The Personal Tutor and Tutees' Encounters of the Personal Tutor Role- Their lived Experiences

A Thesis submitted for the degree of Doctor of Philosophy

By Anjoti Harrington

School of Sport & Education Brunel University September 2004

Book Two

	In	Part II of Thesis troduction to Part 2	246 247
Chapter	6	The Students World – The Tutees Stories	248
	6.1	Tutors and Tutees relationship	249
	6.2	Theme 1. Gaining and sustaining access	250
	6.2:1	Gaining access – accessibility	250
	6.2:2	The first encounter with the personal tutor	251
	6.2:3	Learning, nursing and at University	251
	6.2:4	Finding out about the personal tutor	252
	6.3	Theme 2 Trusting self – trusting your tutor	262
	6.4	Theme 3 Learning about self-learning about the system (a partnership and a valued experience)	269
	6.5	Summary of the students stories	276
	6.6	Conclusion	278
Chapter	7	The Personal tutors World – Tutors Stories	279
	7.1	Theme: Engaging the Learner	280
	7.2	Being there for the learner – a presence	284
	7.3	Managing caseload	287
	7.4	Building Bridges – helping students to cultivate their own resources	288
	7.5	Maintaining Professional Integrity	294
	7.6	Conclusion	296
Chapter	8	Discussions of Findings of the significant themes and the emergency of the Essential Structures	298
	8.1	The situated context, emergent themes, categories and the life worlds	299

8.2	Interpreting the Categories	300
8.3	Discussion of the findings of the categories	301
8.4	Themes	304
8.4:1	Tutee gaining and sustaining access and Tutors accessibility and establishing boundaries	304
8.4:1.1	Tutees Experience of Access	305
8.4:1.2	Variation in Accessibility	306
8.4:1.3	The Tutors expectation of the tutees	308
8.4:1.4	Tutors establishing boundaries and learning style	309
8.4:1.5	Ease of Accessibility and Boundaries	313
8.4:2	Tutees trusting self and your Tutors, Tutors engaging the learner	317
8.4:2.1	Trusting and Tutor engaging the learner	320
8.4:2.2	Disengagement – 'not being there' for the students	323
8.4:2.3	Developing of a trusting relationship	328
8.4:2.4	Trusting your Tutor – The lone tutee and group work	334
8.4:2.5	Not Trusting your Tutor	337
8.4:2.6	Trusting your tutor – inequity of support	341
8.4:2.7	Coping when not trusting your tutor	342
8.4:3	Tutors' accounts of 'difficult' problems – being there for learners	345
8.4:3.1	Grammar	345
8.4:3.2	Language	346
8.4:3.3	Work overload	346
8.4:3.4	Accountability	346
8.4:3.5	Non-achiever tutees	347
8.4:3.6	Knowing how to learn	347

8.4:4	Metacognition – Learning about self, how to learn and at higher education	349
8.4:4.1	Social warmth	349
8.4:4.2	Trustworthiness and competent Tutors – Disclosure	350
8.4:4.3	Influence of personality	353
8.4:4.4	Approach to learning and presentation	354
8.4:4.5	Racial issues	355
8.4:4.6	Self knowledge	358
8.4:4.7	Approach to learning	358
8.4:4.8	Dependency	359
8.4:4.9	A system issue	360
8.4:4.10	Role overload	360
8.4:4.11	Overseas students	361
8.4:4.12	The Widening Entry	362
8.4:4.13	Time Constraint	363
8.4:4.14	The Sharing of secrets	363
8.4:4.15	University, Classroom Teaching	364
8.4:5	Building Bridges, a sustained presence	364
8.4:6	Learning about Nursing at University	368
8.4:6.1	Capital Thinking	368
8.4:6.2	Learning contract	369
8.4:7	Managing Caseload – lack of capacity to sustain tutees needs	370
8.4:7.1	Tutors – Managing Caseload – inflexible tutors relationship	372
8.4:7.2	Inflexible tutors relationship, casework/caseload	379
8.4:8	Maintaining Professional Integrity	382
8.4:8.1	Gate keeping	382

8.4:8.2	Professional Nurse Education	383
8.4:8.3	Professional Code of Conduce	384
8.4:8.4	Duty of Care	384
8.4:8.5	Acceptable Behaviour	385
8.4:8.6	Termination	386
8.4:9	Summary of the analysis of the data	386
8.5	The Political, Environment and Social Influence – The Social Reality of personal tutoring.	389
8.5:1	Tutors lack of positive regard to negative encounters for tutees	391
8.5:1.1	Positive regard – an expectation by tutees	391
8.5:1.2	Race and Culture	392
8.5:1.3	Parent – Child interaction	392
8.5:1.4	Feeling values	393
8.5:2	Positive Encounters	393
8.5:3	The making of the tutorial relationship	394
8.5:3.1	Tutee Cognitive profile	396
8.5:3.2	Tutees learning skills/tasks	396
8.5:3.3	Gestalt	398
8.5:3.4	Inflexible and unhappy relationship led to negative encounters for tutees	399
8.5:3.5	Non caring behaviour	400
8.5:3.6	Racial Discrimination	401
8.5:3.7	Invisible tutors	402
8.5:3.8	Maslows Hierarchy of needs	403
8.5:3.9	Application of Gestalt Psychology	405
8.5:3.10	Transactional Analysis – being self aware	407
8.5:3.11	Person Centred Approach	413
8.5:3.12	Congruence	413

	8.5:3.13	Therapeutic Relationship	413
	8.5:3.14	Helping Students to cultivate their own resources – Person Centred Tutor	414
	8.5:3.15	Cognitive Maps	416
	8.5:3.16	Maintaining professional integrity	417
Chapter	9	Essences and their significances to the making of the personal tutoring relationship	418
	9.1	Discussion on the emergence of the three structures	419
	9.2	The Structure: Mutual Engagement – Engaging with knowing the other	420
	9.2:1	Tutors expectations and assumptions of tutees	421
	9.2:2	Tutors lack awareness – a barrier for mutual engagement	421
	9.2:3	Tutees expectations and beliefs	425
	9.2:4	Tutees self worth and feeling accepted by the tutor	429
	9.2:5	Cultural: environmental and political factors –the barriers to engagement	430
	9.2:6	Tutors implicit approach to tutoring – disengagement- 'Not OK'	432
	9.2:7	The demands for support cannot be met	433
	9.3	Lack of mutual engagement does not lead to disclosure	434
	9.3:1	Impermissable environment that affects mutuality of engagement	435
	9.3:2	Academic versus practical learning priorities	437
	9.3:3	The tutees expectation within the environment	438
	9.3:4	Sharing experiences, incremented disclosure and using life world	339

	9.3:5	Respecting others, accepting responsibilities, rapport, immediacy and empathy – and reciprocity	443
	9.3:6	A facilitative model for respecting others, accepting responsibilities and reciprocity	446
	9.3:7	Tutees coping skills 'not to sink' but 'swim' phenomenon	451
	9.3:8	The 'Friendly Tutors'	452
	9.3:9	A collaborative and supportive style of tutoring	452
	9.3:10	Other consideration – 'Gender issues'	455
	9.3:11	Culture and Ethnicity Consideration	456
	9.3:12	The impact of poor self concept or poor self worth	457
	9.3:13	The enhancement of learning and positive encounters	457
	9.3:14	The need to be valued and respected	457
	9.4	Conclusion and Summary	458
Chapter	10	Strength, limitations, conclusions and implications for future practice	460
	10.1	Summary of findings	461
	10.1 10.2	Summary of findings Methodological strengths and limitations	461 464
	10.2	Methodological strengths and limitations	464
	10.2 10.3	Methodological strengths and limitations Limitations and a critique of the study	464 466
	10.2 10.3 10.3:1	Methodological strengths and limitations Limitations and a critique of the study Sampling as a limitation	464 466 466
	10.2 10.3 10.3:1 10.3:2	Methodological strengths and limitations Limitations and a critique of the study Sampling as a limitation Reflexivity – a second limitation A third limitation –presentation and	464 466 466 467

10.4:1	Tutors and tutees taking responsibilities	474
10.4:2	A clear understanding of the personal tutor role and for the role to be provided by those, who are 'person-centred'.	476
10.5	Suggestions: Tutors and Tutees Accepting Responsibilities	479
10.5:1	Tutors accepting responsibilities	479
10.5:1.1	Transformational learning	479
10.5:1.2	Accessibility	479
10.5:1.3	Positive Valuing	480
10.5:1.4	Social and Cultural Differences	480
10.5:1.5	Support networks	481
10.5:1.6	Self Directedness	481
10.5:1.7	Transcultural Curriculum	481
10.5:1.8	Personal Knowledge	482
10.5:1.9	Unlearn 'not to speak'	482
10.5:1.10	Safe Group	4 82
10.5:2	Tutees Accepting Responsibilities	483
10.6	The provision of pedalogical movements, cultivating empowerment and sustaining a 'caring place' for tutees educational experiences.	487

TABLES

Table No.		Page No.
5.3:4	Narrative Analysis	238
8.1	The situated context, emergent themes, categories and the life worlds	299
8.4:1	Tutors clarification of access	304
8.4:2.5	Cost of Seeking Help	339
8.4:7	Occupational Stress	375
8.5:3	The making of the tutorial relationship	395
10.4:2.	Counselling and Using Counselling Skills Key Differences	477
10.4:3	A checklist for the tutor to evaluate her/his ability to demonstrate support	478

List of Figures

		rage
8.4:2.4	A Contemplation and Decision making process to seek help	336
8.5	The Social Reality of Personal Tutoring	388
8.5:3.10	The Defining Components of Academic and Pastoral support	412
9.2:3	The Development of Meta-Cognitivie Skills	426
9.3:6	A Model for the Personal Tutors Role	447
9.3:9	Tutors Hierarchies of Learning	454
10.4	A Curriculum Model for Students Personal Welfare Tutoring	473

Page

Glossary & Abbreviation of terms used in the Thesis

DfE- Department of Further Education

DOH- Department of Health

ENB- English National Board for Nursing & Midwifery

HEFE-Higher Education Funding for England

HEQC-Higher Education Quality Council

NMC Nursing and Midwifery Council for Nurses, Midwives and Health Visitors.

UKCC -United Kingdom Central Council for Nursing, Midwifery & Health Visiting.

QAA -Quality Assurance Agency for Higher Education

PART II OF THESIS

Introduction to Part 2

Part 2 will unfold the data collection and expose the findings of the study. It will contain two chapters: 6 and 7 on data exposition in narrative forms as 'stories' written in *verisimilitude* (Adler and Adler, 1994). This approach is designed to draw the reader(s) closely into the subject's world. Presentation of the findings and a discussion of the exhaustive description of the vignettes and the narratives from the tutees' and tutors' stories will be shown in Chapter 6 and 7. Chapter 8 shows analysis of the significant themes and emergence of the essential structures of the tutees' and tutors' lived experiences of the personal tutor role. Chapter 9 will then 'peel the layers of the meanings' of the essences and encounters and will show a development of expanded knowledge that might improve tutor's and tutee's personal tutoring relationship. Part 2 will conclude with Chapter 10 which will outline the limitations of the study, implications for practice, make some suggestions and conclude the study.

Chapter 6

The Students' World – The Tutees' Stories

In this chapter I shall present and explicate the final three steps of Colaizzi's (1978) method of analysis with the result of the findings and the data obtained from the students being integrated into an exhaustive description (See Section 4.16.2.). The narratives, "Tell it as it is" will show what were the reality of the personal tutoring encounters for tutees and tutors as they lived them. The lived experiences for the pre-registration nursing students (See Appendix 27 - Students' Biographical Data) as they had perceived and experienced them during the three years of training in the Nurse Education context is presented. The tutors' stories or experiences are not related to the students' data or narratives but they are an account of how they perceived their roles and responsibilities when providing academic and pastoral support. (See Appendix 28 – Presentation of Tutors' Biographical Data.)

From the sixth step of data analysis, the fundamental and essential structure of personal tutoring has been derived. An integration and synthesis of the phenomenon will be identified. However, the integrated discussion of the findings will be reserved until **Chapter 8: The essential structure of the phenomenon**. The students' stories presented here include quotes to illustrate specific episodes of the experience. All the names used in this chapter and throughout the thesis are pseudonyms to protect the anonymity and confidentiality of the participants. Where it is necessary to provide more depth to illuminate the experiences, a vignette (short

story) is employed. During interviews some students shared powerful accounts, charged with emotion that sometimes facilitated new insight for the student and me as the researcher. Whenever, stories have been told I believe that they should be heard. Irrespective of how critical participants were of their encounters it was important to obtain a full and vivid account of the phenomenon. In this way, I believe that readers will learn more about the essential structures of personal tutoring. Tutees' themes were: gaining and sustaining access; nursing and learning at University, trusting self and trusting your tutor and learning about self. From the personal tutors, the significant themes were: engaging the learners, being there for learners, managing case loads, building bridges and maintaining professional integrity.

6.1 Tutor's and tutee's relationship

Relationships necessarily involve access before any interaction can begin. The first meeting between students and tutors sets a pattern for the remainder of the work they do together. Jacques (1992) refers to the first meeting as a mutual contract setting out the needs and the offerings. The tutor informs the tutee what s/he is offering and the tutee(s) has to negotiate the contract and access. It changes according to the way that the tutor's and tutee's relationship develops and moves along the continuum of the personal tutoring period.

6.2 Theme 1- Gaining and sustaining access

6.2:1 Gaining Access -accessibility.

Personal tutor accessibility was important for the students throughout their three years of nurse training. When they started the course, all the students had an opportunity to meet their personal tutors in a 45 minutes to an hour group introductory session. It was an induction into the personal and social welfare available to the students. They were given clarification of the personal tutor role. They felt very encouraged to learn that the school of nursing had considered their welfare so early in their nurse training. They were assigned a named personal tutor according to the branch specific course they had embarked on.

The first meeting with the personal tutors were informative. Tutors presented themselves in a friendly manner, on an "equal level". Students were permitted to call their personal tutors by their first names. Email addresses and work telephone numbers were provided by the personal tutors to the students, occasionally they also gave their tutees their mobile phone numbers and home telephone numbers. The tutees were given permission to access their personal tutor at any time of the day. Some overseas students were indeed surprised to see such informality with lecturers. They said that they had never encountered "friendly tutors" and were not familiar with calling their tutors or any lecturers by their first names. They felt that some

students/tutors were too relaxed and flexible in their approach to learning/teaching. For them it was quite a culture shock.

6.2:2 The first encounter with the personal tutor

Nearly all students reported that the first personal tutoring session held was a "group session" that it was informative and that they found that the tutors were very friendly and approachable. They felt reassured that their personal tutors had worked as nurses for many years before they became university lecturers. Students felt they were going to enjoy learning to be a nurse especially when their tutors had already walked the path and had come through unscathed. They were reassured when personal tutors shared their experiences in the form of short stories or critical incidents. They enjoyed the disclosures of prior experience and background that the personal tutors and their peers shared in the introductory meeting. They expressed a 'sense of knowing the tutor' who shared their experience of being a student, and reflected what it was to be a nurse and a lecturer. Self disclosure by tutors was particularly welcomed by those students for whom nursing was unknown territory. They felt reassured that the challenges could be overcome and the reward was worthwhile.

6.2:3 Learning, nursing and at University

Some of the participants started their "learning to be a nurse" full of enthusiasm and optimism. They felt they could go to clinical practice, learn a lot of clinical skills and integrate the theoretical knowledge that they learnt in school. Studying at the university and at a prestigious school of nursing was something that most of the students had wanted to do. They thought they would embark on their journey into the caring world, where they would be "learners" in how to nurse patients. They liked being told that they were not part of the workforce in the NHS and that they had full-time "student status" when they were on clinical practice, that they have supernumerary status and that they would receive a bursary or grant. This was all quite appealing.

6.2:4 Finding out about the personal tutor

Some of the participants felt that their personal tutors would be interested in their individual personal growth and development and wanted to be a successful student to please their personal tutor. They found the information regarding the type of support that the personal tutor could offer to be very important. Some students felt that the academic, pastoral and clinical support that the personal tutor provides would be of immense benefit to them. Some mature students were fearful about coping at university and the need to study with a mixed age range of students. These students' fears were allayed when they learned that a support system was in place to help them with study skills and with any personal issues that could crop up. A few students were doubtful about their personal tutors' ability to relate to them. They sensed that they were not liked by the personal tutor when they introduced themselves in the introductory session.

Some excerpts/vignettes from the transcripts will now be presented to illustrate how some students perceived the introductory session to personal tutoring and what have

been their experiences of personal tutors' accessibility and the development of the

tutorial relationship

Sandra, a 19 years old Diploma student came from Ireland. This is how Sandra perceived her personal tutor:

It was so good to see who my personal tutor is. When our tutor introduced herself, she said: "I would like you to call me by my Christian name and not Miss or Mrs". Immediately, after that, I, and some of the other students thought how wonderful it is, that we have a personal tutor to help us with our coursework or any personal problem that we may have. Also to know that Lucy, our tutor and all the lecturers have been nurses was great. No one in my family has been a nurse and I didn't know what to expect. My personal tutor gave us all, there were twelve of us in her tutorial group, she gave us her email address, work telephone number and also her home telephone if we were desperate to get in touch with her. I couldn't believe how approachable and friendly she was. I felt I could go to her with any of my problems. She always made time for us and returned our calls to make an appointment. If she is on holiday or any thing like that she would always tell us who we can contact. In a way, I think my tutor was good. She related well to us. She knew me so well, she was almost like a friend or a close relative, always ready to help.

Sandra's friend Reanne too, spoke on the accessibility of her personal tutor. Reanne had a different tutor than Sandra. She noted:

I have never had any problem with getting in touch with or to see my personal tutor. Whenever, I leave a message on her work telephone number, she always returns my call. Sometimes, I can discuss my problem with her on the telephone and if the problem can't be sorted out then she would ask me to come and see her. We try to talk about the problem and how I can deal with it. There was an instance, when I wasn't getting on well with a clinical placement. I didn't know whom I could turn too. I phoned my personal tutor, she reassured me that we can do this, do that.....She got the link teacher of the ward to see me soon and get the problem sorted out...

An overseas student, Margaret's reported significant personal tutor insight and sympathy for cultural matters:

When we first met our personal tutor, she was friendly. She knew so much about Africa, about our culture and so on. I had a good feeling and knew that I would be okay. My tutor understands where I am coming from. There was no barrier between her and us. There were 6 of us in the group. Our tutor gave us her contact details and her mobile number. Most of the time I contacted her at work. I think only once I had to call her on her mobile. That was when I had some bad news from home and I needed to make arrangements to go home. So I felt it was important to tell her before I go. She was so sympathetic about my news. She told me to phone her when I got home and keep her informed of any developments. She said she would sort out compassionate leave for me and not to worry about my placement or school and so on. It feels good to be treated so well and be cared for by my tutor. It means so much to me. It motivates me. When we have tutorials, usually on a one to one basis, she talks to you so well, reassures you and doesn't belittle you, I feel I am an individual and well cared for by her. Mind you, Diana our tutor treats every one the same, as an equal, she helps other students too. She makes time to find out a little about our families back home and if we are having any problems here. I never had a problem getting to see her if I needed to. Oh! she also knows every one's name, if she bumps into you, she would say: hello, how are you doing and so on... I feel good when our tutor stops and says hello, how are you doing?

[Sandra and Margaret are Mental Health Nursing Students and their tutor is a Psychiatric Nurse Lecturer]

Tim, a twenty-six years old, male student's perception was slightly different. This is how he related his introductory session and experience of access to his personal tutor:

My personal tutor, told us how we can contact her if we needed to, she gave us her work telephone number and email contact, she didn't give us her mobile or home number. She said that she works Monday to Friday, we can leave a message on her voicemail and she would return our calls. I didn't need much help on essay writing or clinical practice. I did a degree before I came to nursing. I didn't enjoy my work in Social Security and so I thought, I'd try nursing, I did Health Support work for a year before I came to do the nursing course. So, I had come across personal tutors before at the university. The tutor was there if you needed him, but I didn't use him very much. In nursing, I see it's important to have a tutor who knows about nursing and I thought the university was good to offer us support from a tutor who has previously been a nurse. I thought, "yeah" that's cool, I would go to her when I need to. It was so promising at first. She would return my call whenever I left her a message. I prefer to send email messages, but she did not respond to my email message. I don't know if she can't use the technology or what... In the first year, I didn't need much help but then it came to a point in time when I had to see her because I was getting behind with my course work. I would leave a lot of messages on her work telephone number and I would not get any answer from her. I found her unresponsiveness very infuriating. Once, I was so desperate to get something sorted out. I had to go in person and search her out to help me with this written work which I could not submit on time.

Ellean is thirty –six years old, a mature student, reported that she had worked for many years as a Health Care Support worker. Then she went and did an access to nursing Ccurse prior to getting on the Diploma in Nursing. Her experience was stated as below:

All of us felt very lucky to have our personal tutor. When we first met her, we found her friendly, almost like an equal, she wasn't aloof or anything like that considering, she has been a Senior Tutor and her position in the school. You can talk to her about anything, any time, she always listens and will help you. When we started the nursing course she gave us her work number and her home number, that was in case we are really desperate to get hold of her. I didn't need to contact her at home. I don't think any of us have had to phone her at home. I phone her and if she is not in the office, I would leave a message for her, but I always tell her if it is urgent or non-urgent. She always returned my call within the next day or so. As a mature student with 3 kids, at first I used to find it hard to get down to study or write essays. My personal tutor has 3 kids too I think they are the same age as mine. My tutor encourages me to work hard. She worked hard. She told me how difficult it is to have a family, to work and to study. It helps a lot to know that your tutor has been through the mill too and is still doing so well... We get to see our tutor in each module or semester because we have to take our portfolio with us to discuss our progress. Sometimes, I see her in the dinning room with other senior nurses or tutors, she always acknowledge my presence by a little wave... It feels really good to know that she really cares about you...

Kay, another student from same cohort as Ellean said:

The introductory session with our personal tutor was promising, our tutor told us what her role and responsibilities were to us, this is also in our Students Handbook, at our university, every-one gets on with every body, we often have a little get together, we invite our personal tutor, sometimes she joins us when she can, we don't mind if she cannot come to little parties with the group... we know she is so busy. But all of us see our tutor once per module. We get advice on draft essays or outlines, she doesn't mark it but she often encourages us to see the module tutor who gave us the assessment, the module tutors are always happy to give us some advice and guidance, we meet as a small group when we see the module tutor. It's better that way, it helps the tutor because s/he can be very busy... Our personal tutor always asks us if we got support or advice with the essay...

From the above excerpts from the transcripts, students seemed happy about the early ease of accessibility to see their tutors. The above students' experiences seemed positive. They felt "cared" for and they certainly liked their tutors for acknowledging their presence. The monitoring of their progress was a sure way to see their personal tutor on a regular basis. It should, however, be noted that not all of the participants had such easy access to their personal tutor. The introductory meeting often set the pace and the quality of engagement that the tutees would have. One student, Gina, a mature student had worked for many years as a health care support worker prior to coming to do the Diploma in nursing. This is how she perceived her first few meeting with her personal tutor:

My personal tutor gave me a fright, I was talking softly, we had to introduce ourselves, that is say a little bit about who I was, a little bit about what I did before I came to nursing, a little bit about my family, where I come from and so on. My tutor said in a rather harsh tone of voice: "Speak up, I can hardly hear you"... I felt stupid. She is probably my age or a little older than me, immediately I sensed that I would have difficulty getting on with her. I would avoid seeing her if I could but I had to make an appointment to see her to discuss an essay outline. I found that I had to summon up the courage to pick the phone up and speak to her. She was good but very structured, she notes every thing down on my record whenever I see her or what I say to her each time I go to see her. It's quite off-putting to see her write things down... She returns my calls and will fix me up with an appointment when I tell her I would like to see her, but each time I go to see her I am aware I have to raise my voice to get her to hear me... I feel constantly under stress when I go to see her...

Another student, Bya reports reservations about her personal tutor:

The first time we met her as a group. I felt ignored. There were some white and some black students. She seemed to smile with them and a few black students found her okay. When I introduced myself, she seemed uninterested where I come from and what I have done in the past... She kept looking away when I was talking about myself... She didn't smile and just lifted and screwed her lips as if she was disgusted to know me... I note that she never smiled or asked me how I am doing with my study.... You would be surprised to hear me say that I get vibes about people who would help me... By vibes..., I mean gut feelings. I feel nervous and almost sick at the thought that she would be talking to me... I would never turn up at her door, she'll get mad at me and will shout at me... once I turned up for an appointment which I made.. you are five minutes late I can't see you now.

