled in a Bachelor of Nursing program in Australia are being invited to participate.

Findings from the research will inform future initiatives to enhance satisfaction with learning for students in Bachelor of Nursing programs in Australia. It is unlikely that you will personally benefit from the research.

The risks to you of participating in this research are low. If the interview were to raise issues that caused you distress, you will be assisted to seek help through your university’s student support services.

Confidentiality is assured. Participation in an interview will require you to interact with the researchers, Morgan. The interview will be audio recorded. Audio recordings will be de-identified and for the purposes of confidentiality the interviewee will be identified by a fictitious name of their choosing. Neither individuals or the university they attend, will be identified in any report of the research. Data will be stored on a secure server, password protected and accessible only to the research team. The audio-recording will be erased after the interview has been transcribed and checked.

Morgan Roberta Smith
Appendix 4 – cont’d

Your participation is voluntary and there are no consequences if you decide not to participate. You are not required to answer any question unless you choose to do so. You may withdraw at any stage or request the audio-recorder be turned off.

Before participating in the interview you will be asked to indicate consent. If you agree to a face-to-face interview your consent will be written. If you agree to a phone interview you may choose to indicate consent either verbally or in writing.

If you would like further information, have any questions or would like to request a summary of the research when it has been completed please contact Morgan Smith via email: morgan.smith7@griffithuni.edu.au or by phone 0412097473.

Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research. If potential participants have any concerns or complaints about the ethical conduct of the research project they should contact the Manager, Research Ethics on 3735 5585 or research.ethics@griffith.edu.au.

Thank you in advance if you choose to participate.

Morgan Smith
PhD student – Griffith University School of Nursing and Midwifery
Appendix 5: Consent to interview form

Students’ perspectives of satisfaction with learning in Bachelor of Nursing programs in Australia

CONSENT TO PARTICIPATE FORM

Researchers:  
Saras Henderson (PhD supervisor)  
School of Nursing and Midwifery, Griffith University.  
Ph: (07) 55528910  
Email: s.henderson@griffith.edu.au

Winsome St John (PhD supervisor)  
School of Nursing and Midwifery, Griffith University.  
Ph: (07) 55528935  
Email: w.stjohn@griffith.edu.au

Ms Morgan Smith (PhD student)  
School of Nursing and Midwifery, Griffith University.  
Ph: 0412097473  
Email: morgan.smith7@griffithuni.edu.au

By signing below, I confirm that I have read and understood the information sheet and in particular have noted that:

- My involvement in this research will involve a semi-structured individual or focus group that may be face-to-face or by phone.
- I am 18 years of age or older.
- I have had any questions answered to my satisfaction.
- I understand the risks involved in participating are low.
- I understand that there will be no direct benefit to me from my participation in this research.
- I understand that my participation in this research is voluntary.
- I understand that if I have any additional questions I can contact the research team.
- I understand that I am free to withdraw at any time, without comment or penalty.
- I may request the audio-recorder is turned off at any time.
- I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 3735 5585 (or research-ethics@griffith.edu.au) if I have any concerns about the ethical conduct of the project; and
- I agree to participate in the project.

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<th>Name</th>
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<td>Signature</td>
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<td>Date</td>
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</table>

Morgan Roberta Smith
Consent to interview form – verbal

Griffith UNIVERSITY

Students’ perspectives of satisfaction with learning in Bachelor of Nursing programs in Australia

CONSENT TO PARTICIPATE IN A TELEPHONE INTERVIEW FORM

(This form will only be used if the participant is unable to return a signed consent form via email)

I, the researcher, read to the participant the following:

I confirm that I have read and understood the information sheet and in particular have noted that:

- My involvement in this research will involve a semi-structured individual phone interview that will be audio recorded.
- I may request the audio-recorder is turned off at any time.
- I am 18 years of age or older.
- I have had any questions answered to my satisfaction.
- I understand the risks involved in participating are low.
- I understand that there will be no direct benefit to me from my participation in this research.
- I understand that my participation in this research is voluntary.
- I understand that if I have any additional questions I can contact the research team.
- I understand that I am free to withdraw at any time, without comment or penalty.
- I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on 3735 5585 (or research-ethics@griffith.edu.au) if I have any concerns about the ethical conduct of the project; and
- I agree to participate in the project.

The participant verbally agreed to participate.

<table>
<thead>
<tr>
<th>Signature of researcher</th>
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Appendix 6: Initial interview guide

The interview guide includes the following ‘warm-up’ questions to get a general perspective from the participant and to help them to settle into the interview:

1) Tell me a bit about yourself.

2) Tell me how you have found learning in the Bachelor of Nursing program.

Then participants will be asked the following questions:

3) Please tell me about a situation or situations where you were satisfied with learning in your Bachelor of Nursing program.

4) Please tell me about a situation or situations where you were less satisfied with learning in your Bachelor of Nursing program.

Prompts might be:

- So what happened?
- What led up to this situation/event?
- What were you thinking at the time?
- How did you feel?
- What did you do?
- How has your view changed since …
- Can you give me an example of …

Topics that could be explored further if raised by the participant include learning and:

- Analytical skills/problem-solving skills/critical-thinking skills
- Writing
- Planning work
- Memorising
- Clinical placement
- Task orientation
- Reflecting
- Simulation
- Evidence-based practice
- Time spent learning
- Theory to practice
- Anxiety
- Confidence

Other life commitments/hours spent working

Questions will be reviewed and revised as the study progresses.
Appendix 7: Interview guides 2–5:

Theoretical sampling: focused questions

1. How satisfied are you with yourself and how you are learning?
2. As you look back what stands out in your mind the most about your satisfaction or dissatisfaction with learning?
3. Can you think of a situation where your student friends have influenced your satisfaction or dissatisfaction with learning?
4. Can you think of a situation where a nurse or nurses have influenced your satisfaction or dissatisfaction with learning? (Either friends who are nurses or nurses whom you meet on placement)
5. Can you think of a situation where your family and friends have influenced your satisfaction or dissatisfaction with learning?
6. What role has social media played in your satisfaction or dissatisfaction with learning?
7. Can you think of a situation where you have been dissatisfied with a learning experience but in the longer term the experience has proven beneficial?
8. Tell me about a situation where how you have been required to learn in the program has influenced your satisfaction or dissatisfaction with learning.
9. Tell me about a situation where course structure has influenced your satisfaction or dissatisfaction with learning.
10. Tell me about a situation where university resources have influenced your satisfaction or dissatisfaction with learning.
11. Tell me about a situation where a personal sense of achievement has influenced your satisfaction or dissatisfaction with learning.
12. Can you tell me about a situation where you received a grade you didn’t expect?
13. Tell me about a situation where your expectations of the Bachelor of Nursing have been met.
14. Tell me about a situation where your expectations of the Bachelor of Nursing have not been met.
15. What were your expectations of the program before you started?
16. How have your expectations of the program changed with time in the program?
17. Tell me about any other situations where you were satisfied with your learning in the Bachelor of Nursing program.
18. Tell me about any other situations where you were dissatisfied with your learning in the Bachelor of Nursing program.
Appendix 8: Demographic questionnaire

Information for participant: We would like to know a little about you for sampling purposes. We would appreciate it if you could answer the questions below:

1) Campus location:
   City centre
   Metropolitan
   Rural

2) Mode of delivery:
   On campus
   Off campus
   Mixed

3) Gender:
   Male
   Female
   Other

4) Entry pathway into the program:
   Australian Tertiary Admission Ranking (ATAR)
   Enrolled nursing (EN)
   Mature-aged entry
   Equity pathway

5) Years in the nursing program:
   Less than one year
   1–2 years
   2–3 years
   3–4 years
   4–5 years
   More than 5 years

6) Part time/full time (please circle)

7) Age:

8) Grade point average (GPA) if known:

Please return the questionnaire to Morgan Smith via email prior to interview, or give it to her at the time of interview.