However, warm an opening and perhaps group encounter may have seemed, some students reported a deterioration in access thereafter. Fifteen out of forty-one of the tutee participants reported that they were unable to gain physical as well as emotional support from their tutors. They said that the tutors did not respond to the e-mails or voice messages that they had left. If they did make contact the tutor will say either: 'I can't see you now' or 'I didn't get your message'. This was interpreted by the tutees as an obstruction, denial of access and inaccessibility. As I observed with Eliza and Gem said tutors were:

" personal tutors are non-existent, what personal tutors!, you never get to see them, they are invisible tutors and they don't respond to telephone messages, to survive the course you have to do it all by yourself and be resilient."

The term 'inaccessibility' will be used to illustrate the students' stories for not gaining or sustaining access. It should be noted that it is not about denial of access. It means to illuminate the experiences and feelings of those students who had much difficulty in getting to see their personal tutors who apparently work in the school of nursing but somehow seemed inaccessible to the students. As Connie reports:

At first I found my tutor really good, I got on well with her and I could talk about anything and every things to her and she would be so supportive. Then I don't know what happened. I needed her to write my reference for my first staff nurse post that I was applying for. I had asked her if she would be my referee and she had said she would. But then I found out that my employer had requested the reference, she had not done it. So, I kept phoning her and phoning her. I would leave messages; please do my reference, I need the job offer to be confirmed... I was begging her. I know she has been in because each day her voicemail will let you know her whereabouts, whether she would be in her office or at a different site. So she must have picked up her messages. I kept phoning the Human Resource Department at the hospital to check if they had received my reference from my personal tutor. The reply would be "No". I got more and more agitated and kept asking myself: "why isn't she doing my reference, I must have left about 6-8 messages". I began to worry a lot, I couldn't d eat or sleep. At one point I came and sat outside her office. I asked if she had done my reference, she said: " yes, I took it down myself". I felt good and relieved to know she had done it. I waited for another 3 days to get a letter from Personnel at the hospital. I was so shocked to hear them say: "No", they haven't received my reference. The job offer was going to be withdrawn if there is no reference from the school that arrives within 24hours. I was crying and crying, asking myself how can that be, what's wrong, I have worked hard, passed my exam and now the job offer will be withdrawn because my tutor had not written the reference. I was so upset, I came to the school to look for anyone, anybody to help, luckily I got to know another tutor a little, she had helped me with my exam preparation and she was so approachable, I begged her to do the reference for me... She said she did not know me that well but she would go and get my file and will write my reference by the end of the day...And she did. To this day, I keep asking myself why did my personal tutor lie to me and told me she had written the reference when she hadn't...

From this excerpt it appears that Connie felt betrayed and could not understand why her tutor said she had written the reference and took it to the Human Resource Department. The blame for her distress is placed upon her tutor when it could have been a personnel member who did not process her reference.

Another student whose name is Eliza had this account of the difficulty to see her personal tutor.

I had a problem, I wasn't sure about a research project we had to write about, I felt I would get some help and advice from my personal tutor. So I rang and rang several times to make an appointment to see her. The day that I kept suggesting to her, she couldn't do because she had other commitments, I couldn't get to see her on the day that she could see me because I was on clinical placement Monday to Friday, I would have to negotiate some time off with my mentor. I told her that and she said: " no, no don't do that, you will be short on your clinical hours...Any way, I was so desperate to see her I arranged with my mentor that I could take a day off at short notice and I would make up the time during my holiday. I got a free day, made the appointment when she agreed to see me. I was so devastated when I got to her door, there was a note to say she was out. I waited and waited thinking it was a mistake she would come back. Every one who went past me in the corridor, kept asking me: "are you still waiting for your tutor?". I sat on the corridor and waited for an hour, and eventually I felt that it's odd, I went to the secretary to ask where is Jane. The secretary told me she had gone out half an hour before I was meant to see her and she wouldn't be back until the next day. I really felt very angry, how could she forget especially when we discussed at length to fix a date when I had made an appointment, she could have phoned me and cancelled it... what personal tutor, I experienced a lot of grief and feel hurt and I don't really want to see her.

Eliza added:

Once I had a personal problem and I needed to see her because I needed some advice on what to do, I could not concentrate on a piece of work, I had personal problems which were affecting me badly. So, I rang and spoke with her, I explained to her that I needed to see her very soon. Again she said I can't see you but come and see me in three weeks time. I couldn't believe it. I have a problem now and so I want to see her today or tomorrow. I wanted to see her now or the day after but not in three weeks time. I could be dead by then...it was useless to say I have a personal tutor.

I asked Eliza if she had requested an urgent appointment and explained the nature of her problem to her tutor to which she replied:

Yes, in a way I did. I couldn't talk about my personal details/problems on the phone. That was my first big disappointment. Another time when she forgot about seeing me when I made an appointment, it made me lose confidence in her, I could not share the intimate detail of my personal problem with her on the phone and that's why I felt it would be better if I could see her face-to-face. So, I didn't tell her the ins and outs of my problem. I was having a lot of trouble getting a piece of work done, I needed her to support me in putting a mitigation in to support my work... The policy states that the personal tutor has to sign the mitigation form. I submitted the work without putting any mitigation and I failed it. To this day, I feel because of that I didn't get a merit or distinction on completing my course. I feel angry and will never forget how she let me down when I needed her.

Another case of "invisible" tutor was reported by Gem

In the introductory meeting, our tutor introduced herself. She gave us her work telephone number and said we could contact her if we needed support with academic work or if we had a personal problem. To start with, I am quite an independent person. I would see her once per module to let her know who I am and how I am progressing. It was going well for the first six months then I found out that I had to have my tonsils removed, that would require me to be off-sick for about 4 weeks, so I made an appointment with her and she agreed the date and time to meet and, when I turned up at her door, there was a message to say that she is away and won't be in for a week or so. I managed to phone her after a week and spoke with her, she made an excuse such as: "Oh something cropped in and I had to deal with it urgently". There was no apology or even a sorry word from her. I told her that I came from my parents' home on that day, I had been on holiday with my parents. I told her that I made a specific journey to see her and she could have let me know that she would not be in. She responded by saying: "I didn't have your number in this academic diary so I couldn't call you". She has my mobile number, my parents' home number. I found it very infuriating, personal tutor, what personal tutor? I don't want to have anything to do with her.

Gem went onto add that it was pointless to see her personal tutor and often her and her friends would laugh when trying to see their personal tutor. She said that we (my friend and I) laugh because it is a joke to say you have a personal tutor when she is never there, what personal tutor? She is always somewhere else... busy doing something else....

Another student, Richard reported that he did his course without any support from his personal tutor. He said:

I had to be resilient. I phoned my personal tutor so many times and I wouldn't get an answer from him. I wrote several emails, letters and even came to his office to fix an appointment to see him. He never returns my calls, never responds to my emails or letters and when I turned up to his door to fix an appointment, he would say: "I am busy now and can't see you, give me a call tomorrow, I will be in my office and we could make a date". I tried contacting him by telephone the next day, he wouldn't pick the phone or the voicemail would say: "I'm out from the office now till next week and so on". I got the message, he couldn't be bothered with me and so I gave up trying and I did my best to finish the course without any one else's help.... I feel good that I coped well, it did upset me a lot when my personal tutor did not help me. I'm a Man so I had to fight my way and get what I want.

[Richard is a Mental Health Nursing student]

Meera's access to her personal tutor deteriorated as she moved into the second half

of her programme:

At first my personal tutor was so encouraging, you could make an appointment and see her to discuss coursework or an essay. Then when I got in the Branch Programme, I could not get to see her. I sent email messages, left messages on her voicemail, pushed an envelope with a note under her door to tell her please call me I need to see you soon ... I never got a response from her. It was so upsetting and discouraging when I tried so hard to see her. I was so desperate for her advice because someone had copied my Module G, Professional Issues essay and passed it as if it was hers, I had a letter to say that I was being investigated for plagiarism. I was going out of my head about what to do, I had not copied anyone's essay, I will be thrown off the course, no-one would believe me. I got no response even though I had written a letter to explain why I needed to see her. I felt she really upset me, how could she ignore me and my request for help, I started to ask myself could she be bothered with me or is it because of my race, may be she doesn't like me or something like that...

Launa a student found it incredible that her personal tutor was honest with her about his inaccessibility.

You will not believe me. Oh! my tutor had been around but was busy with his own work. When I phoned him a couple of times to make an appointment to see him to discuss an issue, how to write my research proposal or some other problems, he would say to me: "Launa, I'm busy with my research, I haven't got time to see you, why don't you go and see so and so..... she will help you". It made me mad and so I stopped and I don't go to see him any more.

Lind's tutor was available occasionally and contact was less than fruitful:

I would phone a lot of times, I would leave messages to say that I need an appointment to see her and she wouldn't return my calls. When I do get hold of her and tell her that I would like to see her. She would tell me: "come down now" but I couldn't see her there and then because I was phoning her during my lunch break off the ward and the placement was far from the school, in a different area. So she gave me a time and date to see her. When I arrived for my appointment she would let me wait outside her office door and when I get to see her after about half an hour, she would say sit down without looking at me, she has papers everywhere on her desk and floor, she would be looking for my file and when she finds it she would be writing notes to say how long she helped me with this and that. She probably had seen me for 15mins, she would write down she saw me for 45mins. I didn't get much help from her really. In the end I gave up seeing her, it was pointless and it wasn't worth the trouble... Another thing is I also found out that she gives preferences to the white students, she would spend a lot of time with them and for us, we are from Africa, she would give us very little support and guidance. I can't believe it when she is an African too.

The tutees' encounters with their tutors were varied. The introductory session at the start of their programme of study gave them hope that they would be supported on their learning journey to become a qualified nurse. A few tutees who were from the African continent were perceptive about their tutors not liking them when they first met either because the tutor did not maintain eye contact with them or had asked them to be more vocal when introducing themselves. Other tutees reported a breakdown in their personal tutoring relationship when they felt that there was deliberate obstruction of access to meet with their personal tutor which prevented them from getting emotional support. Ease of accessibility to obtain academic and pastoral support were important for the tutees in order to maintain a smooth passage in their learning.

6.3. Theme 2 Trusting self, and trusting your tutor

The theme trusting self- trusting your tutor as perceived by the students means that the personal tutors were honest in their ability to provide students with academic, pastoral and clinical support when they needed it. Students reported that their personal tutor showed understanding, and sensitivity to their needs and feeling, had expert knowledge about the school's curriculum and were generally competent in their role as lecturers and personal tutors. Tutees did not trust their own ability to get the coursework right by themselves. They wanted validation in their ability to study and expected the tutors to know about their programme of study.

This is how tutees perceived their personal tutor to be trustworthy and competent.

As Bill said:

With regards to assignments and college work, my tutor was always willing to guide and support me. If I had a personal problem, she dealt with it in a caring and positive manner. My tutor communicated well, she answers my emails promptly and returned my phone calls. She always gave me honest feedback and advice. She also praised me when she felt I deserved it.

Tim reflected on his experience, stating that he did not have much trust and confidence in his first tutor's ability to support him academically and reported about his satisfaction when he had a change of personal tutor:

My first personal tutor did not know much about how the school system works, and would always refer me to others then I changed personal tutor, she is in quite a senior role, knows a lot about our programme of study. I get all the support I need from her, it has been a breath of fresh air and she helped me survive the course when I was about to ditch it...

John's report of the academic guidance that was offered to him:

My personal tutor was great, a quiet person at first, then I got to know her well. She had a friendly approach and was inquisitive about my personal life on a simple level but not intrusive. I felt she wanted to know me as a person then she was able to help me with academic help, I did not have personal problems. For my academic work, she would encourage me to consider the marking guidelines, draw up an outline of the essay, take it to her and we would discuss it together.

Rory was appreciative of his tutor's self-discolsure when studying and consistent engagement by:

I have had a positive working relationship with my personal tutor. At first I was scared of nursing, I used to worry if I would make it through the 3 years of nurse training but she gave me confidence. She shared with me how she felt when she was learning, she made it sound that nursing is important and a responsible career and learning can be fun in a sense. She helped me to focus and organise my work. She encouraged me to voice my concerns and worries if I had any without, being judgemental. If I had a problem, she always had a sympathetic ear. If I had a problem with finding literature to do my essay, she would help me search for it, correct my grammar without changing too much my own ideas. She also praised me and would tell me when I was doing well. If I'm a little lagging behind, she would make a joke by saying: "Hey, Rory, you are not going to win the world cup are you, if you carry on like this?" This joke was sufficient to make me pull my socks up and get on with the work.

Robbie reflected on how much he trusted his tutor:

My personal tutor was supportive of me. I remember I had some personal problems that got in the way of my study and I failed my exam on two attempts. I really thought that was it, I would be thrown off the course. Mind you she knew about my personal problem, she had referred me to the counsellor at the University Campus, I had a couple of sessions which helped, then I think I had got out of the student habit and did not do much work for my exam. I had to go for an appeal. She represented me with respect but she also told me off when I deserved it, praised me when I needed praise especially when I put in extra effort in my clinical practice and practice-based assessment which she had marked. She would say "well done, Robbie, I enjoyed marking your PBA... it's gratifying to feel someone actually read what you wrote and enjoyed it...

James account of a positive, trusting relationship with his tutor:

My personal tutor was a good sounding board. She gave me guidance with my project work, exams preparation and career guidance. She treated me with respect and as an adult. She worked with me a couple of times in clinical practice and at the end of the shift she told me how much she enjoyed being with me and that she had gained something when we worked together. She never showed me up by the fact that she was more knowledgeable than me. At one point a patient was surprised when I told him that my personal tutor is working with me on the ward, he thought we were in the same group.

Sheila reported the support that she received was invaluable to her:

My personal tutor seemed interested in me, how I am doing and how I am getting on living away from home and if I had been to visit my family in Ireland. She did not pry into my personal life. She helped me a lot in the first

year to get settled. I used to be so homesick, she had told me to ring her if I needed to. But just knowing she cared was adequate for me. She was a good listener and would find out next time when we meet how I coped and if the problem had resolved. She would help me with structuring my essay, gave me feedback in a constructive way and would always encourage me.

Rena was also appreciative of her personal tutor's engagement in supporting her with academic and emotional support and trusted herself in terms of her ability to plan her time management and study.

My personal tutor helped me with the correction of my essays, although she will not restructure the essay for me and so my ideas would still be reflected in the essay. She would go through it and actually read the guidelines with me and help me to interpret it, we would share some ideas... Mind you when I get the essay, I make an appointment fairly soon to discuss what I plan to write, I would do the essay three weeks before it is due to give her a chance to read it and give me feedback. Once I had a problem with my accommodation, I couldn't pay my rent because my credit card and cash were stolen. She arranged for me to get an advancement on my bursary, told me what to do how to report it and things like that... and she was generally very caring almost like a good friend.

Mag reported how she did not require much academic support, but when she was ill, her tutor's personal commitment helped her emotionally.

I did not need much help or support with my academic work that is because I did my A levels and had been good with my study. However, it wasn't plain sailing for me, I had a lot of health problems in my second year, had been hospitalised, took a study break. My personal tutor kept in touch with me even when I was on a study break, I was convalescing at home, I had no money to buy food or pay my bills, as an overseas student I had no-one I could call upon for help. She was good, phoned me regularly, arranged with the course director for me to get sick pay, send me a get well card, it was so wonderful to know she cared so much for me, I will not forget that without her help and support I would not be a qualified nurse.

However, despite tutees' reports that they had good support and guidance from their personal tutors. Ten out of the forty-four tutees' sample who participated in the open-ended interview reported that their personal tutors lacked knowledge about their programme of study, were un-resourceful and that created a poor trusting relationship with their students. The theme 'lack of resourceful and trusting relationship' illuminated some students' experiences about their personal tutors' lack

of interest for their welfare or knowledge about the course curriculum and what other support systems there were available in the school.

One overseas student Simba, a 26 years old student reported her 'painful' experience with her personal tutor at a time when she was undergoing a bereavement and failed her course work.

I'll do anything to avoid my personal tutor. I found her to be most uncaring and she was not compassionate about my situation. I went home to Africa. I got married then I lost my husband when he died in a car accident, returned to England and found that I was pregnant. Also I failed my written exam twice and had to appeal and got a third attempt. I couldn't get help from her to prepare for my last and final exam. She said she doesn't mark exam papers and asked me to go to someone else. I managed to get some help from another tutor and passed the exam. Then I failed my last essay twice and I could not appeal any more. She marked the Portfolio essay and I couldn't understand how I failed it. I had looked at other students' portfolios' essays and theirs were not as good as my mine, I have got help from a tutor who had marked my first failed portfolio and she had said I had done it well enough to pass this time. But I failed it. I went to see my personal tutor to find out how come. She was so angry with me, she said: "the essay had been marked by me, an internal marker and had been looked at by an external examiner and therefore, the failed grade cannot be changed, that's correct". I began to cry. Please, what am I going to do, I am pregnant, I have a six years old boy, I have got no money and no work, the bursary had been discontinued because we finished our course, I can't go back to Africa. I have to work and support my children and my three brothers and sisters who are in Africa. She said: "I didn't know, you had used your right of appeal and there is nothing else that can be done for you, I haven't time for you, I'm going and left me sitting there and crying. I remained sitting and crying in the room then a Black tutor walked in and asked me what's wrong, she said she doesn't know much about pre-reg courses and she asked me to contact someone called...

Following Simba's account, I found it difficult to imagine that any nurse tutor could be unsympathetic towards a tutee who seemed distressed. I felt saddened by her account of 'not trusting her tutor' and not receiving support.

Juliette an African student, stated that her personal tutor had her favourites and did not like her. Therefore, she did not trust her tutor even though she was of a similar race to her.

My personal tutor is black like me, but she definitely has her favourites. In our cohort, se had 2 White students and 3 blacks. Myself and the other two students never get support from her, she always tells us she is busy and don't have too much time, we should do our research, go and see someone else if we need advice on how to structure an essay. When we are in class as a group, we often hear the White students saying how great our tutor is and how much she had guided them. We were amazed, how come we have been sent here and there, had to struggle on our own but the other students had got good support. They- the white students never complained about her, they would say she is good and very helpful. They would say that they had an hour each to discuss exam papers, she gives them practice papers and marked them, but we don't get anything like that...

For Juliette, she felt betrayed and did not trust her tutor who she felt had misguided her. It also seemed to be a case of 'reverse discrimination'. The tutee expected that someone from a similar cultural background would have had a better understanding of her. She did not expect to be marginalised.

Gracie another African student had this to say:

My personal tutor is someone I can't stand, he is rude and tells us that he doesn't have anything to do with the pre-registration course and so don't ask him any questions. If you go to see him to discuss an essay guideline and to find out if my idea, what I planned to do is okay. He would say: "can't you read English?" he is so patronising and I always feel put down... So, if I can help it, I avoid him and try to keep out of trouble.... I make sure I do all my work and there is no complaint about me.

Gracie's tutor was a white male tutor whom she felt did not wish to support her.

Mandy has a MA in occupational psychology and she wanted some guidance into what she should write for an Ethical Issue topic and she had this to say:

My personal tutor didn't know about my course, once I took an assessment guideline to her because I had a problem to understand how to do the essay. Straight away, she said: " how should I know what you should be doing, I don't teach on your course, I don't know about what essay you have to write, any way, let's have a look, she sat and read the guideline with me with no suggestion or interpretation and said well, this is what you have to do. I couldn't believe it, of course I can read the guideline, I didn't want her to read it to me. I had booked a tutorial and came especially on my day off to see her...I was so disappointed in her, I couldn't believe she was a nurse and a lecturer. From then on, I would rather go and see someone else about some guidance. Barry is a 24 years old male African student and he was surprised when his personal tutor was critical of him in front of the clinical staff.

One day, I was working in clinical practice, I thought I was doing quite well then she called me in the office, there were two staff nurses there and they started to tell me that I didn't have the right professional attitude. I was shocked, this was the first time I heard, this no-one told me that I wasn't doing well on the ward. I asked: "well, what have I done? She said: "Staff here are telling me that you are rude, you never say Good morning when you come on the Shift". I said: "hang on here, I used to greet every one Good Morning when I arrived and they just did not acknowledge my presence or what I said and so I stopped saying it, I thought may be they could not accept me for who I am". She started: "shouting at me, are you saying they're racist, I said: "No, I didn't say that". She continued to tell me off saying that I was letting the school down with this sort of attitude. I could not believe it, instead of supporting me, she was taking their side and saying that I called the staff racist when I didn't. To me I feel she was showing off her position of power, I felt she had to side with the trained staff. My personal tutor's attitude made me change the Branch programme. I was lucky to get it changed as we had already started the Branch programme and as a result of that I changed to a new personal tutor who is so supportive and it is great to have her...

Joe is another male student who felt unsupported when he reported poor nursing practice, he did not expect the tutor to challenge him. He was surprised to receive disapproval from the tutor for stating how patients were receiving dehumanising care. On voicing his concerns he was made to pay a penalty by being suspended and later being made to return to the ward to complete his clinical hours. When in fact, he was expecting validation of his concerns and advice on how to deal with difficult problems.

Once I went to see my tutor to say that the Clinical Practice where I was working was appalling in the way they gave patient care. She said: "how do I know this, when I haven't worked as a Nurse before?" I said to her: "I know poor nursing practice, rushing patients, dragging them out of the chair and giving them food which sits there till it gets cold and then telling these patients who had had a stroke, to hurry up.... I added that we haven't seen the link teacher and I don't even know who should be coming to see us from the school". She asked: "well, what do you expect me to do, we are all so busy here, that is why we can't get to the ward.". I thought the least she could do is find out who was the link teacher and tell me that she would look into it to support me. Instead, I got so fed up, I wrote a letter of complaint to the Clinical Lecturer in charge of Practice, I got suspended for 5 weeks, I refused to go to the Clinical Practice, I was made to go there to finish my placement which of course I failed to pass the Learning Objectives PBA. I felt humiliated by the link teacher, my personal tutor and the trained staff. Luckily, I had some support from another senior tutor in the school, she helped me cope by being there for me, I would phone her and she would listen and guide me on how to respond to trained staff's criticism and would reassure me... without her support I don't think I could have finished the course.

Lara was also a tutee who said she did not trust her personal tutors support in enabling her secure a clinical placement

Oh gosh! My personal tutor has such a temper, I tell you. She shouted at me, when I told her that we're always getting wrong information from the school. The ward that I was supposed to go to told me they weren't expecting me. The Allocation List stated I was supposed to go to Ward X, I got there and they didn't want me. I thought may be my personal tutor can sort this out for me because each time I ring Allocations, I get an answer-phone, I left them a message that the ward is refusing to have me but no-one phoned me back. I didn't want to miss clinical placement because I would have to make up the hours. When I told my personal tutor that communication from the school is bad. She said: " don't you dare take this attitude, blaming the school, how do you expect me to sort this out for you?" I sat there like a little sheep and begged her to help me sort it out. She sorted it out eventually. Now each time I go to see her, I don't feel I can say anything wrong about anything or anybody. I am even scared to ask her to do my reference when I apply for a job.

Jane was quite surprised that her personal tutor was more concerned about her missing the lectures and doing the coursework when she reported that she needed a break because her mother had been diagnosed with cancer.

My tutor was 10 minutes away from giving a lecture on cancer. I felt I couldn't sit in the class and listen to what cancer is when my mother had been diagnosed with cancer. So, I went up to his office and told him that I wished to miss his lecture that he was about to give because I am upset about my mum's diagnosis. He said "sorry to hear that, how are you going to do the essay for this module if you miss the lecture. I said: I don't want to stay on the course, I want to take a short study break and help my mum. He said he would see me at lunch time so I waited for him in the library, went to see him and again he couldn't understand I wanted to take a break, I can't concentrate with my mum being unwell. I walked out and wrote a letter to say I'm taking a break. I couldn't believe how dispassionate he was when he teaches cancer nursing and has been a nurse himself... When I returned on the course after a year out, I requested to have a different personal tutor because each time I think how uncaring he was, I get angry and hate coming to the school...

The theme trusting yourself and trusting your tutor shows that the tutees were unsure about their own ability to achieve learning competencies such as completing coursework. They felt they needed instrumental and informational support about how to research a subject and interpret assessment guidelines. They wanted validation when they put their ideas down when they wrote their assignment. They expected their personal tutor to provide them with academic guidance and feedback on what they did not do well. They did not have trust in their ability to study independently. When their tutor did not provide them with the support they needed, it was perceived as 'not trusting the tutor'. It is a "broken expectation" and there seemed to be a varied and an inequitable support made available to some tutees. "Trusting tutors" were those who explained how the school's assessment system works and encouraged the students to believe that they can cope. It was not about doing the work for them but helping them to use the system such as obtaining an extension to submit coursework and develop study skills.

6.4. Theme 3 Learning about self- learning about the system – (a partnership and a valued experience).

Partnership is a relationship in which two people work together as equals. The tutees report that their personal tutors were democratic and collegiate in their approach to supporting them. The students felt there was a feeling of equality, trust, openness and mutual respect. Personal tutors were good sounding boards and clarified ideas for essays and provided support when difficulties were experienced, "my personal tutor was there for me when I felt lonely and lost" and occasionally we socialise. This was how Charlie, a 25 years student expressed his experience.

When I came over from Ireland, I did not have many friends. There were more females and a few male students. I felt I integrated well with my little group, most of them were from Africa, it was good to learn about their culture and their country. I couldn't live in the university accommodation because I came from a large Irish family and had 7 sisters. So I chose to live in a bed-sit with a family but did not know many of the students to socialise with. You can imagine the homesickness I experienced, even though I know the African students felt more lonely than me. At least I could catch a ferry or a plane and go home if I wanted to. Fortunately, I had my personal tutor who was so good at sensing how I might be feeling by my behaviour. We would talk and share bits of stories on how we learnt at school and college, what bit was fun, what we didn't like. This is how we started to get to know each other. She was so professional, she had a good sense of humour too. Once, I told her that my parents had wanted me to go into the priesthood, I did it for two years and came out..... I could talk to her about any topic, sexuality and so on.... She would be reassuring and not judgemental. I went through a difficult patch, couldn't concentrate on studies... she guided me and advised me about requesting an extension and getting some time management skill... I could not have done the course without her help and support.

Tutees perceived tutors to be resourceful and able to advise on how to overcome

difficult learning episodes.

Jimmy shared his feeling on how important his relationship with his personal tutor

was and how well supported he had been by his tutor who devoted a large proportion

of academic support to enable him to complete his study.

At the beginning of the course, I felt I could be independent and didn't go to my personal tutor very much. Although, she was friendly and approachable yet I did not go to her. She was in a senior position and I know how busy she is. I knew I wasn't doing too well on my written work, I was okay in clinical practice as I had done about three years as a Health Care worker. But doing academic essays was something I struggled with. I failed two exams, she saw me in the corridor and asked me to come and have a chat. I thought she was going to shout at me, but she didn't, she asked me how I did my studies for my college work when I did my GCSEs and Access to Nursing Course. I told her it was a struggle, I am okay with multiple choice, and maths but cannot write long essays. She advised me to go the Learning Support Unit at the main campus. I went a few times but did not find it of much use. I would take some writing to them, they would make a few squiggles in ink and nothing much else. I told my tutor that I wasn't getting much help by going there... So, she encouraged me to see her each time we started a new module so that she could sit down with me, help me plan my work, help me develop my ideas and so on. I gave her some of my written work to look at. She commented a few times that my spelling and sentence construction were bad and I needed to do a spell check and grammar check on the computer. I did them but still it wasn't good. She helped me put my ideas in the right sentences but she couldn't do it all the time. She asked if I thought I could be dyslexic. I said: "No, my parents had raised this before at school and my teacher said I did not concentrate hard enough and that I am lazy etc". My personal tutor arranged for me to see the Dyslexia Co-ordinator to get me assessed by a psychologist. I had the assessment and I had quite bad dyslexia, I felt relieved to know that, now people can't call me stupid any more. My personal tutor was very supportive, encouraged me all the times and even my parents think she is wonderful in the way she helped me.

A good supportive tutor as shown by this excerpt means that s/he is well regarded and held in high esteem by the tutees and the significant members of their family,

Rubie's relationship with her personal tutor was over and above what a tutor should do. It showed that a tutee may be a mature individual who is aware of the need to seek out guidance but does not welcome disapproval when not doing well. The approach used by Rubie's tutor showed that s/he went an extra mile to encourage the tutee to take responsibility for her own learning. The tutor and tutee jointly worked out a learning contract and used it as a system to facilitate the tutee's learning.

My personal tutor was very approachable. I could talk to him as if he was my Dad, he was caring and he was always there for me.... I got myself into some trouble, I used to go clubbing a lot, got behind with my work, sometimes I would miss going to clinical placement. The ward staff must have rung him. He phoned me on my mobile and I said : "oh no, I am going to be thrown off the course". Luckily I wasn't, he sat me down, didn't shout or tell me off for being naughty or anything like that, instead we went to the pub, he bought me a diet coke, had a good talk, he asked me about what I want to do with my future. He told me: "Rubie, you are 23 years old, you will not become a qualified nurse without the commitment to study and work, I am here for you to support you but you must do the work if not you're out...". I told him that I needed to do this course because all my friends are studying law and so on and I want to do well." We worked out a learning contract, how he could help me cope with the academic side of work, I was okay in clinical practice because I did a year in a Care of the Elderly Ward in Norfolk where I used to live...... I stuck to my learning contract, he often praised me and told me how delighted he was in seeing me grow up... I could not have done the

course without his guidance. I think he is so good because he teaches.....in the school.

Jeminah felt her personal tutor could not have been more supportive than what she had been. She described her experience of the quality of support she received when faced with racial conflict.

At first I used to worry about meeting my personal tutor. She would ask me questions about myself, my family and how am I finding myself away from home and family. She didn't pry, I couldn't ask her much about her life or family. I knew she was married and had a grown up daughter and so on. Then I had some trouble when I was in clinical placement. I felt because I have to dress differently, I had these long sleeves and head scarf (hijab) and so on, some clinical staff said that it's an inappropriate uniform, some patients refused to have care from me. I did not feel supported by the Staff on the ward. ... then also at that time, there was so much animosity when the Twin Towers were blown up in America, some patients told me to go home to where I come from, go and kill my own people and so on. It was so awful, I know I'm religious and a Muslim but I don't agree with killing people. Often, I would go home and cry and cry. But my parents are also on the move to another country...... Because of the situation in Africa, it is so bad there politically. I am here on my own. Luckily, I could talk to my personal tutor. I would see her once a week.... I had a difficult problem coping with some staff and patients and she guided and helped me on how to deal with patients on the ward who are refusing my help. She helped me develop my confidence in a polite way and to stand up for myself, tell the patients that I understand how they feel about Arab countries but I am an individual with my own moral judgement and I don't agree with people who destroy other people's lives. I couldn't have survived this horrible time without my tutor. She was my "sounding board", if I couldn'tt meet her in person, all I had to do, was say Hi, it's Jeminah, please call me I am off duty on such and such day and she always called me back....

Rhianne's recollection of support was:

I got a personal tutor and I kept the same tutor for 3 years... I found my personal tutor was very helpful.... I had a blip of sorts in the middle of the course where I had to take six weeks study break, I found that my tutor was quite supportive... and she listened to me....

On questioning her: "How did you feel when you were faced with work and personal problems, Rhianne indicated her tutor guided her on how to use the system in a legitimate way, avoiding censure. The tutor explained to her how to meet personal needs without incurring more troubles by this excerpt.

I was feeling lonely and I did not know what to do about the placement and my health. I was feeling low. The ward staff were not supportive of us and it makes it difficult to cope. My personal tutor was good,. One day, I didn't go to a placement and I just could not even bother to phone the ward staff. So, instead I rang my personal tutor to say that I can't face going to the ward and she asked me to come and see her... staff on the ward were so stressed that patients were not getting good care, my tutor rang the ward and told them I would be off-sick....

My personal tutor is honest with me, I mean, even up until the last minute when I was getting my reference from her... she said I was absent-minded... I am quite absent-minded which has resulted in me ringing her on occasions, with only a week's notice, to ask her to assist me with a piece of work ... so as you can see she was just being honest

Connie is the same participant who talked about her difficulty in obtaining a reference for her job. It is worth highlighting what she valued from her personal tutor in terms of the support she experienced before completion of her training. This is what she said:

I became pregnant... not so long after, I lost the baby, I had an accident and I lost the baby. And soon after the guy walked out on me- and it was really emotionally difficult. But in those times when I would communicate to my personal tutor about my assignments, I would talk to her about that.She would have that extra 5 minutes to just talk to me on those things... She was really like a friend. She would tell me things about herself or her family that makes you feel that she is a person like you.

Some tutees did not have such a good relationship with their personal tutors. The relationship was asymmetrical and often loaded with distrust. I wish to share some insights into the experiences when students felt they were not treated as an adult.

Ruksan:

Gosh!... my personal tutor was very patronising, if I went to her with a problem such as when I was on the clinical placement stating, I am being treated like a health care support worker, I'm not learning anything and I'm in my third year, she would say: "don't you think that nursing is about giving basic care". When I said, yes: "I agree it's nursing but soon I will be qualified and I need to know more about managing patient care, planning discharge, ordering medication". She would say, well you learn these as you go along...I find that quite hard to grasp. Again, I feel she checks on you, a few times on my placement she rings me to find out if I'm okay, she also speaks to ward staff to see how I am getting on... I find it embarrassing when

the Staff Nurse says; "your personal tutor called to find out how you were doing..." I get so angry when I hear this... I feel she treats me like a child..

Kevin's response about his experiences with his personal tutor was:

I didn't enjoy going to see my personal tutor, ummh... each time I go to see her I am fearful we would be getting into psychoanalysis, every thing I say, gets repeated, explored and dissected and trying to find a possible cause why I'm finding it hard to cope... I went to tell her, my dad had died and I needed some compassionate leave, we went through a session on bereavement and loss... I didn't think I needed a lecture on how I would be experiencing the loss of my dad...She was quite keen on counselling and each time I went to see her, I was fearful that we would be exploring past feelings of disappointment and so on... I tried to avoid going to see her, I would much prefer to be independent and get away from the school....

Gary reported his difficult encounters by saying.

Oh! I used to work well with my personal tutor during the first year, then in the second year, I had a different personal tutor, the first one left and I got a male tutor, he wasn't that keen on supporting students, I thought it was to do with me, I am from Africa and I'm not very good with my essay writing. A couple of times, I showed my essay to him, I got it back, all my ideas were changed, there were loads of red pen marks, loads of comments such as learn grammar, syntax and spellings... I felt ashamed when he wrote: ' write proper English'... I have GCE English Language and I was shocked to see that I had to rewrite the whole essay with mostly what he wanted me to write. I had to incorporate his ideas in my essay and I felt uncomfortable and also I was worried in case I get a high mark.... I am an average student.....it got 60% and I felt so relieved. Now, I try to get my work done by myself and friends' help. I can't go through this sort of stress again....."

Maggie's recollection was not how she expected her tutor would respond when she wanted to complete her academic work in advance so that she could go home to see her parents.

Umh... my personal tutor and I we did not get on too well, she did not like me to work too hard for my practice-based assessment or essays. When I start a new module, I often ring to make an appointment to discuss my ideas what I would be writing. She would say, "why are you getting yourself so worked up?" I wasn't worked up, I just wanted to get my work done early then I could go, hand it in and get off to Ireland to see my parents.... I told her all this, then she would say to me it's okay to get low marks sometimes then you won't be so disappointed... I couldn't understand her. May be that's the way she works but not me...

Another student expressed the lack of her tutor's apathy to be quite disconcerting.

Lorraine felt disappointed upon finding out that her tutor lacked sensitivity in dealing with her family's illness.

I've got a male personal tutor and he is so uncommunicative it was incredible. I was experiencing so many family problems, my mum was terminally ill with cancer, I was living with my boyfriend, he lost his dad through cancer, I was getting so far behind with my coursework and clinical placement. I went to see him on a couple of occasions and he just sat there just nodding and grunting: "uun..unn... what do you want me to do... I said I had come to him to help me get some ideas about what to put down in this essay... all he could say... ring so and so, sometimes it's difficult to catch what name he had said, he mutters a lot, avoids eye contact, I know I am a woman... I wasn't going to eat him..., there was no personality to him, it's so disconcerting. I find it incredible that he had very little sympathy for me and my situation.... I find it pointless seeing him ... I couldn't understand that he doesn't ask how I am coping with my mum's illness, it is as if it's irrelevant. To me this is so upsetting, knowing that he knows my situation and he just ignores me.. I feel embarrassed that I have told him my personal problems and still couldn't get help from him

Marty said his personal tutor lacked knowledge about school procedures and did not support him and he felt that link teachers and personal tutors gang up on students.

I wanted an extension for a piece of work that I had done at the beginning of the course...I asked her what I needed to do about the extension, she said : "how am I supposed to know what you should do? She did not know what I needed to do, she basically fobbed me off and told me to ask someone else. I needed a break on the course for personal reasons but she wasn't interested and in the end I had to go and speak to someone else.... I had some problems in clinical practice... I wanted to work flexible shifts... I got fed up and ended up not going to a placement... I know it's the wrong thing to do but I tried to speak to the link teacher and my personal tutor and neither of them had listened to me and I got completely fed up... I felt very angry, I felt bitter about the way tutors gang up on you.

Bya, was a student reported earlier under the theme "accessibility" added what happened when she sought her personal tutor's permission to bring her 10 year old daughter to the planned tutorial.

... at the tutorial I brought my daughter ... I had my daughter sitting next to me and she [personal tutor] was criticising me telling me that's stupid, why don't you write properly..... I am always getting phone calls from clinical practice that you're always late and want to go home early... she was shouting at me in front of my daughter. I felt so small and I wished the ground had opened up and swallowed me.... Afterward my daughter had tears in her eyes and was asking me: "Mum why was she shouting at you like that?. Every time I had to see my personal tutor, I used to worry and wonder if she is going to criticise me, put me down and make me feel stupid. I had this vibe when I see her that she just doesn't like me... I also feel very embarrassed to go and ask her for support... Instead, I go looking for someone who makes me feel less frightened and does not intimidate me...

To conclude the "tutees' stories", I presented narratives that were thick descriptions of their experiences as they were told by the students. My aim had been to show the variations in the personal tutoring practice as they were experienced by the tutees. One student, Sammy quite aptly summarised it for me by saying:

My personal tutor did not care about me, if you feel supported, then it was a matter of luck whether you pulled the long straw or the short straw, umh. I would say I had pulled the short straw. some of my friends received a lot of support with school work and their personal problems, but me I had to struggle on my own.

Tutors seemed unaware of how help seeking and possible rebuttal affects the self esteem of the students. They start to question the rightness of asking for help for example, "what am I seeking, do I have a right?" Some tutors positively encouraged the tutees about how to use the systems in place such as accessing the Learning Support Unit or gaining an extension to submit work. They also teach the students legitimate ways to express themselves in 'the system' such as making a referral to the Dyslexia co-ordinator. They also assist the students to express themselves and deal with personal values and conflict when they face them in clinical practice.

6.5 Summary of the students' stories

From this chapter it seemed that students have an unclear, perhaps unrealistic expectation of support at the university. It is in stark contrast to the previous learning and support relationships that they will have received at college or school, given that

some tutors demonstrate 'care' for their students and others seem disinterested in students' welfare and learning.

The tutees were seeking facilitation of learning and not directive teaching. Their prime concern seemed to be about the quality of the relationship, they wanted to reduce the risk of getting things wrong and some of them felt un-empowered, they wanted to minimise their risk of failing the clinical competences and coursework and most of all they appear to want validation, reassurances and permission from personal tutors that they are on the 'right track'.

Tutees were aware of the curriculum objectives and learning to be a nurse and had wanted to obtain a simplistic interpretation of it. They perceived that their personal tutors have ascribed authority within the school of nursing to know the rules and procedures to learn and be a nurse. Those tutees who felt unsupported had to find alternative means of coping with the experience of anxiety and uncertainty.

Some tutees had a fairly limited self-perception of their own abilities to take command of the situation. They perceived some tutors as 'uncaring and unsupportive' but had felt able to gain trust and confidence in other tutors or their friends. These students lacked 'a voice' and did not voice their dissatisfaction with the personal tutoring system. They seemed to lack 'learning how to learn'- their meta-cognitive skill was not fully developed and communication competency skills were under-developed, in addition to which they could have been more assertive, which all resulted in the fact that they experienced a 'sink or swim' phenomenon. The 'sinking' students end up as an attrition figure and those who survived by swimming with a little guidance from their tutor(s) complete the programme of study. Those students who turned to other tutors for help seemed glad they managed to get some help and were rescued, for them, these tutors were held in high esteem.

6.6 Conclusion

The next chapter will go on to illuminate the personal tutors' stories. Their lived experiences were obtained separately. Ethical permission did not allow me to collect data for a correlational study, that is I could not obtain tutees' experiences and then interview their personal tutors. This led me to conduct two separate studies with an intention to unravel what the personal tutoring system is like for tutees and personal tutors.

Chapter 7

The Personal Tutors' World- Tutors' Stories

This chapter will present the personal tutors' stories, how they perceived their tutees and what they liked about the personal tutor role. Descriptions of the tutors' experience and encounters will be presented here to illuminate how they supported their tutees. Personal tutors have a distinctive role as indicated in (Appendix 29 – Standards for the Personal Tutor Role and Appendix 30 – Academic Adviser). They were sent by respondents from the Survey Questionnaire in order to understand and ascertain the different responsibilities of the role of Personal Tutor and an Academic Adviser.

Now, I shall move on to present the exhaustive descriptions that were obtained from the personal tutors' interviews. It will commence with how the tutors introduce themselves to their tutees and I will go on to present the narratives which were their lived experiences.

7.1. Theme: Engaging the learner

The tutors engaged the learner by entering into a form of an unwritten 'contract' with the tutees. It had a beginning, a middle and an end to the tutor's-tutee's relationship. They set the parameters on the extent and nature of communications that they would have with each other. It signals what the relationship was going to be about, what it could be, should be and what it could not be. It was about helping the students to understand what they as tutees can do, and how they can access support from the personal tutors.

Personal tutors seemed to have their individual preferred style in introducing themselves to the students at the beginning of the nursing programme. Some tutors are well organised and planned the introductory sessions with their tutees well ahead. They arranged to meet their tutees at the introductory lunch, followed by a group tutorial for one hour. Other tutors wrote to individual tutees upon receiving their allocation of personal tutees, they identified a period on the timetable to meet and conducted a group tutorial with their tutees. However, half of my sample of tutors waited until the tutees had contacted them before arranging to meet up with them. They expected the tutees to take the initiative to assemble the other students and identify a mutually convenient time for the group to have an introductory session. This is how Loretta, a tutor who had eight years of teaching experience set her parameters.

The school invites all lecturers to meet and have lunch with the students. I did attend once, you looked like a stupid fool trying to find your little group and to introduce yourself and also my diary is so packed, I can't make the trip to off-site venues just to have lunch and say: Hi, I'm so and so... I'm looking for my little students... I don't go to the "get to know you lunch any more.

Another tutor, Giny proposed a logistical solution by gathering students together in a tutorial group

I find it difficult to get a slot in my diary, to go for the introductory lunch with the new cohort.... Also when you go there, some students have not turned up... they have taken themselves somewhere else and I don't have time to go searching for my little flock... I am allocated a group of students, so I normally write to them individually and ask them to attend a group tutorial where we will introduce ourselves. I find this is a lot easier than trying to find my flock of 10 tutees out of 120 or 130 students.

Jan also reported that her working schedule was too heavy and that she doesn't have

time to arrange an introductory session with her tutees. This is how she explained

her approach:

We have to do so much teaching, running from one site to another, so many emails, admin work and marking to do, I don't set dedicated time in my diary to see the new cohort, when I am allocated a group of students, I print the list, half of the time I have a lot of overseas students and I cannot pronounce their names. A tutee will phone me, usually it's someone who is confident and assertive to say: hi I am so and so, you're my personal tutor and I'm phoning you to make an appointment to see you and s/he would leave me a telephone number to contact her/him. I say right, students should take responsibility. I phone the student and tell her/him to take the lead to organise the group to meet. I give her or him my availability and appoint the student who took the initiative to phone me as the group rep.... I find this works well, it gets them to support and talk to each other.

Rob expressed his difficulty in planning an introductory session:

There isn't enough time in the day to organise "a let's get together meeting". I usually let the students get on by themselves for the first five weeks, then I may write to them individually to tell them that I am available to meet with them or I find out where they are, and pop my head in to say: I'm Rob, if anyone wants to see me, I can meet you all for an hour in Room 101 today for a group tutorial...It's up to them if they choose to turn up.

The lecturers at the London university do not have a set pattern of introducing

themselves to the students. However, tutors at the Northern university had structured

group tutorials or individual sessions with their tutees at the beginning of the course.

during each module and towards the end of the study programme. The setting up of

boundaries and informing the tutees how to access the personal tutors were the main

content of the introductory session:

Loretta emphasised to her tutees, the following:

I tell them that they should respect each other, take turns when talking and not to talk all at once... I tell them that I am available for them but they should not expect me to come looking for them. I am here to help them with their academic work, I will look at draft essays but I will not say whether it will pass or fail. I don't want them to blame me if they fail. I learnt my lesson, there was this student who would bring me nearly all his essays to look at, I gave him feedback, told him that he would have to make the changes that I had written on his work and off he would happily go, umh... until one time he failed an essay and he came down on me like a ton of bricks, telling me that it's my fault he failed the essay and I must have misguided him. No matter how much I told him that it was not my responsibility, that I was here just to comment and not to say it will pass. He wouldn't have it, our relationship broke down... but I did manage to get him to let me have a look at the essay that he failed. He did not know that I had taken a copy of the essay with my comments written on it. When I looked at the failed essay he had not done half what I had told him to do. He had the cheek to criticise me and my integrity. From then on, I emphatically tell my tutees not to expect me to write their essay or to ask me if the essay will pass.... For accessibility, I give them my email address and my work contact number. I never give them my home or mobile number... I'm not going to make myself available to them on a 24hr basis... they should fend for themselves... they are adults after all... don't expect me to hold their hands all the time....

Christie's approach to her tutees was thoughtful and found a solution to learning her

tutees' names

I write and invite the tutees to meet as a group. It's a way of making them feel welcome and that I do care about them. I get the students to tell me where they come from and what they did before they came to nursing, ask them a little about their family and so on. I tell them a little about me. It's usually quite an interesting session. I get them to give me a passport sized photo so that I can learn their names quickly. Some of the African students have names like Comfort or Patience which are easy to remember but their surnames are so difficult to say. If I get a phone call from the Clinical Practice, their photo helps me to identify who is who.... I tell them that they must respect confidentiality for patients, staff, their friends and also lecturers. I tell them that if I find what they have shared with me compromises their academic progress or their learning then I will have to share what they have told me with the Course Director. For accessibility, I tell them that they can contact me at home if they have a real crisis, for example, if they are ill or they have had some bad news from home but mostly they should contact me at work or on my work email address.... Most of my tutees are from overseas, I feel sorry for them that they are away from home, away from their family and may find living in England quite a culture shock for them....

Clara emphasised to her tutees what her role is:

I tell my tutees that I expect them to behave professionally at all times especially in Clinical Practice. Patient's confidentiality should be adhered to at all times. They should not openly discuss patients' illnesses or diagnoses in public or in the Nurses Residences, Staff names should not be mentioned. I tell them what they share with me will be kept confidential, however, if I feel concerned about a certain matter, I will seek their permission to approach or discuss the matter with someone else. I also tell them that I am not an expert in everything, I will look at essays, practice-based –assessments, and will give them tutorials if they need additional support but don't expect me to write the essay for them... I also tell them that learning is their responsibility, I'm here to support and guide them. If they have any problem that affects their academic progress then I'm prepared to listen. I tell them to make a mutually convenient time to meet with me if they wish to discuss coursework or assignments and not just to turn up at my door expecting me to drop everything and to see them..... The students' mouth drops when I lay down the rules... but I have to these days. Teaching nursing students these days is not a pleasurable job, you end up chasing your tail or running round like a headless chicken... so much paper work, admin, teaching, going to the ward and marking... no end to it.

Mathias informed his tutees about confidentiality and how to access him by the following excerpt:

I tell my tutees, not to come to me expecting me to read or correct draft essays or anything like that. I'm happy to listen to their ideas, how they plan to write the essay, what points they wish to raise or discuss. I'll give them some areas to focus on pertinent to the assignment. I also tell them: if they have managed to come to a University to study, then I expect them to have the necessary academic skills, I'm not here to teach them how to write an essay. I don't have time for individual tutorials or coaching. I'm not here to spoon-fed them, they are adults and they should behave as adults and take responsibility for themselves.... Any personal problem that they bring to me I will listen to and refer them to the appropriate person to help them...

Fred set the boundaries by telling his tutees:

I'll look at an outline of the essay, make some suggestions on how to improve it but I'm not going to write or mark the essay for them. This is not my job to teach students how to write an essay or teach them the English language....

The introductory sessions were the beginning of the personal tutoring relationship when the personal tutors first engaged with the tutees. It signalled the development of the tutor-tutee relationship. It was an informative group session to exchange information on each others role and responsibilities.

7.2 Being there for the learner - a Presence

The theme 'being there for the learner' bears similarity with "**presence**". Some personal tutors develop a warm and helping relationship with their tutees. Thorne (1991) equates 'presencing' with 'the quality of tenderness'. It also has a "reflexive function". Tutors reflect on their actions/practice and on those of their tutees.