Thank you for your time.
Appendix 9: Student satisfaction with learning – interview summary

<table>
<thead>
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<th>Identifier</th>
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<tr>
<th>Criteria</th>
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<td><em>Duration</em></td>
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<td><em>University</em></td>
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<td><em>Interview type</em></td>
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<tr>
<td><em>Consent</em></td>
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<table>
<thead>
<tr>
<th>Interview context</th>
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</table>

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<tr>
<th>Interview reflection</th>
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</table>
Appendix 10: Theory: determining satisfaction with learning

**Problem** – Finding learning difficult, time-consuming, with unanticipated content that does not match expectations of clinical area. Finding learning across two highly complex organisational systems, university and health care, complicated.

<table>
<thead>
<tr>
<th>Developing a hierarchy of importance</th>
<th>Getting on with learning</th>
<th>Experiencing achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establishing relevance</td>
<td>• Navigating the systems</td>
<td>• Experiencing valued understanding</td>
</tr>
<tr>
<td>• Establishing priorities</td>
<td>• Engaging with resources</td>
<td>• Establishing a professional identity</td>
</tr>
<tr>
<td></td>
<td>• Seeking connections</td>
<td>• Feeling able to meet expectations of the clinical area</td>
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<tr>
<td></td>
<td></td>
<td>• Receiving anticipated grades</td>
</tr>
</tbody>
</table>

**Becoming competent efficiently** – learning as much as possible of what is seen to be important in a timely manner (highly tentative – would like to discuss at the next meeting)

- Managing time
- Judging effort

**Qualities of self**

- Self-expectations
- Motivation
- Time management
- Open to possibilities
- Tolerance for ambiguity
- Able to see perspectives of others
- Self-critiquing

**Qualities of the university**

- Quality of resources
- Responsiveness of system

**Qualities of the clinical area**

- Opportunities
- Support

*Not sure where these fit* – determine students’ ability to be become competent in reasonable timeframe with accepted degree of effort.
Appendix 11: Substantive theory: shaping a valued learning journey across the Bachelor of Nursing program

(Students are satisfied with their learning when they value their Bachelor of Nursing journey. Students value their Bachelor of Nursing journey when they can shape a personally valued Bachelor of Nursing journey.)

The person

**Attributes of self:**

- Personality
- Personal values
- Self-expectations
- Commitment to program
- Tolerance for ambiguity

The contexts

<table>
<thead>
<tr>
<th>Personal/social context</th>
<th>Student perceptions of university</th>
<th>Student perceptions of nursing workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family – supportive/less supportive</td>
<td>Usefulness of resources – lectures, nursing labs, tutorials, online.</td>
<td>Structure of workplaces – acute, aged, rehab, etc. – supportive/less supportive.</td>
</tr>
<tr>
<td>Economic status – supportive/less supportive</td>
<td>Responsiveness of system: processes, user friendly, transparent.</td>
<td>Clinicians – supportive/less supportive.</td>
</tr>
<tr>
<td>Prior education</td>
<td></td>
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<tr>
<td>Work – supportive/less supportive</td>
<td></td>
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<tr>
<td>Community – supportive/less supportive</td>
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The basic psycho-social problem – negotiating a valued learning journey that accommodates social contexts of the self, university and nursing workplace.

Each context provides unique possibilities about what constitutes learning of value and students must take what each context offers and construct understanding that is personally meaningful. This is a difficult process.

Students create meaning that accommodates:

- Personal context to date and the university.
- Personal context to date and the nursing workplace.
- Between university and nursing workplace.

During the meaning-making process students may experience congruence or dissonance in their understanding across contexts.

Congruence – agreement, consistency (Oxford Dictionary)

**The basic psycho-social process** – shaping a valued learning journey across the Bachelor of Nursing program.
- Valuing
- Shaping

Students are satisfied with their learning when they can shape a personally valued journey across the Bachelor of Nursing program.