Wynn believed in supporting her tutees in all their academic endeavours. This is how she demonstrated her supporting and caring skills. Her prior knowledge of the African culture enabled her to understand the tutees' cultural background.

I spend a lot of time with my tutees, getting to know them and them getting to know me. After the first introductory session, I already have a feeling and an idea of where they come from, what their fears and worries are. I have a good understanding of African culture, the way they live and so on. It's easy for me to understand them because I was brought up there. Also the students feel they can relate to me because I know what they are talking about. After the first meeting, I tell them they can access me any time of the day, I give them all my contact details. My door is always open for them. If I don't hear or see them for a while, I give them a quick call to say "hi ... how are you doing?"... I tell them and they know I'm not checking on them but just concerned for them. The students appreciate this very much, that someone cares for them. For the academic side, I help them with essay writing, library searches and exams preparation. Some tutees are quite independent, others you have to give a little extra support but as they progress they require less help and support.... I love helping my students. It's a basic human right to be treated with care and respect. In return they respect me too and they know I'm here to help them and make their lives easier...

Shauna was another tutor who seemed to devote a lot of time to valuing and supporting her tutees and she seemed to employ reinforcement such as praise to motivate her tutees.

I've a great relationship with my tutees. After the first couple of meetings with them, I get to know them well. A couple of my tutees are independent, capable of anything: writing an essay or working in clinical practice but they still keep in touch with me on a regular basis either to say "hi Shauna, how are you, I'm doing well in practice and so on". I would do the same, when I marked the Practice-based-Assessment, I praised them for doing good reflective practice and a note to say Well Done. Some of my tutees need a lot of support in terms of academic skills, I meet with them at a mutually convenient time, I get them to meet with me when they get an assignment, we brainstorm and come up with some ideas, they go and write it up and let me have a look at it. They can either send the essay via email or a hard copy well in advance, I look at the essay and give them feedback... I don't comment on whether it will pass. I listen to their ideas, it's important to value what they have done but also to make suggestions on how to improve on them.... Mind you, not all of the students plan their essays well in advance. A couple of them leave their work till late, I give them a little ticking off but will look to see what they have done.

Carla was another tutor who had an "open door policy" and seemed to offer a lot of

tutorial support. She says:

I enjoy having personal tutees. But I tell them that I'm prepared to work hard for them only if they work hard. They have to do the work, my door is open for them. If they pop their head around my door to say "Hi..", if I have a minute to spare, I'll have a quick chat. Other times they leave me a message if they wish to see me for an individual tutorial, they send me their essay via email, I check it and give them feedback on how to improve the essay and I also take a keen interest to see what marks they get. I document all tutorials that I gave them...I keep my records up to date, but don't enter too much confidential information. I keep this separate from the student file. When there is an exam, I get my students to look at past exam papers, and do practice papers, I look at what they wrote and get them to do this and that to improve. I check where they are in clinical practice and find out how they are doing and so on... I don't phone them on the ward, I ring them on their mobile or home number to find out how they are doing... They appreciate my calls, it's a bit like a friend phoning for a little chat. If I'm away on leave, I email them and also write to them that I'll be away for one or two weeks but I always make sure I have a colleague that they can call upon for any help or support.

Megan offered her tutees a mixture of individual and group tutorials and she also set clear parameters:

I have a wonderful relationship with my tutees. After our first introductory session, I see all of them on a regular basis during each module. I prefer to see them when they start a new module. It gives us time to consider the work that has to be done, essays or learning objectives. For that I do a group tutorial with 3-4 of them, we go over the coursework then perhaps before the module ends if they need to, we have an individual tutorial. I ask them to drop me a hard copy of their essays for me to look at, I make the necessary corrections usually some grammar and suggest some literature that they can use to improve the essay. But I do tell them not to put me under pressure or stress by leaving it to the last minutes. I'll not be able to give them constructive feedback if they give me work which is due in a weeks time. I expect the essays to get to me 3 weeks in advance. Most of my tutees are good and work well together. I devote a lot of time to them and I expect them to do well. On the whole they do very well. I'm so proud of them...

The above four short narratives showed how some tutors took active involvement in engaging with the learner. They made their 'presence' felt by getting the tutees to attend regular tutorials in order to support them.

7.3. Managing Caseload

The theme 'managing caseload' is similar to 'managing casework'. For tutors' the working alliance with the student is functional and detached. There was no sign of "attachment or warm feelings for the students". This was how Martin talked about his relationship with his tutees:

If a student comes to me with a problem I will listen and then will refer them to someone else. I'm not prepared to get into therapy with them. They are adult and therefore, they should handle their own problem. If they want me to hear the problem then I listen but I don't invite them by saying: " come on, let's talk about it". When the female students' come to talk about personal or academic problems and if they are tearful at times, I just give them a tissue...I say "here you are wipe away the tears". I don't hold hands or encourage them to off-load unto me. I see the role of a personal tutor as a bit like the doctor-patient relationship. As for their academic work, I don't invite them to send me draft essays or anything like that. I am not here to teach them how to write an essay or pass exams, they should have learnt these before they came to university. I tell the students they can contact me at work if they wish to talk about an issue but don't expect me to be in my office all the time. I'll respond to the call when I can. If their message is not clear, who they are or what their contact number is and if they haven't left me one, then I won't call them... they should have the ability to express clearly what they require of me... Students should fend for themselves. I don't promote dependency but self-directiveness... I think we over support the students.

Billy who had been a tutor for many years noted the changes in students' academic abilities and showed his style of personal tutoring by:

I have been in Nurse Education for quite a number of years now. I find our students are becoming less reliant on themselves but more dependent on tutors. The students are assessment-led, pass the module assessment, that's all they are concerned with. I don't have the time or energy or inclination to spend on them. They are adults and they should take control of their lives. I'm not here as a father figure for them, whether it's a male or female student... I set the boundaries, I don't invite them to sit down and tell me their sad stories. Occasionally, I do get students telling me some sob story and how it's affecting their study. I tell them: "what do you want me to do?". I'm not going to write the essay for you, I'm not going to go to the clinical practice for you, it's your qualification so what do you want me to do. Often I find students have already decided what they want to do, they have already got a plan to take a study break, I let them decide for themselves.... I'm afraid I don't give them tea and sympathy like some of my colleagues do...

I don't encourage them to bring me the essays or coursework to look at...nor will I look at them.

Grant added that he was not responsible for how the tutees progress in their study

I don't have time for students. I'll do the bare minimum for them, I will mark their practice-based-assessment, if they do well then that's good and if they don't do well then they should think of leaving. I can't be their emotional crutch and I don't want to be...Anyway, they are adults and so they should behave like adults, take control of their lives and their career. No, I don't encourage students to bring me essays to look at, if they want to discuss an issue with me, if I have time then I will give them 10-15minute but I'm not going to do the module teaching for them.

The theme managing caseload demonstrated that a few tutors who happened to be

male were unwilling to engage and develop a 'personal' relationship. They seemed

remote and dispassionate.

7.4. Building bridges - helping students to cultivate their own resources

In this theme the personal tutor showed expert competence, knowledge and skill in dealing with students' academic issues or personal problem, for example Judy said:

I'm very familiar with the pre-registration students, right at the outset I encourage them to come to a group tutorial, where we will look at the module assessment and the learning outcomes that need to be achieved. I find most of them that come along are enthusiastic to learn. I do the tutorial when they are all in school, I let them organise the time, I make a note of their whereabouts, where they are on the time table and I will tell them the time that I'm available. I also have a list of what I call "surgery hours" on my door for them to pop in if they want to, they can come in to make an appointment or just to ask a minor query to do with admin or anything like that. I get them to work to support each other, most of the time I find that they get on fairly well as if it's a working relationship. I will look at the draft essays whether I get them as hard copy or email. I make a point of returning their call promptly within 24hrs. I do get some distressed students and I feel for them, I can only listen, I'm not a counsellor and I try my best not to be one... I know when to refer to the Occupational therapist or the counsellor...

Amy perceived the group tutorial as a means to support the tutees and empowered them to develop study skills.

I think I spend sufficient time with my tutees. I get to see them on a regular basis especially as I have to see them once per module to record their progress in the portfolio. I normally allow a good 30-45 minutes for each tutee. I encourage them to discuss their progress and development, reflect on their achievements and so on. My group of tutees, I tend to encourage them to organise a group tutorial if they want to talk about module assessment or coursework. Most of them do come along and we look at the assessment and give them areas that they can focus on or research. I'll look at some essays which I feel as a Nurse I can comment on, if it's a subject on which I am not that good, I would arrange with a lecturer from the subject speciality to see if s/he can offer a short tutorial for the students. Student personal problems, I will listen, empathise with them, fully appreciate the difficulties they are experiencing, child care, shift work and also running a home. I have had to do all this myself too. I share how I managed to cope, perhaps offer some tips that they could take to lessen the pressure. In the case of a major personal problem, I will offer a shoulder to cry on, be there for them if they want me to but then I have to refer them to counsellor or Occupational *Health Dept.*

Annette showed empathy for her tutees by relating:

I think our students on the course have a rough time, they have so much to achieve, each module has an essay and practice-based assessment, they are supernumerary in clinical practice but not in the real sense. It's hard work out there, the stories that my tutees tell me are frightening to hear, shortage of staff, lack of proper guidance from mentors who are often Agency nurses, who the students have to help. I go to my link ward and work with the students. Most of the students value seeing me on the ward, teaching and working with them. Whenever, I can I go to clinical practice once a week, there is a Reflection tutorial for all students that they can attend, it helps them to have a safe environment to get some of the things off their chest, the things that they have a problem dealing with. As a group, the students are encouraged to explore and discuss ways to overcome the barriers to learning. On the whole they are good and I tell them how resourceful they are... On the whole, I enjoy having a group of personal tutees and also seeing them grow and develop. I'm really delighted with them.

Gavin perceived that tutees tended to be more reliant on tutors than those he had met

in previous years by saying:

In the twenty years of training nursing students, I have seen how some students behave like little children sometimes. There are a few who are good and independent, normally they are those who have already studied at University, but some need a bit of nurturing, I encourage them in a nice way that they should learn to be independent. I can help them so much. I don't mind meeting them in the pub for a drink and so on. I give them my contact number and my home number in case they have a serious problem. During the first year, I offer them quite a lot of academic support, with library searches, structuring essays and reading their draft work. But when they are in the second year, I let them go and learn to stand on their own two feet. But I am always there for them for support. I'm quite good at listening to their personal problems, any thing that I can't handle I'll make sure the students get the necessary support and counselling from appropriate agencies.

Viny was another 'empathetic' tutor and she showed a lot of compassion to her tutees:

I'm a friendly face to the students, it's something about understanding them. I help them to build bridges between them, I encourage them to look after each other. They belong to me. When they contact me, I usually tell them to say whether it's urgent. If it's urgent, I'll make a priority to see them quickly. I consider them to be important. From the first couple of meetings with my tutees, I know who is going to be lonely. I come from Africa and I know the culture so well, I understand the problems they have back at home. Some of my tutees are caring for children and their family members. They have to support them financially. Some of my students are bereaved, have lost family and friends through AIDS and HIV, it's important to make them feel special. One of my tutees was studying and had to leave for health reasons, I tried to get some funding so that she could buy drugs. It's a humanitarian issue, you can't let people suffer with the ravage of the disease, some tutees have no family or friends in this country, I had to organise and attend my tutee's funeral, some tutees have severe mental health issues, feeling depressed, depressed and have 2 children to support on a bursary... Talk is not enough, students are desperate, it's important to ask crucial questions, have you got enough money to buy food to eat, have you got a roof over your head, clothes to wear, basic needs must be met, then I consider student's safety. I had one student who was in crisis and needed comfort, I could see how close to the edge she was, she was suicidal, depressed and in a very bad state, what do you do on a Friday afternoon, you have to deal with it... There are times when students self-harm themselves or jump off a bridge... sometimes it is unnervy, very unnervy knowing that you are dealing with someone who is not totally mentally there... Oh! it's a joy to see them graduate, especially those who struggled so much and with a helping hand they got their qualification and can earn a descent living... I feel really proud of my lot and they know it ...

Babs recalled her experiences and emphasised the pastoral aspect of the personal tutoring role with a great deal of emotion:

I have certainly noticed a change in the type of pastoral support that I have had to give in the last few years. I have been in the school since 1986 and the students that we tended to get then were straight from school in England, they tended to be female, they tended to be white, on the whole: middle class

and they very much got on with their lives, they had supportive parents. I think the most that ever happened to students was a couple of them got pregnant, others realised that they are lesbian and you had to help them cope with the problems they experience as a result of this, as best as you can. Now students have a far more difficult life than I can ever imagine. One male student came to see me and he sat down, he said: oh I failed. I've been unsuccessful and from sitting there and seeing him be very passive, he just burst into tears, he was from Sierra Leone, he told me how his family had been killed, murdered, everybody literally had been wiped out. He had not shared this with anybody, nobody in the school knew he had not asked for negotiation or extension or mitigation, he faced a crisis, he did not know what to do. We sat and talked through some of the things that we could do and all sorts of issues and he completed his course successfully. I felt good for being able to help him out, it's such a joy to see him do so well and working hard in practice areas. To see him smile is enough for me, I feel I made a difference to his life by being there for him.

I had another male tutee, he was 26 years old, he had a number of jobs and he started coming to see me and opened up to me about very serious issues in that he had burnt a family home as a child. he recognised he was having problems we discussed the fact that he had a problem and I was very concerned about his mental well-being. Through the emergency department at the Hospital I arranged for him to see a psychiatrist when he had slashed his wrist. The Senior Lecturer at that time said: Oh it was just a cry for help, there was nothing to worry about. I remember it was 7 O'clock on a Friday evening, I discussed with him the fact that he recognised that he needed some psychiatric help but he didn't want to be admitted, the duty psychiatrist saw him and let him go back to the nurses home. On Monday, the Associate Dean told me the student had committed suicide.. I remember feeling angry, nobody took him seriously, I could not believe I could recognise the stress in this man and what he was telling me and that a trained professional in the area couldn't see it. I was in the early stage of pregnancy, I started to bleed and was about to miscarry my baby. I remember going to the funeral and feeling absolutely devastated... the whole thing was just horrendous.. I felt somewhat unsupported in the school... I love to support my tutees, but there are times when I worry about them because their personal circumstances get in the way of their study.

Sadie, a lecturer-practitioner expressed the tutorial imput that she provided for her tutees by:

I don't have that many personal tutees because I work half time in the practice setting and half of the time in the school. I have a good working relationship with my personal tutees, at first I found it very difficult in knowing what and how to act as a good personal tutor. My tutor course did not prepare me to take on the role, I had a short introduction at the main

University campus, but it was very much geared to lecturers at the university who don't have students who are in the caring profession. There wasn't much to gain from it. As a nurse, I thought it can't be that difficult. So, I give 100% to my tutees, I helped them with the academic writing, sometimes we have to go over the English, grammar, punctuation and so on. I fully understand their difficulties, English is their second language, so I don't expect them to write like an English person... and I know how lonely it can be for them to be away from home and family. They worked so hard to get here and I enjoyed it so much, to see them do a little better each time, it's like achieving small steps. I feel like saying: "hurrah I got through to them. it's a small achievement but it's something". I feel so happy to help them get there by guiding them and supporting them on their journey. I had this overseas student, she came in September, she was so homesick, she had no friends or family, I told her she could contact me any time but she does not like to bother me too much. One Christmas day, I really felt for her, there we are celebrating and enjoying the festivities and she had no-one except 4 surrounding walls around her. My heart went out for her... I feel like that towards some of my students but not all of them...

Charity was another 'empathetic' tutor who appreciated the students' difficult circumstances by recalling:

I feel close to my students, mind you not all of them. You get to know the struggles they are having to cope with their family domestic life, their studies and the fact that they are really committed to nursing. Some of them had to defer their training when they were young, instead working as Health Care Assistants but now they are on the nursing course. They really want to achieve. I am here to help them cope with their studies and listen to personal problems which may be hindering their academic progress.... I've been a nurse and a tutor, I get to know who has a passion for caring and I'll do my best to cultivate and promote the nursing interest in them. My tutees often come to share with me what they learnt in practice and what bit of learning in school can be applied to the situation. I help them to reflect on practice and their development. It's a way of prizing them, acknowledging their hard work and dedication. ... I don't mind if people think I'm 'mummsy'. I like caring for my students. I don't think there is anything wrong in that but I also know the boundaries, it's a bit like the professional relationship with patients, I care for them but I don't take them home with me, I think about them quite a lot and want them to do well... I'm so proud of them when they become a qualified nurse and go on to a senior post in the NHS. The students you helped never forget you, you often get a phone call or a little card. This shows that you touched their lives in a meaningful way...

Clara expressed her sadness for not being able to identify a tutee's mental instability by:

I had a student who was due to qualify in two months who attempted suicide and was successful. And of course, there was a lot of soul searching and reflection on my part... as a personal tutor I had perhaps not picked up the signs, had not seen her often enough, perhaps not developed a relationship where she felt she could come to me... there was no academic issues but issues in her private, personal life.. she tended not to share her problems with any of her peers.... I felt bad, really bad, it's three years now and it is still affecting me. I try to talk with colleagues from the Mental Health Department and explore how I could build a better relationship with the people who attempt suicide or self harm... there isn't a day goes by that I don't think about my tutee.. In a way I feel I failed her... But also there are times when students failed to turn up for tutorials, do not take the offer of support but still I tried to do my best to provide support for them by letter, support them through appeals and so on. I get a lot of joy to see my students keep in touch with me, they write to me, it's lovely to see them grow and develop and some actually go to the community which is my background...

Nina spoke about the complexity of the personal tutor role when her own personal values impinged on her ability to support tutees' with contentious problems:

The pastoral side of the personal tutoring is often the aspect of personal tutoring that I find emotionally draining. I had this little student who was pregnant and her boyfriend told her to get rid of the baby. My heart went out for her. She wanted my advice, she said she had no money to pay for the abortion and if she goes to have it, she doesn't know if it's the right thing to do.. I could not make the decision for her, I told her it's a huge responsibility and she should go home and ask for support from her parents. I felt very angry that a man can tell a woman, especially a young girl: get rid of the child. I'm a prolife person and it is against my religion, I don't believe in terminating a baby or anyone's life, so it was very difficult for me to advise the student. I could not impose my values on her. She said she could not go home., her real mum committed suicide, her dad used to abuse her and she was glad to leave home and come to nursing. All I could do was to refer her to the Occupational Health Department, it feels uncomfortable, it's like passing your problem on to someone else to sort out. It's a bit like telling the students well, you told me your personal problem now go to a total stranger and share it with someone else, I can't help you, you wasted your time telling me. I feel awful to send away students who are sometimes quite desperate for help. At the same time I know my limitations, I will not take on the role of a quasi-counsellor. All I can do is to let them share the problems with me, the students must have trusted me in order to come to me... If I feel a need for a counsellor or welfare adviser I will refer the student. Sometimes, students do go there if you ask them to ... if they don't go and you ask them if it has been helpful. they would say: "I've been there and all they want me to do is to go over the same things over and over again. I don't want the counsellors help and I don't want to go there. You know, we see students and we don't realise

what they have been through. Some of them come to nursing as a way out of an unhappy life, and want to be in a caring profession...perhaps they want to show how caring should be done...

The theme 'building bridges' had highlighted the personal issues that affected students' learning. It also showed up the complexity of the personal tutor role. Tutors were 'empathetic' towards their tutees and spoke genuinely about how they too were affected by tutees' personal problems.

7.5. Maintaining professional integrity

By this theme I mean to say that lecturers feel obliged in a sense to protect the public

and will screen unsuitable tutees from entering the profession:

Jeanette spoke about her concern:

I had one student who was unkempt, he used to attend clinical placement and he looked an odd character and he would turn up late for Community placement. I spoke to him a few times informing him that a certain code of behaviour is needed to be a nurse, he was quite aggressive when I spoke with him. I must say it was a little frightening, it's not like in the hospital, you have colleagues you could call on for help. There is this six foot chap towering over me, me and my small size, petite frame telling this man off. I stood up to him and told him I'm his mentor and personal tutor and I have a right to point out his shortcomings. He had no idea that he needed to improve his attitude to learning or be presentable, to be in the nursing There was no improvement in his personal hygiene or profession. presentation. At one point, he turned up for duty half an hour late, he smelt as if he had been drinking alcohol. I could not tolerate this anymore and I felt enough is enough, I wanted him out of the nursing profession to protect the public. We arranged a disciplinary meeting and he did not turn up. I felt pleased with myself that I had managed to stop an undesirable person get access to vulnerable, sick people. Occasionally, when I was in the Community, I was a bit scared in case he attacks me for terminating his career.

Eli reported how a tutee had an unstable personality and felt relieved that he left the course:

I inherited someone else's personal tutee, apparently he never went to see his tutor and no-one knew much about him. He would often walk off the clinical placement saying that he was not learning much on the ward and all he was doing was just basic care, feeding, washing and toileting patients. As soon as the Ward Managers advised him that it's all part of nursing, he flew off the handle, swore at them and walked off the ward. It required me to arrange a meeting and investigate his behaviour. He came and was guite docile. He was very articulate and intelligent. He was apologetic and promised not to behave irrationally. Then four days later, I get a phone call from the ward manager to say she is refusing to have him on the ward, his behaviour is worse than ever, he is taking longer lunch breaks and is disappearing for a couple of hours at a time without permission. I felt as though I had parental responsibility for this tutee, it's like having a delinquent child, why should I be told about him and his misbehaviour. It's as if I'm responsible for this guy because I'm his personal tutor. Any way, according to the school policy I had to see him again and investigate if it is true, what the ward Manager was saying. When we came to the meeting I had a colleague with me. The tutee brought a ten page letter to explain his behaviour and to say he was being persecuted for his sexuality. When we said it is still unacceptable for him to come and go as he pleases, he became angry, went to lean across the table to grab my colleague saying: "you are a patronising ... etc, his language was appalling". I asked him to calm down and he did. After the meeting, I went to the Cafeteria, got him a cup of tea and he started to tell me how he had a temper, his father wasn't pleased with him for being gay and so he burnt the house down whilst his father was asleep and walked off from the North of England." I did not know what to do, whether the story was true or was he just making it up. I managed to get him to go to the Occupational Health Department, got him to see a counsellor, and got him to take a study break. While on the study break he would phone me regularly telling me how much respect he has for me for being so understanding and calm with him. I continued to hear from him for about two months and then he asked me for a reference and I told him straight away that I think he was an unsuitable person to be a nurse and that he should think of an alternative career, he got abusive on the phone and I put the phone down. For a while after talking to him, I would get phone calls in my office with some heavy breathing but no talk, I suspect it might have been him and it's a little scary. I'm glad that I had kept my boundaries with him and I hoped I did my best to stop him returning to nursing.

Liza reported her experience with one of her tutees who was unprofessional and she therefore took action to protect vulnerable patients from receiving nursing care from someone who was taking illicit drugs. She described her encounter:

I was working in a link area, supporting students in clinical practice and who should come along but one of my personal tutees. I was amazed, he was dressed in mufty, looked dishevelled and unkempt. I said to him: I will call

him Billy, hey Billy what brings you up here, you are not on this ward, are you?Billy said that he had come to visit his girlfriend Jo who is a patient. I felt Billy needed to talk, he was normally a shy guy, he never looked well-shaven or clean. Sometimes I was concerned about his personal hygiene and I had previously tactfully spoken to him about the smell of tobacco on his clothes, smell of his breath.... I had known Billy for a year and sensed from his demeanour that he was anxious and worried. I offered to take him to the Charge Nurse's office and made him a cup of tea. During our conversation into what led Jo to be a patient on the Unit. I learnt that she had taken a mixture of Ecstasy, Cocaine and Heroin. Jo fell into unconsciousness and had a cardiac arrest. Billy told me that he too had taken the same drugs but he was okay. ... I asked Billy if he knew to whom he was talking to, that I am his personal tutor, and I am concerned about drug taking activities. He said: "yes, I have to talk to somebody and you're the only one I can talk to". I wasn't too sure what to do, this is a serious matter, we can't have nurses or nursing students who take hard drugs, especially Heroin even though they are off-duty. I have the right to protect the public as the code of conduct stipulates, always safeguard the well-being of patients/clients. It came to me I needed a witness to listen to what Billy is sharing with me. I told him what he shared with me troubled me and is he willing to repeat what he just told me in front of a trained member of staff? Billy agreed to repeat exactly what happened to Jo and the fact that he too had taken hard drugs. I warned Billy that divulging that he takes hard drugs may have serious consequences and potentially stop him from continuing with his nursing course I felt he was on a road to self-destruction, I offered him counselling services but he said it would not help at all. He was 36 years old and he felt there wasn't a way out from his problems..... Billy was suspended... His Union Representative attended a disciplinary meeting, I was told I forcefully obtained information and incriminated Billy and so forth. Billy was placid... the disciplinary panel headed by my Head of Department decided he should be discontinued from training. I felt partly quite sad that I could not help him but as a nurse I am very caring and protective to patients in hospitals. They are vulnerable and they need to be cared for by someone who is professional...

The theme 'maintaining professional integrity' explained the professional responsibility that nurse tutors have towards their tutees and the public.

7.6 Conclusion

This chapter had provided an insight into the personal tutors' world. The five theme categories were extracted from the 36 personal tutors' lived experiences. The results

of the analysis were integrated into an exhaustive description of the investigated topic. Upon the belief that 'the experiences' would show the way to understanding (Munhall, 2001:126) I chose to present the personal tutoring process by presenting the significant and thick descriptions of some of the personal tutors' encounters, as they were lived experiences, as "Personal Tutors' Stories". The 'stories' illustrate the complexity of the role of the personal tutor.

Chapter 8

Discussion of the findings of the significant themes and the emergence of the Essential Structures

The purpose of this chapter is to explore how the essential structures of the personal tutoring process emerge from the significant themes. They will then be discussed by drawing upon the concepts of learning and teaching that were presented in the literature review chapter. I have moved on from the stage of 'unknowing' to the stage of 'knowing', the participants' encounters, as identified in Chapters 6 and 7, where they were written for the reader(s) to show the situational context of all of those who took part in the study.

The next stage for me in this chapter is to look into the 'interconnectedness' of the participants' life-worlds and how they will need to be considered and incorporated within four existential life worlds: 'spatially', 'corporeality', 'temporality' and 'relationality' (Munhall, 2001:169). This will be required in order to process the phenomenological data, give meaning and make the experiences 'stand out', as something meaningful, 'as it was' for the tutees and tutors. Since the data analysis was completed, further literature has been searched in order to discuss and support the essential structures of the personal tutoring role and relationship. Literature on 'help-seeking behaviour' and 'skilled helper' were pertinent in the discussion to amplify the body of knowledge together with some more theories of learning and teaching.

8.1 The situated context, emergent themes, categories and the life-worlds

Research as defined by HEFCE, (1994:7) suggests that an original investigation be undertaken in order to gain knowledge and understanding. The research journey into the tutees' and personal tutors' lived experiences were obtained, analysed and condensed into categories. From the "tutees story", five substantial categories emerged (See below Table 8.1) and from the tutors' story six categories were extracted. This then, led me to examine the essential structures or essences of the phenomenon of the personal tutor and tutees' role and what the nature of the relationship is. It is the crucial stage in understanding what the data is suggesting. Analysis and discussion on what the categories imply in terms of the participants' experiences will follow. Guided by literature and discussions with my critical reader, Dr Price the categories will be 'delayered' to expose the essential structure within the processes of the experience.

Tutees' Stories	Tutors' Stories
Tutee themes	Tutor themes
Gaining and Sustaining access	 Accessibility and established boundaries
• Trusting self	• Engaging the learner
• Trusting your Tutor	• Being there for the learners
• Learning about self	Building Bridges
• Learning about	Managing caseload
nursing and Higher Education	Maintain Professional integrity

Table 8.1 The Situated Context, emerged themes, categories and the life worlds

8.2 Interpreting the categories

To examine or expose the data after they had been collapsed and condensed into categories, I considered the adaptation of an existential enquiry ('a what stands out') approach to relate the 'interconnectedness' of the tutees and tutors' experiences. Holloway and Wheeler (2002: 176) define existentialist thinking from Collins Dictionary of Philosophy to mean a reliance on raw experience and it seeks to emphasise that something is, rather than how it is: the fact of its being rather than describing the features it has. I noted that the participants' thoughts, feelings, emotions and questions were deeply embedded in the context of the participant's life worlds. Their expressions of meanings were not acontextual (Munhall, 2001) but they needed to be viewed from 'spatiality', that is where the participants and the lecturers and myself are physically located.

This will give a different meaning to how they assigned different experiences and meanings. This, then enabled me to process the data through the phenomenological lens of the environment in order to understand the 'corporeality'; the significance of the experience, that is the body 'we' inhabit, the mind and the body live in a world of objects, a term used in transcendental phenomenology (Husserl 1970). The embodiment of the experience has the 'interconnectedness' with 'temporality', that is the location of the experiences in an historical period. The whole experience will be explored from the tutors' and tutees' perspectives as they each seemed to have certain expectations that influence each others' behaviours, attitudes and beliefs within the environment, the HEI setting.

Finally, I would look at the 'relationality' of the experience and discuss 'the world' 'we' (that is tutors and tutees) find ourselves in relation to others, and what the relationships within the experience means. The use of literature in teaching, learning, help-seeking behaviour and skilled helper will assist me to expose and interpret the experiences. The critique of the experiences, the actual meaning of the experiences -'the so what' will be discussed. In Chapter 9, I will identify the essential structures, implications of the findings of the study and make suggestions for future practice to allow for greater congruency of communications between tutees and personal tutors in Higher Education.

8.3 Discussion of the findings of the categories

Personal tutors and tutees had their own and distinctively different set of values and expectations for the personal tutoring process. The personal tutors and tutees had engaged to varying degrees in a complex interactive process that had fundamentally depended upon relationship building between people (Jones et al, 1997). This highlighted by frequent frustrations associated with accessibility experienced by students' and tutors' concerns to arrange access that was professional and manageable seemed to be an important issue that needs some consideration. Accessibility enabled the tutees and tutors to engage in the development of a personal tutorial relationship. One-to-one tutorials and face-to-face meetings were needed by the tutees. The integration of Schools of Nursing within HEI had witnessed students being considered as "consumers of education" and in a marketing sense the tutees and tutors are regarded as stakeholders. Tutors and tutees have each developed an expectation of each other as a form of mutual contract. By saying that 'I am your designated tutor and you are the student', an informal contractual agreement had been entered. The tutee has a responsibility to learn and achieve the academic standard necessary to gain the nurse registration qualification and the personal tutor will be the 'guiding hand' in the passage to becoming a nurse.

A requirement on the part of the HEI under the 'duty of care' a "quality" nurse education is to provide the students with a 'quality' nurse education by the allocation of lecturers, who as part of their job provide students with education, academic guidance and pastoral support (Guardian Education Today 2002, DfEE, (1993) and Wheeler and Birtle, (1993). This is also reflected in the University Student Handbook. The espoused aims and objectives of the two universities that I used to conduct the study were to provide a quality education and quality support for the students. The 'Lecturers' teaching role meant they cannot opt out but have to take on responsibility for personal tutoring to a set number of tutees. This meets HEQC's (1995) guidelines which recommended that institutions are responsible for 'supporting and co-operating with student-led organisations and services to provide support, information and practical services to learners. Do tutees and tutors' expectations inter-connect or dis-connect? From the data collection, the findings showed that when tutors and tutees worked in collaboration and when each of them take responsibility for their individual role, it was then that positive encounters were experienced.

Below I explore the data to see the significant meaning of their experiences and make interpretations by discussing how, where, what, when and why these categories had evolved.

8.4 Themes

The following discusses the emerging, themes from the narratives as presented in Table 8.1.

8.4.1. – Tutee gaining and sustaining access and Tutors' establishing and managing boundaries

In the introductory session, personal tutors inform their tutees on accessibility and clarify the personal tutor role and responsibilities. The tutees' and the tutors' themes inter-connect, that is they go 'hand in hand' and can be seen as a 'fusion'. This theme will expose the essential nature of the tutors' and tutees' relationship. Students are given information on how to arrange face-to-face meetings and electronic communication by email, text and telephone communication. See below

 Table – Refers to 8.4:1. – Tutors Clarification of Access

Tutors Clarified Access	
•	How to make contact by e-mail and telephones numbers were exchanged.
•	Tutors clarified their role and responsibilities towards Tutees.
•	How Tutees were to behave.

It is well worth noting that some introductory meetings had been pre-arranged by the personal tutors and they set the agenda for the meeting. Some tutors left the tutees to make the initial contact and a mutually agreed meeting was set up. The tutors informed their tutees about the 'right of access', such as "I will return your call within 24-48 hours, or if I am on leave, contact such and such an individual". This demonstrates how some tutors provide accessibility to the tutees in a controlled manner and thus, they meet the requirements of the University working policy. A few of the tutors went 'an extra mile' by being on call almost 24 hours a day as they had given their tutees their personal contact details such as home and mobile telephone numbers. This is not an expectation of the University as it does not require tutors to support tutees outside of normal working hours but simply something the tutors have chosen to do.

Tutees are also given the responsibility to plan and organise future meetings for tutorial sessions either on academic or pastoral support related matters. If the tutees fail to arrange a meeting with their personal tutor, it is considered that a student does not need support or guidance or is showing a lack of commitment. Tutors will regard these 'non- committed' or 'invisible tutees' to be students who do not have problems that need to be brought to their attention.

8.4:1.1 Tutee's Experience of Access

Eliza is one the tutee-participants who placed in context how tutors fail to note that those tutees who do not see them may be experiencing difficulties too, she said:

"the university is such, that your experience is like being put on a conveyor belt, you just move on until your journey is over and you get off at the other end but if you make it known you have a problem, then the conveyor belt will stop for you, you get sorted and put back on track. I've seen so many other students who are supported by their tutors but because I don't make a fuss about my problem, no-one bothers about me and I feel no-one cares". I asked Eliza if she had a problem, why did she not approach her personal tutor. She responded that her tutor was unreliable and had failed to respond to her previous call for help and therefore, she felt it was pointless to ask for help. She added that she did not have a close relationship with her tutor because she had felt 'let down' and hurt by her on a couple of occasions.

For Eliza, her perception of her personal tutor was that she did not care and was not interested in her. From her voice, I sensed disappointment and a feeling of hurt and betrayal when I asked her if she would come back to do future studies at the university, she like others such as Farrah and Steve stated that she had no wish to come back to the University for any future studies given her experience to date.

8.4:1.2 Variation in Accessibility

Some tutors make themselves available on their mobile and their home telephone numbers by telling the tutees that they have permission to call them any time, but only if they have an urgent problem. Not all tutors who were interviewed said they had made their mobile and home telephone numbers readily available to their tutees. The tutors who do not give personal contact details were a majority group (n=26), (n=10 of them gave tutees their mobile and home telephone numbers). When I asked the tutors why they do not give the tutees their personal contact details they responded that they do not want to be on call 24hours a day. Those tutors who made themselves so readily available and accessible to their tutees responded by saying

that they cared about their tutees, and they did not want them to feel "stranded". As one of the tutors Dianna said:

" I have been given these tutees to care for, to look after, they are my responsibility and so I need to be available for them whenever they need me".

This quote has an altruistic motive, an action wholly with regard for others. These tutors felt they were indispensable but it can promote dependency in the tutees. Peter Lenrow (1978:290) wrote on "Dilemmas of Professional Helping" by saving that it creates a role strain and suggested that 'help is an un-coerced interaction intended to benefit one party'. It is not the university's requirement that tutors should make themselves available to tutees on a 24hr basis. I believe that tutors' motives for giving tutees their mobile and home telephone numbers could be for 'selfprotection', for example, a tutee can never blame the tutor for not being available or it may be self-interest (Merton et al, 1983, Gouldner, 1973), saying 'I'm keeping an eye on my flock'. Tutors expect tutees to conform to the cultural norm (that is to be a compliant student), for example, a tutor expects her tutee to use the contact number anytime when a problem is perceived and the tutee should respond by saying how appreciative s/he is about open access to the tutor. This learning conformity has a reciprocity element to it and is reinforced by the status of the "helper" (Merton et al, 1983). Gouldner (1969) suggests there can be stable patterns of reciprocity "qua" exchange only in so far as each party has both rights and duties. The Tutors expect tutees to inform them of any misfortune that befalls them. The tutor then adopts the 'rescuer role'.

8.4:1.3 The tutors expectation of the tutees

The tutors who go 'an extra mile' to support their tutees may believe that it is an act of self-sacrificing bravery and generosity because there is no tangible reward to be gained but it could have a symbolic value in that a social tie is created between tutor and tutee (Lumsden and Wilson, 1981). The tutees feel cared for, the tutors promote dependency and in a way it satisfies the 'helper's psychological needs. Homans (1961), an exchange theorist reports that in every transaction there are rewards and costs. For example, Tutor A gives something (maybe help with academic study or support with a personal problem) to Tutee B. In return B gives gratitude or respect. Ideally both parties make a profit, that is both parties get some compensation, the tutor may feel her offer is well accepted by the tutee and the tutee feels the tutor cares for her or him and shows respect and compliance. Reciprocity is evident. Tutors reported that on many occasions at the end of the course, the tutees would often give the tutors "Thank you cards and gifts" as a token of their appreciation of the support they have received on their learning journey. Some tutees maintain their friendship by regular contact and family social outings, such as weddings and at Christmas time.

However, Handy (1986) adds that the exchange method is like incentive theories or motivation theory and can be self-cancelling. A tutee may wish to contact the personal tutor at home or on the mobile telephone when s/he perceives a need to urgently discuss a matter but be reticent to do so. If the tutee remains hesitant to seek help or support from the personal tutor there is the possibility that the tutor will withdraw this level of accessibility. The tutor will have taken this course of action due to the fact that they will have assumed the tutee never requires or simply does not wish to access their support. For example, Daisy a personal tutor said:

'my tutees have my mobile and home telephone number, I invite all of them to contact me if they have any problem, if they choose not to contact me, then I cannot offer them help or support, I expect my tutees to let me know that they are in difficulty prior to submitting an assignment, there is no point for them to contact me when they have failed a piece of work on two occasions and expect me to support them in an appeal to secure a third attempt'.

This quote indicates that the tutor will not be interested to help the tutee after 'the event'. Little consideration may have been given to the fact that the tutee who did not contact the tutor may have felt embarrassed to let a personal tutor know about her or his problem.

Referring back to Eliza and several other students (n=15) they did not go to their personal tutors for help, because they had experienced disappointment earlier on in the relationship and did not feel they could trust the tutor, they felt hurt, 'let down' and too embarrassed to seek support and guidance. The issue of embarrassment when seeking help was mentioned when the tutee is female and the personal tutor is male. Tutees said they could not share personal problems with male personal tutors. This is further expanded upon under the heading "Lone tutee" (see 8.4:2.4).

8.4.1.4 Tutors Establishing Boundaries and Learning Style

Boundaries

Tutors also seemed aware of the need to establish boundaries in their relationship, for example, "I'll look at an essay outline or I'll read a draft essay but I can't *comment if your essay will pass or fail"*. This suggests that the tutors are adopting a good but it can also be argued a 'defensive practice', that is they cannot be held responsible for the tutees' academic failure.

The tutors also demand that the tutees respect other lecturers' and patients' individuality and confidentiality. Tutees are expected not to talk about patients in an open or public setting (as stated by the NMC code on Confidentiality). But, tutors retain the right and privilege to break students' confidentiality when they ascertain that it is worth sharing confidential information about the tutee with someone else, for example the Course Director. The personal tutor assesses and judges the content of a tutorial encounter. The decision to inform another of a problem discussed in the tutorial is evaluated on the basis and the nature of the problem. If the tutor felt that there is 'something' unacceptable or detrimental to the students' welfare or professional development then action and breach of confidentiality are exercised. For example, as Charity, a tutor, said:

"If I feel that what the tutee told me, is affecting her study and it compromises nursing care, then I'll report it to the Course Director, for example, I had a tutee who shared with me that she was caught for shoplifting, but then I told the tutee that I must report this to someone else".

Thus, it is seen that the personal tutor has sole jurisdiction over confidentiality. Tutees are powerless and cannot exercise their rights over such matters. It is a power differential. Handy (1985) suggests that anyone who knows more than any one else is classified as having 'expert power'. In Charity's case, she had the expert power to determine what is good or bad. Certain rules and regulations in the nursing profession have to be adhered to and can not be compromised. Charity had perceived rights to institute disciplinary action and to ensure the tutee's nurse training course is terminated on the basis of her 'un-professional, un-social' behaviour. In Charity's and in any other professional person's judgement, this tutee had committed an unforgivable crime, she had been dishonest and therefore cannot be trusted any more.

When I probed Charity's reasoning further regarding what further action she took in respect of the tutee, her answer was that the tutee received nothing in terms of support after she had been 'discharged' from the school of nursing. This seemed pretty harsh as the tutee will have needed some form of help but had no support available to her. The tutee should have been given a chance to explain to an impartial person why she did the shoplifting.

However, shoplifting is a criminal offence which is unacceptable in society and especially in the case of a nurse who deals with vulnerable sick individuals, where the qualities of honesty and trust are imperative. Several tutors reported that if a tutee had a criminal conviction s/he would not be allowed to continue on the Nurse Training programme.

The Course Director, the personal tutor and the Head of Department are responsible for ascertaining the nature of the offence which may result in the student's training being terminated. There is no referral to another agency for help and support to the ' discontinued student'. Tutors reported they regretted to see a tutee leave but the professional code of conduct should not be broken.

Most tutors were structured in their approach when establishing accessibility and boundary setting. The tutees regarded them as efficient and good because the tutors had set out a clear working practice. As one tutee, Marie said:

"my personal tutor is strict but friendly, we do have a laugh as well and what I like about her is, she is like a school-mistress and expects you to work hard, she also praises you when you do well and if you deserve to be told off, she tells you off, at least you know where you stand with her".

This quote was echoed by a small number of tutees when there was clear guidance, instructions and ground rules by tutors. Banks (2001) says that values influence behaviour and also how people perceive their environment may be an important consideration.

Learning Style

With reference to the above quote it is also relevant to note that the tutee's preferred learning style might have matched with that of their personal tutor. This matching of style and expectation enhance and promote good working relationships. Four tutors said they considered personal tutees' learning styles when providing academic support to the tutees. It was not a formal assessment but tutors learnt about it during their interactions with the students during the first three months of their tutorial encounters. From this category or theme, it appears that mutual trust is an essence to the formation of a good tutor and tutee relationship, that should be sited within boundaries and recognise the tutees' learning style (Morgan and Knox, 1987; Festermasher, 1993 and Riseborough, 1993).

8.4.1.5 Ease of Accessibility and Boundaries

Accessibility

A friendly and an approachable nurse tutor can often assist the tutees to feel less displaced or lost within university life. For some learners, having access to personal tutors was of immense value. When tutors informed them about accessibility the tutees thought that the tutors will be readily available whenever they need access to the tutors. Out of my sample of 36 tutors, 8 of them did not make any arrangement to organise or plan the introductory meeting. They left it to the tutees to make contact with them. One tutor, Annette clarified how she makes sure her tutees understand access.

"I try to set a good example, when they see me, how organised I am, I would expect them to believe that good time management skill is necessary in nursing. I'm always well organised and prepared, there is nothing so demoralising when someone comes to you and you look disorganised. I tell my tutees that I expect them to plan ahead what they want to discuss with me in a tutorial, so when they make an appointment, I need to know what they want to discuss beforehand...".

It seemed that the structured interaction that the tutor sets informs tutees that a wellplanned and organised tutorial is vital for their learning and development. Tutees said they liked scheduled and planned tutorial meetings. They reported on their encounters with their tutors and felt they had been offered good support. They perceived this to be 'good practice' and had helped them to appreciate that good organisation and planning were essential to help them succeed on the course and they derived maximum benefit from the support they received. As one tutee, Clara reported:

" I like the way my tutor is friendly and she is so organised and never forgets anything, she is efficient and you know where you stand with her, so when I have a meeting with her, I list the points down in a notebook that I need to discuss with her, it makes life easier I find. My tutor also makes me feel welcome, and would often say, well Clara, what are the issues you wish to discuss and jots them down, I think she uses the notes to up-date her record on me".

The tutor's well organised, egalitarian facilitative style appears to be of important value to Clara. Child (1997:316) says: "children watch and assimilate the methods parents use in solving day-to-day problems (calmly, systematically, patiently). It helps to create structures of the self-concept and valuing processes. Clara's tutor seemed to assist the individual adult tutee to build up her/his competence to solve problems. So, a tutor's style of tutoring, their interaction with tutees meant they can be the 'significant other' promoting learners' development and coping skills. They stimulate within the individual tutee the confidence to react to a situation without feeling threatened. How the process of tutoring unfolds became an important part of the relationship and had the potential to sustain access to a high standard beyond the first tutor-tutee contact.

Tutee – tutor relationship – the positive affect

The tutor who steps in to rescue the tutees' has their self concept enhanced. Child (1997) points to William James who at the turn of the century developed an account

of the "self" as a self concept. It is synonymous with 'self', 'self image' and 'self esteem'. Child noted the difference between 'I' and 'me' – 'I' is what does the thinking and 'me' is what 'I' am thinking about. The concept appears in some shape or form in all personalities (Child, 1997). Byrne and Bracken (1996) alluded that pupils' self-concept can have an effect on academic performance. They suggested that a change in academic self- concept can indeed affect academic achievement. The academic self-concept can be evaluated by examining the school marks and standardized tests. Self-concept is about the tutees and tutors' need for achievement.

Ausubel (1969) identified three components in achievement motivation. They are:-'cognitive drive, which is task oriented, a sense of the need to know and understand; the reward of discovering the new knowledge that resides in carrying out the task; and "self-enhancement" which is ego-oriented. Tutees feel the prestige and status by doing well scholarly. The tutor receives a positive evaluation about the quality of the tutoring support. Tutees said they achieved good grades as a result of seeking academic support. Tutors feel pleased the tutee did so well as a result of their tutorial input. This also leads to a feeling of adequacy and self-esteem" 'affiliation'. Initially, parents play an active role in a young child's affiliation needs and later the teacher becomes another source of affiliation satisfaction (Child, 1997.63).

Positive reinforcement

From the students' interviews it showed they liked praise for doing well and at the same time they wanted to know when they are wrong. A personal tutoring approach

where students felt that their efforts were recognised seemed to be a good motivator for learning (Roger, 1983, Kolb, 1984). Motivational theories had pointed out that they act as positive 'reinforcers' for future learning or behaviour. When a personal tutor tells a tutee that her essay or coursework grade is good, the tutees said they felt pleased that their personal tutors had acknowledged the effort and hard work that they had put in. Fontana (1995) and Desforges (1990) suggested that parental praise and even parental attention is a potent form of reinforcement. Praise is rewarding for an individual, it establishes a warm and productive relationship between the teacher and tutee. Elana, a tutor for ten years reported that she recalled an incident when a tutee was upset because she did not acknowledge how well she was doing, the tutee apparently said:

"I have been working very hard at my assignments and getting good grades, you never ring or tell me that I'm doing well'. When Elana responded: "I do keep an eye on your results and I know you're doing well and if you weren't doing well I would ask you if there was a problem but the tutee was still upset".

I did not ask other personal tutors if they had tutees who had this sort of personal, almost unrealistic, expectation of them. What appears to be the case here is that tutees who are praised by their personal tutors go on to other activities to attract more praise. Skinner's and Pavlov's theories of learning support this positive reinforcement concept. Thus, this need for achievement in learning activities continues into later life. A person adopts the behavioural repertoire required to attract the grateful 'thanks' and acknowledgement for doing well. It also creates within the individual a warm feeling of being cared for. Even though nursing students are adults and they do not look for praise in the same way as a child would to undertake and complete a task it is clear that positive recognition of their efforts is appreciated and does motivate the tutee.

In accepting there are several models of motivational theory to account for motives I did not find any direct evidence to suggest that students' academic success is dependent purely on how they are praised by their tutors simply that such recognition is beneficial to supporting the tutees in their studies.

8.4:2. Tutees' trusting self your tutors, tutor engaging the Learner

Tutees found that the planned introductory sessions at the start of the Nursing Programme were beneficial. These tutees could have been *"field-dependent or field-sensitive"* (Ramirez and Casteneda, 1974, Witkins, 1977). The students prefer structured material, and are better at learning and remembering social information. When tutors understand learners' cognitive styles or approaches to learning the supporting relationship appeared to be in harmony as discussed earlier. For example, Ramirez and Casteneda found that Mexican- Americans tended to be field-sensitive, and Anglo-Americans were more field independent. Field independent students work independently and are more self-directed. Brookfield (1987) identified 'field – independent' thinkers as having creative abilities, that is they have a highly developed capacity for cognitive restructuring.

Personal tutors reported that they have a few students who do not seek academic support and 'they 'just get on with it', that is, they managed their learning independently. However, these independent learners tend to be the students who had good study skills and had good and above average academic entry qualifications. Tutors also reported that overseas students preferred a pedagogic approach to learning, they require tutors to offer more guidance on coursework assessments. (This will be discussed further in Sections 8.4:4.11 and 8.4:6)

The informal presentation by tutors who were well prepared and well organised were well received by all the tutees who participated in my study. Tutors felt that there was no power relationship in their interaction, and that the tutors were highly approachable given their friendly style. Tutees said that when a tutor said: *'Call me Lucy and not Mrs Jones''*, this was a non-authoritarian style and friendly. It removed or broke down the barriers for the students. All the tutee participants said they were happy and wanted to see tutors who treated them as an "equal" and with respect. Tutees' perception of being "equal" was about being an 'individual', treated with care and respect. This was how a tutee Clara said it:

I really like my tutor because she treats me with care and respect, she never belittles or makes me feel inferior, when I suggest my interpretation of the coursework assessment, she often praises me for my effort and then helps me to see what I can do to improve my essay plan.