---

**Phase 1 – Orienting oneself to valued learning in the pedagogical landscape**

- Identifying the lay of the land
- Establishing relevance in the pedagogical landscape – approach, knowledge, standard
- Establishing relative worth of knowledge requirements.

*Outcome: Students are satisfied with their learning when they identify learning of value.*

---

**Phase 2 – seeking valued learning experiences across diverse pedagogical terrain**

The BN journey unfolds across diverse terrain. There are many interim journeys within the overall journey. A journey stops at the end of each day. A journey is mapped. Plans change. Each day is evaluated. Judged. Satisfaction or dissatisfaction determined.

- Navigating complex systems to access learning opportunities
  - Managing complex administrative procedures
  - Understanding policy
  - Seeking direction

- Finding effective learning approaches in diverse terrain
  - Learning in own way
  - Spinning straw into gold
  - Working it out alone

- Evaluating resources for learning opportunities
  - Lectures
  - Nursing laboratories
  - Group discussions
  - Placement
  - Online environment

- Seeking perspectives of others:
  - Staff – university/clinical
  - Other students

- Managing time so engagement with valued learning experiences is possible.
- Juggling
- Meeting timelines
- Making the most of study time

*Outcome: Students are satisfied with their learning when they engage with valued learning opportunities.*

---

### Phase 3 – Evaluating learning achievement along the way

- Acknowledging valued learning
  - Acknowledging understanding of worth
  - Learning efficiently
  - Recognising ability to apply theory to practice
  - Recognising knowledge for home
  - Recognising knowledge for work

- Realising a valued professional identity
  - Visualising the nurse you want to be
  - Having the skills to meet workplace expectations

- Receiving valued grades
  - Receiving anticipated grades
  - Determining relative merit of grades
  - Grading trade-offs

*Outcome: Students are satisfied with their learning when valued achievement is recognised.*
Appendix 12: Memo: miscellaneous ideas

**Being able to relate what is learned to the known work environment**

Maybe career goals had something to do with student satisfaction with learning in the Bachelor of Nursing. This area of influence is not really clear to me. All participants talked to me about what they wanted to do when they finished. Some had very specific areas of nursing where they wanted to work. Only one participant was very vague about where she might specialise (Participant 14). Some students had longer-term ambitions and plans. Nothing stands out as being a determinant of satisfaction in this regard except possibly for enrolled nurses. Participant 7 said:

> Clinical –back to that – now that is great because there you are and you’re actually doing the job. Mind you it’s easier for me because I do a lot of what I would do as a registered nurse, as an enrolled nurse at [large metro hospital], because that’s how their model is.

Participant 7 wanted the piece of paper, felt she was ‘jumping through hoops’ but was ambitious. She could see many opportunities if she got through the program. I wonder if for other enrolled nurses they are studying so they can be a registered nurse in an area similar to the one they currently work in so see much of the content in the program as irrelevant. Participant 13 hinted at this possibility:

> And then some of the degree I didn’t understand why we were learning it because I now feel like I understand and I get why they [muffled] nurses [students who are ENs] say they just give us a whole bunch of stuff about ooy magooy but I understand that it takes a long time to make change happen and that’s why they are breeding us like they do because it will take 50 years to change everyone’s sentiments because we work in a bio-medical model in the hospital system but I believe whatever they set out to achieve has happened for me.

Participant 13 also said:

> They don’t understand why they need to be able to research and I fully understand where they are coming from because a person just wants to go to work and do their job.

**Having a long-term desire to be an RN**

I am wondering if students’ satisfaction with the BN was influenced by the anticipation of the program or gratefulness (in a way) to finally be doing it. Several of the students had waited a long time to get into the program. For Participant 10 it was on her ‘bucket list’. Participant 9 had waited 15 years to get into the program. She said:

> I’ve found everything really interesting and I think it’s because I’ve wanted to do this for so long.
Participant 4 had not been accepted into the program the first time she applied and said:

_The first time I applied I didn’t get in for some reason so that is probably my highest driver, I guess, that made me satisfied with what I’ve done so far, going forward I want to complete everything and not drop out._

This said, I’m not sure this completely stands up. It is possible that someone could want to do the program for a long time and be disappointed. I could say that of the participants I interviewed those that mentioned a long wait to get into the program had tended to be more satisfied overall. Maybe it is one of several drivers.

**Having a commitment to making the most of the program**

Some participants were really committed to making the most of the program and the opportunities it offered and tended to be more satisfied with their learning. Participant 9 referred frequently to it as a ‘journey’. Maybe some participants were interested in the journey, and making the most of it, while others just wanted to get to their destination as quickly, efficiently and easily as possible. Some participants saw challenges along the way as no big deal, to be expected, part of the journey, a source of satisfaction when they mastered them, while others saw them as frustrating inconveniences. Maybe we are talking about personality traits here. Some people enjoy a challenge, some people enjoy enormous challenges (climbing Mount Everest), while others liked an easier life. Don’t know. I don’t know much about the dissatisfaction here.

**Individual characteristics**

Some specific individual characteristics tended to see students more satisfied with their learning. Students who were self-confident and able to be assertive were more satisfied because they felt able to pursue answers. They were able to request information from lecturers and follow it up. Participant 8 illustrated this in the extreme:

_I wanted to clarify what topics were covered for an upcoming assessment just so that I could pace my study and revision and I emailed the course coordinator and she went back and said the favourite words of all course coordinators: ‘as per the course outline’. The assessment covers topics one to seven and I said, ‘I don’t mean to be difficult but I’ve looked at the course outline and I cannot see where that is. Am I missing something?’ And then she wrote back and she said, ‘It’s just under this paragraph.’ And then I said again, ‘I don’t want to be difficult but that paragraph’s not in the version I’m looking at.’ And it turned out that basically that the version that was published for the external students didn’t include that information so kind of by sticking with it and she said, ‘thank you, I really appreciate your attention to detail, bringing this to my attention, that’s fixed it, I will let everybody know, great’._

This particular participant was also forgiving of errors by academic staff, acknowledging that we are all human and make mistakes. Not all students saw it this way. Participant 14 saw errors as a lack of professionalism. She said:

_On the discussion boards they have wrong grammar and all that. And in the emails the lecturers send out they are making all these spelling mistakes. Yeah, they need to practise what they preach I think._
Also when I asked students about situations when they had been satisfied or dissatisfied with their learning some students immediately told me their satisfaction or not with themselves. They did not need to be asked the question ‘how satisfied are you with yourself and your learning’ because they had already told me. Others told me about the university environment when I asked them about situations where they had been satisfied or dissatisfied with their learning. Some participants really struggled when I asked them ‘how satisfied are you with yourself and your learning?’ Sometimes I had to ask the question several times before I got an answer. I’m not sure why this might be important but I think it could be.

**Race to the bottom (for some)**

I get the impression that maybe excellence is not valued and that maybe this influences satisfaction with learning. This is a tricky one and it is just a suspicion and I’m not sure what influence this might have on satisfaction. It was not an attitude articulated by any of the participants I interviewed but it was there. Participant 14 said:

> I’ve just heard that they [future employers of graduates] are not too worried unless you go into like ICU or something, they [other students] say ‘p’s for degrees, passes for degrees, that’s all you need, but for me I want to get a good score and, yeah, it’s just a matter of trying to learn the area and all that. But the people who don’t get as good marks its because they don’t know how to write essays that well, and they say why do you need to know all this referencing stuff if you are going into nursing and you are not going to use it ever again? But yeah, everyone has their opinion.

Participant 8 noticed a somewhat passive aggressive stance to high-achieving students on Facebook. He was a high-achieving student. He said:

[Pause] I’m not quite sure how to describe this but, as an example, someone will say I’ve noticed the results for X, Y and Z are up on the thing, it must have been really easy because the people who got HD must have just got really lucky. Do you know what I mean? And I kinda want to say I didn’t get lucky, I worked really hard on that, but I’m not in a position to do that.

This is a tricky one.