It seemed that the manner that the tutee was received by the tutor and the feedback that was given to the tutees is an essential feature in the promotion of a good relationship. A warm and sensitive approach by the tutor acted as a positive reinforcement. It led the tutee to try their best to work harder when doing future work. Tutees reported that small-group tutorial meetings in an informal environment, with a friendly personal tutors' approach allayed their fears of being in a large group of 120-130 students at the London University. Tutee participants said they were overwhelmed by seeing such a large group of students and were worried about feeling lost. The personal tutor's style in the introductory session as a "get to know you time" introductory session lessened tutee's anxieties. Lawrence (1986) suggested that small groups develop through a five stage process that of: *'forming', 'storming', 'norming', 'performing' and 'informing'*. The first stage refers to individual's commitment to the group, whilst 'storming' refers to the stage of conflict and hostility within the group, followed by 'norming' when they interact in a harmonious relationship. The 'Performing' is the development of a system for communicating with other groups. A few tutors encouraged group tutorials and found them effective when engaging with the tutees.

Small groups of Tutees who have similar goals to achieve, can support each other during the learning journey. Tutors reported that they often observed a small group of personal tutees who worked well together, they planned their academic tutorial support, they sought guidance on assessment submission and even took the initiative to arrange for a small tutorial session with their personal tutor. Personal tutors regarded these tutees as 'good students' and found them rewarding to tutor and support. Out of their twelve tutees, only 2 or 3 students remained together as 'buddies' and supported each other whereas the other tutees worked independently and seldom talked to each other. The 'buddies' gained support through friendship. Friends were 'lay support links or lay –helpers'. The students often made good use of their friends by sharing ideas, books, journal articles, evaluate written work and act as confidantes for their fears and worries on studying problems.

8.4:2.1 Trusting and tutor engaging the learner

To engage fully with someone, trust is an important element in the relationship. Nelson-Jones (1990) states that when an individual develops a relationship in which there is a deep level of trust, then there will be reciprocity. "Trust means a firm belief in the honesty and reliability of another" (Nelson-Jones, 1990:200).

Tutees who lacked trust in the personal tutor had irrational fears of being betrayed or ridiculed. Tutees who had negative encounters said: "*I don't trust my personal tutor*." When I asked them why they felt they could not trust the tutor, the responses were about the tutors' facilitative style. Literature into teaching style supports how tutors engaged with the tutees.

Facilitative Styles

A 'nomothetic', teacher places emphasis on the requirement of the institution rather than the individual and education is seen as the handing down of information. (Getzels and Thelen, 1960). The 'idiographic' style is the opposite to 'nomothetic'. the individual teacher considers the student and sees the institution and education as assisting the learner to learn what s/he is motivated to learn and then teaches the student (Quinn, 1994:93). Then there is the 'intermediate style'. It is called a transactional style. The teacher has an appreciation of the limitations of the tutees and the institution. S/he attempts to make a sensible compromise between the two, that is, the 'system' and the students. Many personal tutors who adopted the 'intermediate style' of facilitating the students were observed in the tutees who had positive encounters.

Tutoring Styles

At the Northern university tutors and tutees were clear about each other's expectations. The tutees trusted their tutors. At the London University some tutors who did not have adequate time to support tutees as well as they would have liked to and had heavy teaching and administrative commitments did not manage to develop trusting relationships. Bennett (1976) concluded that the teaching style was more influential than the effects of personality type. Five categories that indicated successful teaching could be observed. These were: a high level of teacher-pupil interaction, a high level of task statements and questions by the teacher, regular feedback to pupils, encouragement for pupils to work by themselves, use of higher-order, open-ended questions and avoidance of the over-use of instructions, (Galton and Simon, 1975). For example, tutees did not like tutors who alter their draft work completely. One tutee Mandy said "My tutor kept my essay outline and made suggestions about what I can do to improve...."

Advance Preparation

It is good practice to prepare students in advance for the course, the University and about living in the UK (Kinell, 1990). Some of the tutees had never seen a sick individual nor had they visited a hospital setting. Finding that their personal tutors had a nursing background was reassuring for them. Personal tutors who shared with their tutees their experiences and nursing background permited tutees to disclose any fears they had about the role of a nurse. Tutees were delighted to learn from the warm, welcoming, friendly smiles that the personal tutors were interested in 'them'. Lucinda, a tutee, exemplified her feelings:

I had never worked in a hospital, so coming to nursing was something that I was dreading but upon meeting with my personal tutor, I felt okay because she said she had been a nurse for 15 years....

It seemed that a non-directive, non authoritarian attitude by the personal tutor who showed empathic understanding was extremely well received by the tutees.

The Importance of the Introduction

From the data that I had collected, there was sufficient evidence to conclude that students' satisfaction with their personal tutor correlated positively with how they first had met and were introduced to each other, and that they sensed mutual trust and respect. Then the encounters were positive. Those tutees who seemed less satisfied with the relationship with their personal tutor were less confident individuals and were negative about their abilities to be creative or independent. Overseas students who did not receive advance preparation on how to adapt to the life and culture of the host country also had decreased academic satisfaction. For example, at the London university there were a high proportion of overseas students with seventy five per cent of the students from Africa who tutors have found required more encouragement and academic support, which if not provided may have further influenced the students sense of dissatisfaction with the personal tutoring process.

Communication Skills

Those tutees who have good study and communication skills were less demanding of the personal tutors' time.

Positive Regard

Carl Rogers wrote in 1959 that when each persons needs are satisfied in a relationship they will each experience positive regard and positive self-regard

8.4:2.2. Disengagement – 'not being there' for the students

Laissez-Faire tutors

Some tutors adopted a 'Laissez-faire' approach from the outset, the introductory meeting. They did not make the initial contact with the tutees, claiming that they are in the 'grip' of work overload with high teaching commitments. Mary, a tutor, said: 'my diary is full, my diary is choca- block, running from site to site to teach'. An approach that can convey a lack of commitment to the tutees. At the London university lecturers who travel between multiple sites to teach said that they were frequently experiencing stress, they had to work their diary in such a way that they

could be available for their tutees when they are attending class for lectures. A teacher who stresses the importance of learner participation, and who believes in student-centred learning will make open-ended structures for communication with the tutees. 'Laissez-faire' tutors who showed a lack of interest and commitment towards the tutees displayed poor interrelationships. The tutees experienced barriers to communication, several methods of contact with the tutor failed to get a response.

The tutees felt betrayed, rejected and thought that there was a 'double standard'. For example, why did some tutees get support and others don't? From my data analysis, I found that tutors from the Northern university were more democratic and facilitative in their facilitating styles. They had regular contact with their tutees. The London university's tutors were a mixed group of authoritarian, democratic and 'Laissez-faire' individuals in terms of their approach to offering support to their students. I should point out that my study was not an investigation of tutors' personal tutoring styles but the data were revealing the manner in which these tutors were supporting their tutees.

Interestingly, the 'tutorless- Laissez-faire tutees' were quick to find their own means of support. They usually found very inadequate arrangements in terms of tutorial support, by means of substitute tutors or supportive friends. These tutees created their own set of standards of performance (not strenuously high). Two tutees owned up to deliberately asking for an extension on coursework submission to enable them to borrow their friends' marked essay in order to help them write their work. When I asked them if their actions were justifiable, they replied they had to take this course of action because they could not get the support of their tutor. The sharing and borrowing of coursework was common when tutees did not get the academic support they required from their tutors.

They said they struggled on their own or made a great effort to approach a 'friendly tutor' who can act as a resource person for them. Shyira said:

It's often quite difficult to see my tutor, she doesn't return my calls, or if she does answer when I phone, she would say 'come down now and I'll see you', knowing very well that I can't because I'm on my coffee or lunch break from the clinical placement, whatever day or time I suggest she tells me she is busy and she can't see me. I send my draft essay via email but I don't get any feedback, so I've stopped bothering my personal tutor, I feel badly let down and there is nothing I can do...So, if I'm really stuck, I tag on to my friend who has a very supportive tutor and I get some advice and help that way.

Collin another tutee said:

If I'm struggling with an essay and have no-one available to guide me, I will ask for an extension, then when my friends get their essay back, I will look at theirs to help me write mine.

Empathetic Understanding

It seemed that some students experience great difficulties in engaging their tutor to meet at a mutually convenient time. Those tutors who do not return their tutees' telephone calls may not fully realise that the students need some assistance. By not responding, they show a lack of 'empathic understanding'. 'Empathic understanding' according to Carl Rogers (1983:125) means "a teacher who has the ability to understand the student's reactions from the inside, has a sensitive

awareness of the way the process of education and learning seems to be for the student".

The non-response to calls from the tutees by their tutors caused a distrust to grow and eventually led to a total breakdown of the tutorial relationship. Although tutors gave plausible reasons why they could not return the calls, tutees reported that their personal tutors did not care for them or that the tutors were too busy to think about them as tutees or because they are from a different culture and background, which to them meant the tutor has no interest in them. When tutors did not demonstrate a commitment to engage in the helping process, tutees avoid future contact with their personal tutors. Egan (1990) said when clients feel rejected they are not sure whether managing their lives would be better with help, or to incur a price for not seeking help.

Lack of Time to Meet

Nursing students are required to attend a minimum of 80% lecture hours. It meant therefore it was often difficult for tutors to arrange a face-to-face meeting with their tutees. This was because personal tutorial sessions could not take place during the hours that they were in class. Tutees expressed that they had difficulty in agreeing a mutually convenient time to meet with their personal tutors. Shyira said meeting with her tutor at a mutually convenient time proved to be difficult. Another tutee Bya said:

I cannot get to see my personal tutor as often as I would like to, because I can only try to see her when I attend lectures, sometimes we are away from school for 8-12 weeks and I can't come to see my tutor at weekend when I'm off and she is off and also I don't have much money to spend on train fares just to come and see my personal tutor.

Lack of Study Skills

Tutors reported that some of their tutees lacked studying skills and were un-prepared for studying at University. Tutors found their tutees to be lacking reading, writing and reasoning skills. Tutor participants found it difficult to accept that some tutees do not appear to understand the 'literal' meaning of the assessment guidelines and they sought advice to enable them to understand what they have to do. Fairbain and Winch (1998) defined literal meaning to be what we gain from what we read, that is, the words are used with their usual meaning. Literal meaning is important and should be attended to (Fairbain and Winch, 1998:9) for the students. Assessment guidelines informed the students about the description of the assessment, a brief explanation of what subject areas were to be covered and instructions on how the work will be marked or assessed. Tutors reported that quite often tutees seemed to discount or disregard what the assessment guidelines required them to do. But there were some tutees who did make an attempt to understand and who wrote out a plan of their essay or project before they came to discuss it with their personal tutors. This type of effort by the tutees enabled the tutor to offer support and guidance. Other tutees did not make any effort of their own and would ask the personal tutor to make an interpretation of the assessment guidelines for them without trying to understand the guidelines themselves. They just did not bother at all. This was how one of the tutors felt. Alison said:

I don't understand the students, I find it hard to believe that they have had a secondary education and got GCSEs to enable them to enter nursing, they don't understand simple instructions. You have to repeat yourself in order to

make them understand. A classic example is, one of my student came to me and said: read this assessment guideline for me, I don't understand them at all. So, I read the assessment guideline to her as it was written word for word and asked her if she understood what it required her to do. The student said: "oh yeah, I understand now". Mind you, I doubt if she did, but I could not simplify the guidelines any more for her.

I asked Alison how she felt when she suspected that the tutee might not have understood. She replied "*Well, it is not my problem ….*" Students ought to understand the literal meaning of the text or paper as it is an important pre-requisite to deeper understanding (Fairbain and Winch, 1998:14). The reading and understanding of meaning had to be organised, it also required the students to learn various text or journal articles and to organise what they had read in suitable notetaking and to select what was important information to use to assist them in writing their assignment.

8.4:2.3. Development of a trusting relationship

Learning Theory

From a learning theory perspective, Bruner (1965:) proposed that when learning, children move through three main stages on their way to acquiring mature thoughts. The stages are: 'enactive' – whereby thinking is based upon doing', 'iconicimagery,' and 'symbolic-complex language' and can be applied to the tutor/tutee learning experience. It has been shown earlier that when tutees felt that their personal tutors had a structured approach, when they were engaged in a tutorial, the tutee prepared for the tutorial by having a list of issues to discuss with the tutor. This was the 'enactive' stage and was manipulated through action, occasionally a tutor took the tutee to the library and showed the tutee where or how to access the relevant information. This was the '*enactive*' mode of the tutor facilitating the tutee's learning. Often some tutors reported that they took the tutees to the library or shared some papers they had on a subject because they were hard-pressed for time and therefore unable to explain to the tutee what to do or write.

The *'iconic'* stage, is when the tutee had an idea or an outline for the coursework or assignment but s/he did not know how to structure it or put it together and turned to the tutor for academic guidance.

Finally, the tutee moved on to the 'the symbolic' stage by means of verbal discussion.

Nature of learner, knowledge and learning process

Bruner and Anglin (1973) advocate that tutors consider *the nature of the learner, the nature of knowledge to be learned and the nature of the learning process'* when facilitating learning. Tutees who reported that they did not get support in their learning or personal problem said: *"my tutor did not know me, did not take an interest in me"*. The "getting to know your tutee" as a person was necessary when establishing tutorial relationships. The essential structure that emerged was 'engagement'.

Successful tutors were those who were aware of the tutees prior academic record, and therefore knew what factors influenced their learning, such as their ability to interpret nursing knowledge, coursework guidelines and their creativity. This enabled the tutors to craft their work to match the tutees' emotions. For example, were they anxious? Do the tutees have a high achievement motivation? What was their intrinsic and extrinsic motivation to become a nurse? What factors encouraged the tutees to do well in their previous studies or what hinders their ability to learn? An enquiry into the tutees' social background and study habits would indicate the tutee's style of learning, for example if they were inclined towards '*surface or deep learning approach'*. '*Surface learning students*' invested minimal time and effort in the learning task and paid little attention to understanding (Fontana, 1995) and 'deep learning approach students' were the opposite, in that they had an intrinsic interest in maximising understanding, had a high level of thinking, could identify main ideas and themes and applied this learning to other things in a meaningful way (Biggs, 1993).

Learning Style

The nature of knowledge in nursing and learning could be greatly facilitated by teachers if time were taken to ascertain tutees' learning style informally by chatting to them. The nature of the learning process requires the learner and the teacher to reflect on their respective practices, educational background and culture. When tutors developed 'a get to know you' approach it conveyed to the tutees that s/he had a personal tutor who was keen to support and offer guidance. The essential structure that belies trusting self and trusting your tutor was engagement.

A key issue that I discovered was that a core of tutors never did quite engage with the learners. They failed to convene a group introduction meeting for their tutees, which would have provided an opportunity for the tutors and tutees to get to know each other and for the tutors to advise the tutees of the support systems available at the university. The boundaries of help set by the tutors limited tutees access, access was further restricted by the tutors workload, both of these limiting factors meant that the tutors did not get to know their tutees as people and therefore it was difficult for them to feel compassion for them.

Considering the cognitive dissonance that might have arisen for the tutors who did not know tutees as 'people', but who then struggled to find time and energy to help them it is not surprising that the tutors were frustrated at having to deal with this additional work pressure at a point in time when it was probably too late to be of real assistance to the tutees.

This leads me to conclude that symbolic and complex language was only initiated when students and their personal tutor, discussed the interplay of thinking, feeling and doing. Usually the relationship could then be regarded as a 'problem-solving' one, whereby the tutees presented a problem and expected the tutor to plan a course of action to resolve the problem. However as stated above this improved level of communication was probably too late to address satisfactorily the presenting problem.

331

Close Social Bonds for Help Seeking

Parham and Tinsley (1980) found that friends were an appropriate resource for help and they cite genuineness, trustworthiness, openness and acceptance as the reasons why students turned to friends for help. Clark (1983), Burke and Weir (1975) conducted research on 'Close Social Bonds for Help-seeking' and found people often turn to close relationships such as spouses, friends and parents for help because they are non-judgemental and uncritical of one's weaknesses. Sapiro (1980) and DePaulo (1978) reported that friends were a source for help. Webster and Fretz (1978) conducted a study on job and school- related problems and found that parents, friends and relatives were ranked as the top three sources of help when faced with emotional problems and personal tutors were considered as a source of help when the others were unavailable (Leicester University, 1995).

Academic Advisors vs College Counsellors

Tutors (n=5) confided that their role was not to act as College counsellors, and that they were not expert in solving tutees' problems. They did not want to be like a parent or friend in dealing with tutees emotional problems. These tutors said that they saw their role as academic adviser and not as a pastor to support personal tutees who need emotional support and they should not be heavily relied upon (the issue of disengagement was discussed in section 8.4:2.2.).

Overseas Students

Personal tutors also informed me that some overseas students did not get on with each other as well as they had hoped. I probed this response by asking the tutors (n=10) to tell me why overseas students do not support each other and they said they thought some tutees were competitive and were very much influenced by their tribal origin and ethnic group. They noted a demarcation between those who are from a higher social class and those who are from a lower social class. Those from a higher social class considered those from a lower social class to be 'peasants' and they therefore do not speak to one another which made group work very difficult.

Tutors also found a marked differences in the manner overseas students approach their studies. They observed that those who are from a 'higher working class' had previously been exposed to good study skills, they had experience of a private and often a 'British Westernised Education' system. However, those who were less privileged, were lacking in study skills and they tended to insist in calling their tutors by their formal name, that is 'Miss' or 'Sir' even though the tutor's asked them not to be so formal. When they were asked why they could not be 'informal' they would reply that they were uneasy and uncomfortable because it was a sign of respect to address tutors as 'Miss' or 'Sir'. There seemed to be a societal class distinction and cultural norms that influenced how a group interacts and how important it was to know the tutees' frame of reference and assumptions. From the theme on 'engagement' again the essential structure appeared to be mutual trust and respect for one's cultural background. Cultural differences should be considered. It was also noted that the very formal approach of these students lost them an opportunity to access help. The tutors were unaware of the tutees' cultural norms and mistook the students behaviour as them wanting to 'keep their distance'.

8.4:2.4. Trusting your Tutor – The Lone Tutee and group work

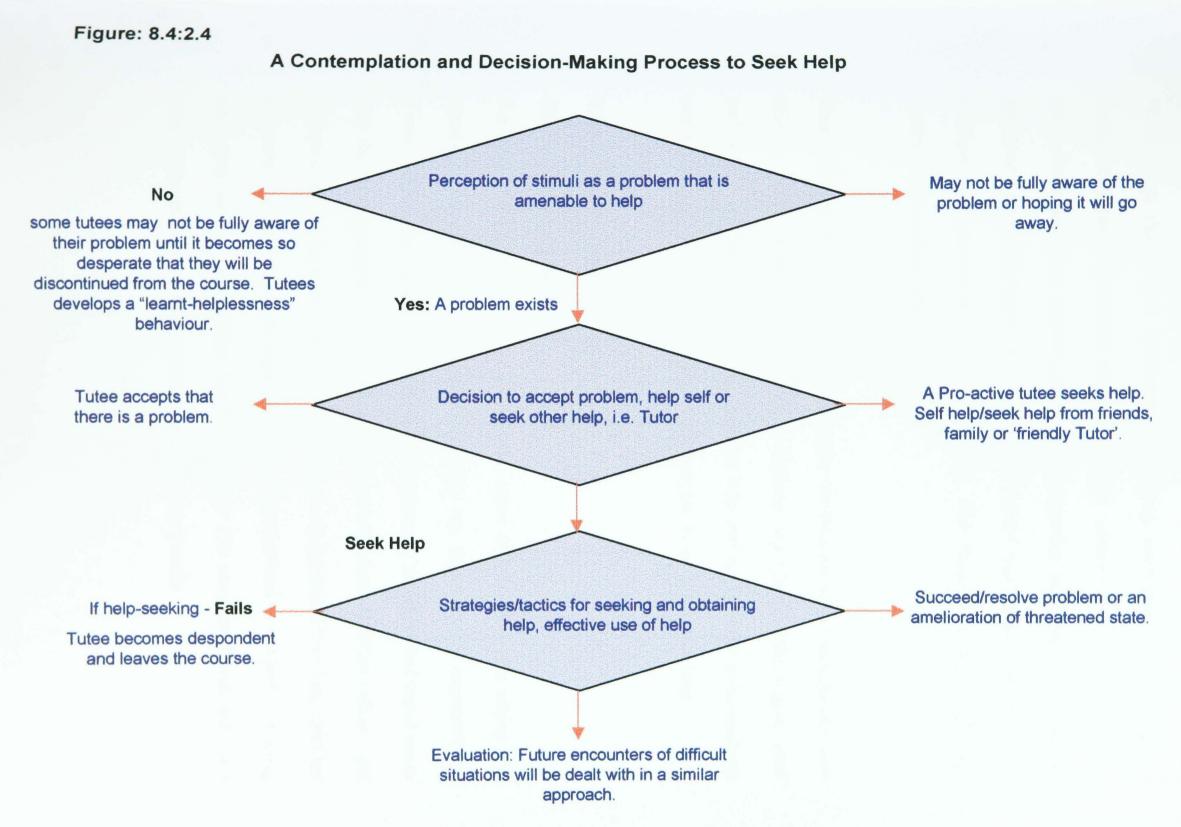
The Lone Tutee

Those tutees who left the group had tended to be "the loners", they attended class but they did not form relationships and they did not come forward for tutorials. These "loner" students turned up to seek support and guidance when they failed an assignment or they left the course altogether without alerting anyone to their intention to leave beforehand. Personal tutors had found it difficult to engage a learner who seemed detached from the group or who did not come forward for academic support or guidance.

The "loner" students may have been reluctant to seek help because it was an uncomfortable and an upsetting experience. Gross and McMullen (1983) were concerned why people did not avail themselves of useful services, or why they sometimes did not ask for what they wanted or needed even when the cost appeared minimal and resources were readily available. They concluded that for an individual to seek help first s/he must recognise the symptoms and define them as a problem, and acknowledge that help is needed and /or appropriate for dealing with the

problem. Gross and McMullen (1983) called it: '*Stages in the Help-seeking Model*' which was adapted in this study to suggest the decision-making process that was taken prior to asking for help in nurse education

See Figure 8.4:2.4 - A contemplation and Decision Making Process to seek help



Group Work

Those tutees that formed themselves into groups performed well in terms of academic success and clinical competence. They seemed to have well-developed social skills and have self-confidence in approaching their personal tutors for appropriate help and support. Rosenberg (1979) stated that self-confidence was the anticipation of success in meeting challenges. This finding led me to look into students' help-seeking behaviours.

People who are in need of help often avoid the unpleasantness by failing to seek help (Sapiro, 1983). Other researchers such as DePaulo and Fisher, 1980; Sapiro, 1975 and Lipman and Sterne, 1962 have found that help-seekers do suffer embarrassment and it is a major factor in explaining whether people do or do not seek help.

8.4:2.5 Not Trusting your Tutor

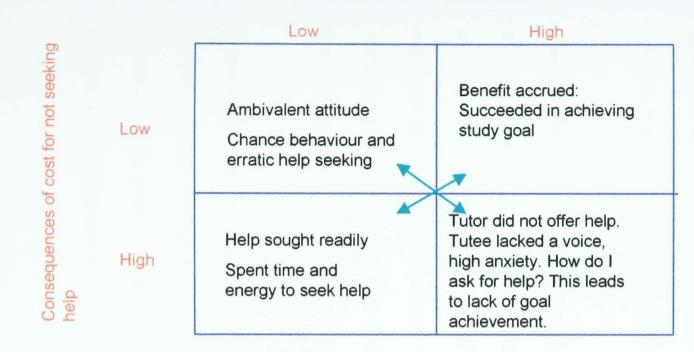
The sense of anonymity

For most of the London-based students, they stated that the university setting was daunting, they felt they were anonymous and felt lost. Several tutees expressed that it was a frightening experience. At the London university the tutees had hoped not to start the pre-registration course with so many students from different cultures and backgrounds. At the start of the course the students found themselves lost, confused and unsure if they were in the right place. They found it hard to feel part of a group when they sat in a large lecture hall holding over 130 students. Farrah and Eliza were tutees who said how they felt by this quote from Farrah:

"I was nobody and I felt I was on a conveyor belt, I was just a number, and the conveyor belt would stop if I had a problem, and if I did not report a problem I would simply continue on it and get off at the other end".