**Value for money**

Participants’ satisfaction with learning was in some ways tied up with their views on value for money. This took many forms. Participant 7 saw the BN as a ‘cash cow’ for universities. She believed this led to universities taking in far too many nursing students who sometimes had attitudes that could damage the profession.

> I feel like it’s just a big cash cow for the university. I feel like they take way too many students, way too many nursing students, and they don’t have the capacity to facilitate them well and it’s a lot of money ... I feel that nursing really is a vocation, it’s a special job, and if you create a situation where the majority of the people who are going into nursing are going into it to get their citizenship, for the wage, whatever, not because they actually want to be a nurse, you actually start changing the profession.

This is not something I had thought about before but maybe she has a point.

Participant 5 was dissatisfied with her learning because she felt it was like a ‘sausage factory’. She said:
To me it appears like some of it is like a sausage factory, trying to churn out as many as they possibly can rather than the quality of the knowledge that the individual possesses.

I have to really try and step back and see it from the students’ perspective. I tend to want to say students need to be flexible, assertive, they need to be able to choose the resources they need, make the most of what is available, blah, blah, blah, but she is telling me that she wants a more individualised approach with higher standards. That the approach we have to the mass education of BN students is not good enough. Maybe she is right.

Some participants talked about the cost of courses, being customers, having customer expectations.

Other participants talked about the cost of being a student. The trade-offs between study and work. Money to cover costs of studying versus money to live. Some participants only enrolled in courses as they could afford to do them.

Finding student friends who think like you do
Students tended to be satisfied with their learning when they had the support of other students whom they felt were like them, whom they felt understood them. This was a strong source of satisfaction. This support came at a cost because it was generally uncritical and could maybe leave students with incorrect understanding. For example Participant 3 said:

At the workshop someone [nursing laboratory staff member] said ‘have you guys looked at the practice-based labs website?’ and I said ‘a couple of times’ and she said ‘a couple, is that all?’ And I felt so silly and then I asked a couple of other people [students] to make myself feel better after the session and they said we didn’t know either because it kinda got lost with all the other content and the tuts and stuff. And there’s videos and stuff that are really good but you don’t have the time to commit to all of it.

When students posted information online, including on Facebook, that was perceived to be incorrect by other students, it often went unchallenged. As stated earlier Participant 8 said:

I kinda want to say I didn’t get lucky, I worked really hard on that but I’m not in a position to do that. (Look for another example – NVivo)

Participant 12, who was probably not the most tactful person, was an exception and said the following:

I joined the Facebook group to see what they are about and when people ask something I gave them a very direct answer but if you type in a very direct, succinct manner people think you are being, you know, a cow. I would use a more colourful word but you know. Yeah, and I just kept running into that. People kept saying: Why are you so mean? Why are you hassling these people? It’s like, no, I gave an answer. I know more than you guys. I didn’t say that but in my head, I’m like, I know more than you guys about how the uni works, don’t throw it back in my face.
Mostly it was accepted that students would be supportive of each other by agreeing with their perspective. When the statements were on Facebook, many students were party to the discussion, so many could be potentially influenced by what was being posted. Such a discussion was far more potentially problematic than a private face-to-face conversation between a small number of students.

**Creating explanations to understand the situation**

There was some suggestion that participants could be dissatisfied with their learning when incorrect conclusions were reached to explain a situation. Participants created conspiracy theories to explain some situations that were probably not the case. For example Participant 7 had the following to say about readings related to law and ethics in one course she studied:

> 500 pages of reading in the required reading for that week. And this is not chin-chin, this is more complex. This is a 2.5 subject, it is so unrealistic. Nobody did it and the tutor acknowledged that nobody ever could do that so why did they put it in the required reading? I’m going to be a bit cynical about this, being a bit older and all that, and say they are putting it in there so that if one of their students ever makes a mistake and the finger gets pointed at the uni for not preparing them accordingly, you know, or properly, they can say ‘well we told them to read all this stuff, it’s not our fault’.
References


Morgan Roberta Smith

References