A similar quote was echoed by Eliza earlier where she used the term '*I was on a conveyor belt*...' The perception seemed to imply that they felt like cogs in a wheel and the education system fails to acknowledge them as a person with feelings and emotions. Eliza and Farrah were tutees who did not experience positive encounters in the relationship with their personal tutors. See Table 8.4:2.5. –Cost of Seeking Help.

Cost of Seeking Help



(Adapted from Piliavin and Piliavin, 1973) The Intra Personal and Inter Personal Factors

Some tutees in my research study reported that they attempted to seek help from their personal tutors but tutors were unhelpful or unavailable when they needed help. According to the matrix above the tutees made several contacts or calls but they did not get a response or help. They expended a high cost in personal time, energy and experienced distress but the net gain was low. (Put in a lot of effort and no help received).

Tutees who sensed early that they had a problem and actively sought help. They spent a high cost and gained a high benefit.

Many needy students do not seek help even when it is readily available. They will cite that they could not afford travelling expenses to get to the school to see their tutors. Occasionally they will attribute blame upon the personal tutors for being inaccessible or unavailable

Wallstone (1972, 1976) cited that individuals avoid seeking help and called it 'avoidance' – avoidance dilemma arises because of embarrassment from solid learning theory, embarrassment occurred from continued failure at solving a problem and the need to seek help is to expose ones embarrassment publicly.

Gross et al (1979) stated that there is a high cost associated with seeking and receiving help in the context of reactance, attribution and equity theories. Negative feelings are due to feeling threatened with a loss of self-esteem or freedom (reactance), they interpret their help seeking as a sign of inadequacy of the tutor (attribution); or feel uncomfortably indebted (equity).

The nine tutees at the Northern university, which had an intake of 30-40 students per cohort did not have the daunting experience of being in a large diverse group and reported that they had positive encounters with their personal tutors.

A friendly parent (gaining the tutees trust)

Bramley (1977) advocated that students need the kind of environment that will help rather than hinder their personal development, and Jacques (1992) suggested that the role of the personal tutor has four key elements: a friendly 'parent' to students, to act as an agent at the interface between personal and academic development, to keep a watching brief on problems and to facilitate the students' progression.

Fearing failure some students were risk-aversive and they sought validation for their actions from a parent or a trusted tutor before they did any thing that might impact on their social, education or professional life. I would disagree with Jacques's suggestion that the students needed a 'friendly parent' because most adult students value being independent and, like to make their own decisions and they prefer to resolve any problem they encounter in life, by themselves whenever possible.

Student centred (a trusting relationship)

The personal tutor role can ease the transition from secondary education, and home to University life when the tutor adopts humanistic or a 'student-centred' principle (Rogers, 1969). Transition from secondary education into a University culture can be eased when the tutor creates an appropriate warm climate and act as a resource person and a facilitator of learning. Tutees who felt good about themselves and had positive regard (Rogers, 1969) reported positive encounters. They had experienced an 'I-thou' relationship with their tutors (Buber, 1878-1965).

8.4.2.6 Trusting your tutor – inequity of support

Students compared the amount and quality of support other students receive from their personal tutor. For example, Farrah reported that other tutees were getting more help than her. An 'African' student, Lind said that her personal tutor was African like her but she showed more liking for the 'White students' and devoted more time to them. Several African students (n=8) had commented that all the personal tutors had their favourite tutees. This was hurtful to them as they felt that they were treated unequally. This feeling of being treated as a 'lesser' person compounded their difficulties when they had to cope with work, study, and support their families and on top of which they had to experience a lack of support. Some of the students said they had children x (n=8) and they could not get help from their personal tutors when they had difficulties on clinical placements' regarding requesting off duties that supported their domestic commitments.

For those students from Africa with children (n=8) and siblings (n=3) still in Africa they often had to work as Health Care support workers on night shifts to earn enough money to send to their parents back in Africa and pay for their child care and other domestic bills. They said that their personal tutors were not interested in them or their difficulties whenever they went to inform them that they could not go on a clinical placement or if they needed advice and support to apply for an extension on their coursework.

8.4:2.7. Coping when not trusting your tutor

Coping Theory

From a literature search on 'Coping Theory', Lazarus and Folkman (1984) observed that individuals often modify a threat by frequently changing their thinking and adapting their behaviours. If the stress demands were taxing or exceeding their resources, they would attempt to employ various strategies in order to assist them. For example, a tutee may consider seeking help and advice from the personal tutor whom s/he trusts. This would be a transactional process with a problem-focus and emotion-based functions (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). When the tutees perceived that their needs and expectations were not being met, they became 'emotional' and attributed blame to the tutors for their lack of success in coursework. At this point, the tutees' working relationship with their tutors started to breakdown. Some tutees ended up with little or no personal tutorial support because they felt their requests for help were not met and subsequent requests would also fail. They, then started to look for any 'friendly' tutor who would listen to them and would offer them some assistance. When I asked the tutees :

When you come across a tutor who is friendly and offers to help you, do you tell her/him about the difficulties you're having with your own personal tutor?

Their response was "No". They did not tell the 'friendly tutor' that they could not get the help from their allocated tutor because they were worried about the consequences. They said they would be told off or would be embarrassed.

Bya, Sadie and Farrah said:

When I find a tutor who can help, I don't tell her/him about the problem I'm having with my personal tutor. This is because tutors talk to each other and if I tell them that my tutor is not helping me, they will talk and I'll be in trouble.

It seemed that tutees wanted reassurance and for some sort of 'comfort' that their tutors understand their need for help, but when they did not get the support, they approached 'friendly tutors' and adopted the role of the 'lost traveller' who asks for direction or a road map to continue on the journey to reach the end of the course. Tutors were aware that some of their tutees requested help from other colleagues. They called it " *the students' doing the rounds*". They said that it was quite common to see students adopt the 'learned helplessness', passive victim behaviour when they came to seek help from other tutors. Tutees approached other tutors by saying:

My personal tutor is unavailable and I'm desperate and in need of some assistance.

One tutor, Helena said:

Students often come to me expecting me to rescue them, they often tell me how hard they have tried to see their tutors. They will say that they have not been able to get an appointment, they plead with you, say how desperate they are and they will be full of praise for you and so on... if you're not careful they even go to the point of almost kissing your feet and even go on bended knees to show their appreciation. Some of them are so manipulative but I don't have the heart to turn them away. I feel sorry for them.

It is important to state that the manner that some tutees approach tutors for help tends to reflect their cultural up-bringing. *They were apologetic, subordinate, docile in nature and often smiled when they are challenged. This was predominantly observed in overseas students.* [My emphasis on what tutor' participants reported during data collection.] It seemed that if the student presents and discloses some level of distress, accompanied by an indication of several attempts that they have made to address the matter of concern, then they positively influence other tutors to support them.

Homesickness

The overseas tutee participants and some of the UK residents reported that the move from home to university caused them anxiety. Homesickness was particularly bad for those who came from the African continent. They said that they had left their families, children and young dependent siblings with relatives. They came to the UK to undertake nurse training and to earn money to survive.

The UK tutees often came from rural small communities as did those students from Ireland. They reported that they had not been exposed to a diverse multiracial setting in their part of the world. When they came to the university and went on to the hospital wards, they found it difficult to adjust to the diverse setting and wanted to go home.

Fisher (1994:39) reports that homesickness is a syndrome of significance when understanding stress. The term "refers to a complex cognitive, motivationalemotional state concerned with grieving for and missing home". Fisher (1990) had used the Middlesex Hospital Questionnaire developed by (Crown and Crisp, 1966) to assess stress levels in university students. She analysed the result and found an increased level of psychological disturbance in the nursing population of students following their transition to residence and the Nursing College. Overseas tutees reported that they missed their family and children but they need to cope no matter what. By asid *'I left my country for a better life. I have to cope'*.

When I asked her how she coped, she reported that she seeks help from friends and other "friendly tutors".

8.4:3 Tutors' accounts of 'difficult' problem – being there for learners

8.4:3.1. Grammar

Other areas of tutees' weaknesses that tutors had pointed out were tutees who were unable to write grammatically, do not attend to the spelling of words, or use punctuation, illegibility and failure to follow conventional citation of reading material (referencing). Some of them had copied the lecture notes or paragraphs from books or journals, which they plagiarised in their essay. Several tutors (n=20) said that often they spent time educating tutees that they cannot copy or regurgitate lecture notes that they had taken in lectures. Some tutees were caught for plagiarism for not acknowledging the source of the text. Some of the tutees wrote descriptive essays and expected their personal tutor to coach them. They said that it was very time- consuming and it demanded a lot of the personal tutors' time. Raymond, a personal tutor said he frequently felt exasperated with some tutees.

One of my tutees, is appalling. As soon as the tutee comes to see me, I feel my energy drain away, she can't write, can't spell, can't put a sentence together and she wants to be a nurse, I tell you she could not organise the papers that she wrote to show me, the tutee sat there fumbling away in her bag, looking for this bit and that bit of writing. I don't know how she manages to scrape through with a borderline pass mark of 40%... I wonder what sort of nurse she is going to be, she tells me she is good in practice but I think it's her manipulative behaviour with mentors that lets her get away with it...

8.4:3.2 Language

Many others tutors stated that students whose first language was not English needed a lot of educational support, they referred the students to the Educational Learning Support Unit but the tutees returned to them claiming that they did not get all their work corrected or marked by the Support Co-ordinator. The tutor said it seemed that the students were expecting to get their whole essay corrected by the Learning Support co-ordinator. One tutor Fred said he felt frustrated by students' unrealistic expectations by stating:

'I'm at my wits end about some students who expect me to correct their essays all the time before they submit them, it's an impossible task to tutor students how to write properly...tutees do not grasp that they have to learn for themselves....'

8.4:3.3 Work Overload

The above were a couple of examples of the feelings of frustration that tutors reported. The personal tutors seemed quite stressed and frustrated when they are faced with an increased workload and having to tutor tutees who clearly lacked academic study skills. They felt powerless to refuse to take on tutees who require tutoring on basic academic writing skills and their demands on the personal tutors' time when it is so limited.

8.4:3.4 Accountability

Personal tutors were very aware that in an era of high accountability they had to account for every tutorial session they have, thereby being able to show exactly what

they did, what they said and did for the students. They added that they kept copious records of tutor- tutee meetings in order to be prepared for any allegation that they did not provide support to the tutees. Tutees were quick to attribute blame that their failures had been due to their personal tutors not offering them adequate support. The personal tutors said that very often when a tutee complained about them, they found that if they kept copious notes to demonstrate what they did in terms of supporting their tutees, and what was the nature of the support and guidance they offered to the tutees then they felt they could evidence what they had actually done for that tutee.

8.4:3.5 Non-achiever tutees

Tutors said 'non-achiever tutees' imposed further demands on them by requesting their personal tutors' to be present at an Appeal Hearing or a Disciplinary meeting. The university also issues 'failed letters' to students with a specific request for them to see their personal tutors regarding having failed their coursework.

8.4:3.6. Knowing how to Learn

It appeared that some tutees simply did not "know how to learn" and why they wanted to learn. They ought to had a greater awareness of their thinking strategies (Child, 1997). Child suggested that by understanding the process of study, their own characteristics, work conditions and subject context, students will have a better chance of improving. Tutees lacked self-awareness into their effectiveness of learning and what are the learning objectives which Rogers, A (1996) called 'clearing up the messes'. The 'clearing up the messes' was about looking and examining the past and present learning episodes. It had to be a voluntary and intentional purposeful act. It required a learner to be active. S/he analysed the issue or problem, determined what the problem looked like, why it existed and what prior experience can s/he call upon to assist in solving it. The traditional model of a learner who was a passive tutee, who needed a teacher to give knowledge and could only respond to external stimuli or support, will not learn. As Rogers A (1996) suggested that it is important to analyse the issue, determine what the problem is as far as one can see it and try to solve it. How we do that depends on how much and what kind of experience we can bring to the 'mess'. That will determine the way we look at problems and the language in which we express it (Rogers, A, 1996:83).

Tutors stated that they sensed many of the tutees who required a lot of academic support from them, requested tutorials just to make sure they passed the coursework. "Needy" tutees placed more emphasis on getting the registration than experiencing the learning. This typified what Marton and Saljö (1976) had found in their research. They reported that there were students who were predisposed to 'Surface Approach- Learning'. It meant that they focused on memorising and reproducing information with extrinsic rewards such as qualifications, and had a fear of failure in their mind. The opposite of 'Surface Approach to Learning' is 'Deep Approach to Learning'. 'Deep Approach Learners' tried to understand and extracted meaning from the information with an intrinsic interest in the subject. These learners were actively searching new ways to solve problems and gained satisfaction from selflearning. Enwistle and Ramsden (1983) noted that there are 'strategic' and 'apathetic' learners. The 'strategic' learner had a high need for achievement, handed work in on time, carefully noted the prejudices of the marker or lecturer and hands in essays that the lecturer likes and on which they got feedback. These behaviours were commonly seen in tutees who were "deep-approach learners", they were selfdirected and made less demands on the tutors. Whereas the 'apathetic' learner had low motivation, were disorganised and had a negative attitude towards learning how to learn.

8.4:4 Metacognition- Learning about self how to learn and at higher education

The students' ability to be self-aware, think about what they need to learn, how to plan a course of action and how to identify their learning needs would greatly improve their chances of success. The 'Strategic Learners' who have been discussed above know how to achieve success and they possess good communication skills (Enwistle and Ramsden, 1983).

8.4:4.1 Social Warmth

'Social warmth' was vital in establishing rapport and in the sustenance of interpersonal relationships. Tutors who did not demonstrate social warmth and were unnaturally socially reserved created a barrier and prevented students from getting to know them.

Students were mature individuals and they were aware that not all tutors could convey social warmth, but they did not think that the tutors should behave differently towards them. They seemed to like the tutors who naturally demonstrated a readiness to give and receive social warmth by the manner they interacted verbally and non-verbally. The tutees who had a positive relationship with their personal tutors reported that they did well on their studies because they had supportive tutors. Tutors also said in return tutees seemed to respond naturally and openly to them, they were able to share feelings of companionship and support and they co-learn. As the relationship continued and became one of mutual trust, they began to show another aspect of social skill, that of *'self-disclosure'*. Not all tutors embarked on 'self-disclosure' or sharing of secrets, some tutors and tutees said they were reluctant to make themselves vulnerable because this is what disclosure can do and they did not want their weaknesses or strengths to be exposed publicly.

8.4:4.2 Trustworthiness and competent tutors - Disclosure

Egan (1990:44) distinguished between over, under and appropriate self-disclosure. 'Over disclosers' talked too much about themselves or they talked too personally about themselves in social situations that did not call for personal talk; 'under disclosers' were individuals who did not want others to know them deeply and said little about themselves even if the situation called for it; and `appropriate selfdiscloser' avoided the two extremes and they disclosed when it was fitting, and suitable, the right amount at the right time (Egan, 1990:45).

Some tutees or tutors could overdo disclosure and it could antagonise other people. However, an appropriate degree of self-disclosure showed that there was a desirable openness towards each other. They had honesty and a lack of defensiveness about themselves. It also showed a readiness to trust the other person. Trust was an essential ingredient in social intimacy. Fontana (1995:325) advocated that above all self-disclosure helps people to be good listeners, if we want to self-disclose, we must give others equal freedom to disclose to us. Tardy and Dindia (1997:213) suggested that self-disclosure is a process whereby people verbally reveal themselves to others, and is one of the interpersonal skills that had been identified as important in initiating, developing, maintaining and terminating relationships (Nelson-Jones 1983, Egan 1990, Tardy & Dindia 1997, Burnard 1994 and Connor 1994). Jourard (1971) and Stricker (1990) have said that the therapist's disclosure encourages reciprocity from the client.

Delerga et al (1993) observed that it was hard to imagine how a relationship might get started without self-disclosure. Jointly, tutor and tutee identified what, when, where and how they will disclose things about themselves within a social and therapeutic relationship. The factors or variables that were said to influence our selfdisclosing habits were: our personality, our self-awareness and our empathy (Miller et al, 1983) and Jourard (1961) reported that females tended to disclose more to other females than males and American students tended to be more disclosing that British subjects. During my data collection I did not ask tutors if they disclosed anything about themselves to their tutees. However, I noted that tutees reported that they liked it when tutors talked a little about themselves, their work and their families. It was part of "getting to know you"

8.4:4.3 Influence of Personality

Raaheim et al (1991) reported that students have different personalities and expectations and study goals. Tutors cannot alter these characteristics. For example, the personal tutors in my study claimed that they have had 'good' and 'bad' tutees. The defined 'Good students' were those similar to what Entwistle and Ramsden (1983) had identified as 'strategic' in planning their studies. They had a clear goal for learning and working. They had developed good study skills and selfdirectedness in their learning, prior to entering HEI and within six months to a year they developed and became independent 'learners'. They required minimal support and guidance from personal tutors in the second year. However, the 'bad' students were seen by tutors as a group of 'apathetic' students who made heavy demands on personal tutors for academic skills development and support. Every essay was submitted to the tutor for reading and commenting upon to ensure a pass grade in the module. Several tutors said that some of their tutees were more or less expecting them to write their essays for them. The tutors knew that this level of academic support made the assessment process a preposterous exercise. Only a few tutors (n=5) at the London university owned up to reading several drafts for their tutees before they submitted their paper for marking. This activity created its own problem, a role conflict, highlighted for example by a long quote from a tutor, Charity when she said:

One of my tutees asked me to look at his draft essay and to give him some feedback to improve on what he had already done. I had looked at it, made several suggestions and comments to help him improve his work. Luckily, I had taken a copy of the essay with my feedback to him on it. He, however, submitted the work without incorporating my suggestions and comments. He failed the essay. He appealed against discontinuation for not achieving the required academic standard to pass the essay. He blamed me for not helping him. I got the marked essay from the examiner and I could not believe my eyes, he had erased my pencil comments and submitted the same piece of work without actually doing any of the corrections I had told him to do. I was quite amazed. At the Appeal Hearing I showed the appeal panel the version of the work that I had looked at and my written pencil comments and pointed to the original work which he had submitted and where he had erased my writing on the failed piece of work.... I felt very, very angry with this student, he was 25 years old and not 10 years, to behave so immaturely was beyond imagination....

Tutors, (n=5) said that a few tutees were not to be trusted, were disloyal, devious and manipulative. They (the students) should not be nurses and it was difficult to establish a good relationship with them.

8.4:4.4 Approach to learning and presentation

Tutors would often base their judgement of 'good or bad tutees' depending on the tutees' approach to learning and presentation. The personal tutors and the mentors in clinical practice made a subjective and an objective assessment of the nursing students' academic and professional development. It was very much dependent on how a tutee presented herself or himself to these people who then categorised the student to be 'a good' or 'a bad' student, this was the subjective assessment and the objective assessment was based on pre-determined learning objectives that the student had attained or achieved. The HEI emphasises that the individual needs of the learners would be considered with appropriate academic support and guidance to be provided to tutees by personal tutors in the school setting whereas on clinical practice the support will come from the mentors. What seemed important to consider was that tutees had already developed their own self-concept on how to learn and to behave. Child (1997:318) referred to self-concept as 'self-image'. However, Burn

(1976) defined self-concept as: 'the individual's percepts, concepts and evaluations about himself, including the image he feels others have of him and the person he would like to be, nourished by a diet of personal evaluation of the environmental experience. Child suggested that self-esteem was self- evaluation or self-worth. Colin Rogers (1982) had remarked that ' the self-concept is what we are like', while self-esteem is the degree to which we like what we are like (Child, 1997:318). He clarified the differences between 'I' and 'me' – 'I' does the thinking and 'me' is what 'I' am thinking about. Quite often, some students stated that their needs were not met. As an example, I used a tutee, Bya who amongst others (n=5) said:

My personal tutor did not return my calls, whenever I leave a message for her, I never hear from her, I think she is racist and she does not like me....

8.4:4.5 Racial Issues

The above is very much Byaa's self-concept of the non-return of her call by interpreting that her personal tutor's un-responsiveness means her tutor did not like her and that she could be racist even though it was groundless and her assumption may be wrong. Bya's perception could be that as a Black African student and her tutor being ' White British' meant that her tutor did not like her. She might have prior experience of racial discrimination and therefore, she felt it was justifiable to state that her tutor might be racist. What led her to evaluate the unresponsiveness as racist may be to do with her previous experience or it could be simply a reason for not trying harder to contact her tutor and she justified her statement based on her disappointment for not having a good rapport with her tutor.

A weakness in my data collection was that I did not probe more into why she and other tutees thought their tutor was racist. I was reluctant to probe because I felt the tutee expected me to be aware of it and be sensitive to her feeling as I am from an Asian/French background.

Alexis (2003) advised that as a black researcher there is a danger of becoming over involved in the research process, especially if the topic affects you or you have had experienced of the issues you are researching. My intuition at that moment when By a was talking about her disappointment in her personal tutoring relationship, was that I wanted to keep my involvement to a minimum, in order not to lose the essence of the study, given that if I had become over-involved it would reduce the authenticity and nullify the research that I was conducting. I felt Bya had trusted me enough to disclose the feelings of discrimination and racism that she had experienced. It would be inappropriate for me to challenge her assumption as she was offering in-depth information on her experience. By a reported that her three years nursing course had been a major struggle for her without the support of her personal tutor. When I asked her why she did not request a change of tutor, she replied that she had thought about it but when she saw the 'School Policy on Request For a Change in Personal Tutor', it requires the student to meet with the allocated tutor to discuss why she is requesting a change and she said that it was very 'off-putting'. She added:

I get the vibes she does not like me, but I can't go to her face and tell her I want a change of personal tutor because I think she is racist.... I decided that it was not worth it and struggled on, there are other friendly tutors who I can go to if I want....

Bya's self-knowledge seemed to assist her in coping with the lack of a meaningful relationship with her allocated personal tutor and she was aware of the 'friendly tutors' who could help her. Friendly tutors acted as a rescuer and they offered the tutee's warmth and support which enabled them to share their problems.

In agreement with Fontana's (1995) suggestion on Kantian's philosophy that selfknowledge is the beginning of all wisdom. I believe that the person (Bya) had a fair understanding of herself and what was right for her. For example,

If we can fully know who we are, this gives us a firm foundation upon which to build our lives, since we can recognise our likes and dislikes, our strengths and our weaknesses' (Fontana, 1995:255).

Furthermore, Mead (1934) extended the meaning of 'self' as a separate entity into 'subject' and 'object'. The 'I' is the (subject), I- know about 'me'- the object. The 'I' is pure awareness, and the 'me' is the things I know about myself and of which I am aware. Carl Rogers (1977) postulated the 'self-as-object' by calling it 'self' and 'congruence'. The self has basic in-born needs for survival such as: food, shelter, emotion and feelings, sensations and social needs and the most important need which Rogers calls positive regard. Students and tutors require a basic need for positive regard that is acceptance and approval from others. Tutees felt the need to be treated by their tutor with care, respect and as an individual irrespective of the cultural background.

8.4:4.6 Self Knowledge

The 'Self knowledge' about themselves and how others perceived them greatly influenced tutees' level of aspiration. The need for achievement seen above in Delia and in others who did not secure appropriate academic support still motivated them to continue with their studies because they need to secure the nursing registration for economical benefit via employment. They obtained support from friends, families and other 'friendly tutors' to achieve their goal and complete the course. This was based on an individuals' needs for achievement and it was dependent on a theory developed by Weiner (1992) who proposed a model of 'antecedent conditions' or 'entry dispositions'. It was what a person brings to a specific event which is broken down into cognitive and affective predisposition factors such as: aptitude, effort, chance, mood, fatigue, health, teaching methods and the teacher's quality of interaction that can all lead to goal achievement for the tutees.

8.4:4.7 Approach to learning

Students' approach to learning was seldom considered. Some tutors gave very little thought to the quality of learning and support that they gave. Facilitation of learning would be better for students when tutee's entry dispositions could be considered by the tutor in order to establish individual tutees' needs and to provide support and guidance that would promote their cognitive and affective skills development. Tutor and tutee could draw up a learning contract where both participants take responsibility.

Tutors stated that it was unfair of tutees to expect them to 'mark' draft essays but could not refuse them. Tutees placed tutors in an undesirable situation which Entwhistle (1981) confirmed is typical of students' attitude towards their teachers.

8.4:4.8 Dependency

He went on to say that students seemed to regard their teachers as a distinct group that were expert and knowledgeable in all matters. The tutees in my study believed that their tutors did not care for them, when they did not get an immediate response to a request, or when their requests for academic support were not met as they had expected. Tutees stated that they had exceptionally 'good' teachers when their 'dependency' was sustained by the personal tutor. The term 'good teachers' was defined by Entwistle's (1981) when he said that a 'good' university teacher is interested in the students as people, They tried to convey an interest in their teaching by being enthusiastic in their subjects, have good planning and encourage students to ask questions. On the other hand, as confirmed, 'poor' teachers were experienced by the students at the London university.

When their dependency was not sustained to their level of expectation, the majority of the students who said that their teachers were 'poor', a judgement based on their perception that the teachers had a lack of interest in them, (for example they did not help them with their course work) would then state that the tutors did not care about them as tutees.

8.4:4.9 A 'System issue'

The teachers attributed the reason for the students' failure at the university as a system issue' by telling the students that they were very busy. I found that the tutees in my study who said that the personal tutors were 'uncaring' added that they felt their personal tutors were busy, doing other things and teaching.

However, the tutees and tutors at the Northern university reported good working relationships. It is therefore reasonable to assume that the location and the environment of the London university's infra-structure creates the tension between the tutor and tutees. When I asked the tutees: 'What did they think their tutors were busy, doing?'. They responded that their tutors did not have time to see them because they were teaching in class, had a lot of marking to do and were doing their own study or research.

8.4:4.10 Role Overload

Even though tutees were dissatisfied with the quality of support, it was interesting to see that they remained fairly consistent with Entwistle's evaluation of teachers' interactions with students. Some tutors were experiencing a work overload due to a high number of overseas students, small and non-productive departments that have closed down and tutors were also required to use creative and new methods of teaching. Tutors lack of secretarial support and an expectation by the university for scholarly activity by teachers had all become an essential feature of academic life (Kogan and Kogan, 1983). These tutors might be unwilling to interact or promote students' dependency on them. Fisher (1994:64) reported that academic staff have lost 'back-up' support in terms of secretarial support. Many staff were having to cope with overload in three areas –teaching, research and administration. She claimed that role overload is a major source of stress at work and such conditions encouraged failure by saying that it was impossible to work effectively when human resources were overloaded. Tutors at the London university expressed concerns over increased numbers of overseas students and the tutees reported a lack of support from their tutors.

8.4:4.11 Overseas Students

These overseas students who entered Higher Education had a shortage of study and academic skills. But only a few of the UK students were inadequately prepared to study at the University. Some of the less academically qualified were mature students from the NVQ level 3 courses or had entered nurse education having completed an Access to Nursing course or National Vocational Qualification in Health Care at Level 3. A high proportion of nursing students were mature entrants from Africa and they had left secondary education many years ago. Overseas students had a preferred mode of academic study.

Harris (1997:42) said that it is a truism that they were raised in a conformist educational system which means that overseas students are happier with memorising and reproducing information than with problem-oriented and active teaching strategies. Educational innovations such as Enquiry-Based- Learning (EBL) or Problem-Based-Learning (PBL) are perceived as progressive and creative education. They are time consuming for teachers when the majority of the students are inclined towards "surface knowledge" in order to pass their examinations. Harris reported that the British Council (1980) had found that there were genuine differences in study style. Irrespective of preferred learning style, the home (UK) students as well as overseas students preferred 'human contact' that is, interaction with tutors. Elsey (1990) further supported the claim that overseas students' studying styles vary. He reports that the overseas students liked well-presented lectures supported by clear handouts and structured guidance that was compatible with pedagogic educational modes, but tutors said that some tutees could take the first year of their training to develop new skills of learning and they gradually made less demands on them. They found this rewarding.

8.4:4.12 The Widening Entry

'The Widening Entry' into Higher Education through the Government policy on 'Widening Participation' had meant that less able students were recruited to university without sufficient study skills. In addition to this point student numbers in the classroom had increased. Thus, teacher's workload had substantially increased. Nearly all of my personal tutor participants reported that the large number of students made it difficult to know the students well and it took them quite some time to get to know the 'overseas students' by name or face. The resulting effect was job strain and stress. In my research, tutees said how much they liked and valued it when their personal tutors stopped by to say 'hello' to them, they felt acknowledged and accepted as a person. An interesting observation and analysis of my data revealed that the personal tutors said that they experienced a job strain by not knowing the tutees well. Some tutors admitted to not knowing their tutees. Madge said:

I can't remember or even know their names, because there are so many of them, I know my Caucasian, white UK tutees because there are so few of them but I do have some difficulty in establishing a good rapport with my 'overseas tutees'. To overcome this difficulty, I asked all of my tutees to provide me with a passport size photograph on which I can write their names, and a little bit about where they come from, what they did and what family support they have etc.

8.4:4.13 Time Constraint

So, it was not about the tutors not wanting to know the tutees but it was the timeconstraint that tutors perceived, that prevented them from establishing a 'close interpersonal rapport' with the tutees. This rapport with tutees was what 'built' or 'broke' the bridge in the context of tutee or tutor relationship. Some tutors were only able to act in a functional manner and regarded the tutees who took the initiative to see their personal tutor on a regular basis as 'good tutees'.

Despite the 'negativity' that the tutors had they said that they enjoyed having personal tutees and they liked to make them feel valued and they welcome them to the nursing profession in a positive and warm manner.

8.4:4.14 The Sharing of Secrets

The 'bridge' was further strengthened when they related some of their own learning experiences about themselves when they had been a nurse and are now teaching/lecturing. This sharing of "secrets" encouraged the tutees to see that nursing could offer them many rewarding career prospects, and helped them to overcome barriers in learning to be a nurse.

8.4:4.15 University, Classroom teaching

The tutors encouraged the tutees to appreciate that University, classroom teaching was of a tremendous value to them because it influenced and raised their health care delivery to a high quality standard. They cautioned the tutees that the teaching environment can often appear different from the clinical setting, where they are required to apply their basic commonsense and theoretical knowledge. Teachers could facilitate the tutees in how to learn the art and apply the skill of nursing. Miranda, a tutor said:

Some students have no idea about nursing, what it entails. To be a nurse you need much more than caring and compassion, it's sheer hard work, there's no point going into practice with a pair of rose tinted glasses, the reality of sick people is not something that I had expected when I went into nursing... I want my tutees to see me as a real person, a nurse first of all, then a tutor, so when I first meet them I tell them how I got to like nursing after the reality had hit me... Oh, you have to see them, they listen to you so attentively....

8.4.5 Building Bridges, a sustained presence

The 'satisfied and happy tutees were those who felt they had constant and consistent support from their personal tutors. Tutors who respond to tutees' every needs could be looked at analogous to the nurse/patient relationship, when a patient in hospital calls a nurse, the nurse does not turn round and say: "*I am busy at the moment or I don't have time for you*'. S/he still smiles and attends to the patient's needs or request.

Many of the nurse tutors were socialised to this mode of behaviour, and no matter what or how they might be feeling or experiencing, they would still present themselves with a warm and welcoming smile to their tutees. This was what Hochschild (1983) called 'emotional labour' whereby an individual induces or suppressed her/his feelings in order to sustain an outward appearance that produced in others a sense of being cared for in a convivial safe place. Smith et al (1998) conducted a study on emotional labour and they reported that it made the nurse and patient contact easier. A similar concept was applicable to the tutor – tutee relationship. It created an invisible bond that the tutor cultivated with the tutee, Smith et al quoted a participant in their study who said :

If you don't show that you care, the patient soon cottons onto the fact and stops talking to you... If you are not tuned into how the patient is feeling and can't show you care, you are not going to be able to deal with all the little problems that come up.

Likewise, some of my tutors participants who had worked for a long time as nurses continued to 'care' for the tutees in the same manner as they did for their patients when they nursed. And so, some of the tutees might develop a perceptual form of learning, that could be said to be "insight learning" that nursing required an individual to be selfless and almost 'superhuman'. McMahon and Pearson (1998:44) suggested that 'presentational actions' highlighted the importance of how nurses behaved during interactions and the consequences for the patients. They added that the 'nurses presentation' such as the nurse as a person and the ability to communicate their physical and psychological presence with the patient (*presence of the nurse*) had an impact on patients. In a similar manner, a nurse tutor possesses the

qualities of the nurse as indicated above, one of my tutor participants said her style of personal tutoring is like caring for her patients as outlined by McMahon et al (1988). How a tutor presents herself/himself and her/his attitude and manner, whether s/he appeared tired, or in a mood, their appearance and whether their actions convey to the tutees that they are valued by the tutor, would greatly influence the relationship.

Wyn, a tutor stated that her role was like a bridge for her tutees, she saw herself as an enabler, enabling the tutees to get to the end of their journey. Likewise, tutees were not different and had a similar expectation from their tutors. At the initial meeting "first impressions always count". Tutor and tutee built a mental construction, some kind of a link or connection. For example, tutees stated that they began to develop an established pattern of doing things or reacting to their tutors. Bandura (1977) a social learning theorist suggested that self-efficacy is one's belief that one can perform some behaviour or use a cognitive strategy to meet the demands of a given situation. It occurs as a result of self-knowledge based on four principal sources of information: performance or skill mastery, vicarious observations of others' performance, verbal persuasion and other forms of social influence. Bandura called this type of social learning 'role modelling' and explained that it empowers and develops personal control germane to social competence. This in itself was not sufficient. Tutors can be the 'bridge' for the tutee. But more so. there was a need for both to reflect and have certain levels of awareness.

Casement (1990) wrote that it required an individual to be an 'internal supervisor' by reflecting 'in action' and 'on action'. Tutees who prepared for a tutorial would benefit, and do benefit, more from the tutorials s/he brings a theme, a specific problem as an incident for discussion. The tutor offered the tutee an opportunity to explore the problem, develop a successful relationships and both parties needed to have the ability to listen, that is 'hear' what someone is telling you consciously or inadvertantly. It involves listening with your heart, mind and body. Without free and uninterrupted time 'holistic listening' would not be possible. Tutees reported that they could tell if a tutor cared for them, they liked tutors who listen to them, had a sense of fun and optimism.

Personal tutoring and the manner in which it unfolded and developed the relationship could be viewed as how one worked with tutees and influenced their well being. Halldorsdottir (1991) called this 'being with' or 'presencing' to mean 'see how we are with people' and is fundamental in conveying caring (Watson 1985).

8.4:6 Learning about Nursing and at University

8.4:6.1 Capital Thinking

By adopting the acronym KUSAB: Tutees could help themselves:

- Knowledge about self and others.
- Understand how to relate new material in ways that can lead to new understanding.
- Skills, learn new skills or develop new skills of thinking and learning.
- Attitude, the first steps will greatly improve attitude and influence the enjoyment of learning.
- Behaviour 'to learn wisdom' (Rogers A 1996:79).

Tutors seemed to enjoy tutoring tutees who had basic study and critical thinking abilities but they were unable to develop critical thinking in the tutees when their increased work-loads constrained their ability to embark on 'critical teaching' or a critical 'learning journey' with the tutees.

Shor (1980) defined critical teaching as assisting people to become aware of their taken-for-granted ideas about the world. For example, a student nurse might not be aware that nursing is much more than providing comfort and physical care, it is also

about the development of a therapeutic relationship with patients and it means how the nurse presents herself or himself and relates to the patients. Shor added that the teacher could develop critical thinking in students by identifying, abstracting and problematizing the most important themes of student experiences. Jointly at the beginning of the personal tutor and tutee relationship they both needed to be honest about their experience, expertise, style of working and preferred way of relating or meeting.

8.4:6.2 Learning Contract

Following this exploratory 'diagnostic phase' a learning contract could be drawn to decide the logistic of time, place and how often tutor and tutee would meet. There also needs to be certain ground rules for the tutee and the tutor and each to agree individual responsibility and commitment to the learning process. Donald (1976:1) defined a learning contract as; "a document drawn up by a student and his instructor or adviser, which specifies what the student will learn, how this will be accomplished, within what period of time, and what the criteria of the evaluation will be". Through learning and reflection teachers would encourage the students to assist them to re-present the new material or knowledge that they had learnt (Shor, 1980:100). It would then be possible for each of them to gain an understanding of their individual roles, responsibilities and expectations. This would create less conflict and as Freire (1970) advocated teachers would liberate the students and change their consciousness to enable them to break free from their habitual pattern of thoughts.

Both these writers were suggesting that teachers could function as a catalyst in developing the students' critical awareness. This would foster creativity and self – direction. To facilitate this type of learning will require tutors to devote a large proportion of their personal and professional time in their own development of competence, courage, risk taking and humility (Freire, 1986). Whilst, I believe this espoused theory might have been more of a possibility when educational settings did not have to compete for funding, when there were less students and less accountability for the quality of teaching, I would still like to suggest that tutor and tutee would derive a positive and meaningful encounter when a learning contract is drawn up. This would be seen as communication competence within the context of critical teaching and learning. Freire (1986) suggested competence means the ability to communicate clearly with people, and manage group activities democratically to ensure people understand an alternative interpretation of the world.

8.4:7 Managing Caseload - Lack of capacity to sustain tutees' needs

When teaching commitments were high for the tutors they did not have time to share learning experiences with their tutees. In order to share secrets time is essential as well as privacy so that each may disclose fear, concern and expectations openly in confidence rather than in 'public'.

Nurse lecturers do not work to the same academic terms or hours as university lecturers. The school of nursing in London has three annual intakes of students, most

of the cohort numbers tend to be 120-140 students, whereas there are about 40 students of two intakes per year at the Northern university.

Teaching at the London university tended to be multi-sited and at the Northern university it is a single-sited campus. There was no tutorial room allocated at the London university in the school of nursing, however at the Northern university, there were three designated tutorial rooms for tutors to see tutees. At the London university tutors often found it difficult to get a private setting to see tutees because they share an office with another lecturer. Occasionally they could not find a quiet room to see a distressed tutee and they had to leave a tutee who was crying to go in search of a room. This created a stressful situation.

McGrath (1974) defined stress in terms of tolerance. The stressful environment was outside the personal tutors' tolerance and gaining and sustaining access were difficult, there was an imbalance between work and the capacity to meet the needs of the tutees. Fisher (1994:2) added that a stressful situation is when stress is created by an imbalance between demand or environmental pressure and the capacity to meet that demand. It was evident that the demand made by the university was high on tutors and when tutees' expectations were not being fulfilled they reported dissatisfaction and negative encounters.

Some personal tutors who met the tutees' high demands for academic and pastoral support simply did so by their good-will and altruistic motives, they went that 'extra

mile' to fulfil their commitments to their tutees at their own personal expense. Therefore, it is fair to say that the tutees need to understand the demands their requests make on tutors when they seek help from personal tutors especially for academic guidance. Then, I believe, each party could have a positive experience even when the workload is raised. Fisher, (1994:61) suggested when demand is high but discretion or control is low, the result can be negative, leading to distress. This was called 'job strain' by Karasek (1979).

8.4:7.1 Tutors -Managing Caseload - inflexible tutor's relationship

The following outlines a range of factors that influence the workload of the tutor and ultimately the relationship they had with their tutees.

Tutors activities

The integration of the school of nursing into Higher Education had meant that nurse lecturers were expected to teach, meet students for tutorials, keep pace with innovative teaching methods such as EBL, PBL, facilitate seminars and lecture via video links, maintain clinical teaching commitments and at the same time be scholarly active by carrying out research, write books, and publish papers in peer reviewed journals. These activities are required by tutors in order to develop a high profile role nationally and internationally by presenting conference papers on their work (Fisher, 1994). By undertaking these activities they enhance the University's reputation.

Quality Assurance Agency

Academic staff are peer evaluated, and students evaluation of their tutors are also subject to scrutiny by the Quality Assurance Agency (QAA). QAA determines the quality of each activity by a set of procedures and criteria. Various elements are assessed and rated. The outcome or result of the QAA rating. (Fisher, 1994) indicated the quality of education provided by the institution.

Personal Tutoring Encounters

Although my research was not a comparative study I feel it is necessary to report that for the small sample of tutors and tutees at the northern university it appeared that the personal tutoring encounters were more positively experienced as were indicated when data were analysed and examined alongside the data of the London university. The London university had a cohort of 120-140 students per intake three times a year whereas the Northern university had a cohort of 30 students; per intake twice a year. The small sample of tutors and tutees from the northern university were "White" British and they lived locally to the University. They were a homogenous group and not diverse as was the case in the London area. The school of nursing at the Northern university had a better working environment, it had several small tutorial rooms, had pleasant seating arrangements in the waiting area for visitors or students. It had friendly and welcoming support staff. Staff had bright and airy rooms, there were drinking facilities and a Staff Kitchen and there was ample space for tutors and tutees to park their cars. These observations were consistent during my three day visits to the Northern university. The tutees reported that their personal tutors were readily accessible and friendly and they prefer the 'rural' community atmosphere.

Several students who reported their dissatisfaction on the personal tutoring support, were mainly from the London university. A high proportion of them were overseas students from Africa, they reported that their personal tutors were often 'unresponsive' to their needs. When I considered the contrasting findings I am inclined to suggest that the working environment was less amenable and conducive towards the promotion for successful and positive encounters at the London university. There were no tutorial rooms for the students to see their tutors, no seating arrangements or waiting areas for tutees and often the students could be seen crouching in corridors or leaning against the wall for more than half to three quarter of an hour waiting to see a personal tutor who often shared an office with another lecturer. Tutorials sometimes took place with another lecturer present in the room and who was working at her/his computer or desk. I believed the increase in student numbers and the poor environment had a direct impact and influence on the quality of the encounters that tutees and tutors have in the personal tutoring relationship.

Managing Caseload (Discussed in greater detail in 8.4:7)

'Lack of time' and too much extra academic curricula activities as outlined above led me to consider the concept of 'managing caseload'.

Occupational Stress

Fisher (1994:69-70) conducted a study into 'Academic Staff's Occupational Stress'. She used 'The Middlesex Hospital Questionnaire' to investigate staff's psychological health, absent-mindedness, personally perceived problems and associated worry levels. She had 78 males and 7 females who took part in a study. Her findings were classified under problem categories based on the nature of problems and the academic rates were as shown below:

% Problem	%Worry Level
72%	72%
72%	72%
48%	48%
40%	40%
36%	28%
24%	24%
20%	20%
12%	12%
12%	12%
4%	4%
	72% 72% 48% 40% 36% 24% 20% 12%

Table8.4:7 – Occupational Stress

Source: Fisher (1994:69-70)

Although, Fisher's findings were not based on nurse tutors, it is still worthwhile to consider the factors that contributed to stress for lecturers in HE. Given that nurse tutors are exposed to teaching at a university setting and in clinical areas it is fair to assume that this dual role of teaching responsibility may add to their experience of

stress. It is also reasonable to note that given that Fisher's sample of teachers were from a non-nursing background it can be assumed that the nursing tutors who looked after sick patients when tutoring students in clinical practice would be experiencing an additional 'worry' factor that might compound the stress levels being experienced by the lecturers.

In respect of Fisher's findings regarding the worry level created by student welfare issues measured at 28% worry level, given the nature of nursing students responsibility for the care and treatment of seriously ill patients which might create an additional emotional distress for the nursing students, this might result in the worry level for the Nurse Tutor being higher than those in Fishers' study, when supporting the student. An additional observation I made from Fisher's study was that the majority of her respondents were males, which would not correlate with nurse lecturers as most of them are females in the nursing profession.

Competing demands

If the tutors in Nurse education are having to meet competing demands from the Institution and the students, then it would be fair to say the quality of support from some of these tutors would be likely to affect the tutees. It is either, the tutor has adopted an approach that does not allow or promote a (therapeutic) or supportive rapport to develop, or they are simply neglectful. It is important to say that lecturer(s) would not report to a researcher (me) that they are neglectful of their duties in supporting the students.

Friendly Tutors

Also, the tutors who presented an image that they were always friendly, warm and welcoming might unwittingly be conveying a message to the tutees that they were always accessible and available to the tutees. They (the tutees) often exhibited and came to have an unrealistic expectation of care from 'their' tutors, in a manner. even though they might be adults they regressed to a child-like expectation. For example, a young child thinks only of himself and his needs and comes to think that his parents are available on a 24 hour basis. Likewise some tutees showed a lack of concern or insight into the personal tutor's workload. One tutor Jan said:

I get fed-up with students' demands, ... it's always Me, Me, Me and they come knocking at your door sheepishly and ask you to look at their essays when it's due for submission in 2 or 3 days time...I get angry with them but I feel guilty if I say no I can't look at it because you have left it too late. If I send them away without looking at the essay and if they fail, it would be put down to me that I had not supported them. I just give them a little telling off and then help them. I take their work home, look at it and then give them some feedback to improve it.

Tutor Frustration

Not all tutors were prepared to devote a proportion of their personal time on such extensive academic support to tutees. The tutors in my sample at the London university reported that their main frustrations with the tutees were concerning the (n = 20) of their tutees who had poor time-management skills. Tutors observed poor time management in tutees who had limited or even a lack of good study skills and who required extensive additional support and guidance.

Tutee's Personal Commitments

Some tutees were also required to work part-time as they needed an additional income to support their children or siblings. Some of the tutees were single parents. The tutors, who were aware of the tutees' personal, domestic responsibilities said that they felt pity for them and it made it harder for them to deny these 'needy' tutees academic support or guidance. The personal tutors and 'friendly' tutors read and re-read several draft copies of their tutees' essays before they were submitted.

Tutee – lack of planning

Some tutees who did not plan their work ahead and left a short time for the essay to be read and commented upon irritated the tutors. Tutors (n = 8) reported that they refused to support the students with academic support or they referred them to the Learning Support Unit (LSU) or other specialist lecturers. The tutees often did not take up the referral advice to the LSU by stating the support was inadequate or they did not have money or time to attend the main campus to obtain the academic support.

When they returned to the personal tutors with more pleas for help, the tutor would often turn away the tutees when they came to their door or they would not respond to the request for help. The tutees reported that their tutors had been unsupportive and blamed them for the fact that they had failed on assessments.

Attribution theorists

Attribution theorists such as Heider, (1958) and Kelley, (1967) posited that individuals will formulate attribution to understand, predict, and control their environment according to relative weighting assigned to internal (person) or external (environmental) factors.

8.4:7.2 Inflexible tutor's relationship, Casework/Caseload

Tutees reported that often when their tutors looked too busy they felt unable to request help from them. The 'Busy-ness' was used defensively by the tutors to protect themselves from the demands imposed on them. Menzies (1988) called this approach 'professional distancing'. The tutors who did not engage in a warm, genuine and a caring way conveyed a negative impression. Their approach was sensed by tutees to mean 'I'm busy'.

A tutee, Nina said:

Every time I see my tutor, he seemed very rushed and busy, so when I see him, I make my meeting with him as brief as possible because I don't want to trouble him too much.

Nina's tutor might pretend to look busy or rushed to convey to the tutee(s) that time was limited. One tutor Gerry said:

I don't invite tutees to come and sit down because I'm busy, if they come to my door, I ask them what's the problem, let's make it a short and a quick meeting.

Nina said she interpreted from her tutor's heavy sighing that he was very busy and did not have time for her. Nina and others had said that the rushed manner in which

tutors conducted themselves discouraged them from seeking support and they often looked for help from some other tutors who were good at listening to students. The tutees (n=10) in my sample said they had learnt not to expect too much from personal tutors and often they weighed up their problems before making an appointment to see their tutors. They would often consider an alternative approach in dealing with the problem in hand by seeking help from friends, family or other 'friendly and approachable' tutor(s). The behaviour of the 'busy-ness', or 'professional distancing', a non-action and a non-verbal communication approach employed by the tutor(s) either deliberately or unconsciously determined the nature and quality of the tutoring encounter or meeting. Similarly, General Practitioners (GP) adopt this style of communication pattern with patients. As one of my tutor participant, Gerry said:

I employ the GP's tactic, I don't give the students a chance to off-load unto me.

Thus, the term 'caseload' was categorised to expose the type of encounters that some tutees had met when they approached their tutors. Cartwright and O'Brien (1976) reported their study on relationships between a patients' social class and their consultation with their GP and found that on average middle class patients spent longer with the doctor than their working class counterparts, even though they had less symptoms of illness. They suggested that this discrepancy might be accounted for by the attitudes and behaviour of both patients and doctors. Likewise, tutees showed their diffidence when meeting their tutors; their behaviour could be related to their social class and cultural upbringing. In Cartwright et al's study they identified that middle class patients felt more at ease with middle-class doctors.

Thus, it could be argued that the tutees who were lacking in social skills such as negotiation or assertive skills, and perceived that other tutees are receiving more help, could suggest that these other students might have good communications skills and could challenge and debate issues, whereas those who lacked communication competence or a voice failed to get adequate academic and pastoral support from their tutors.

In a situation where a tutee was reluctant to seek support from their tutor, this was also analoguous to the example of a doctor who assumed that patients did not want information unless they requested it, so they did not volunteer help (Cartwright and O'Brien, 1976). Therefore, those tutees who did not ask, did not get or receive academic or pastoral support from their personal tutors. Tutors (n=4 males) said that they did not encourage or invite tutees to sit down when they turned up at their door without an appointment because they did not want tutees to 'off-load' unto them.

Some tutors demanded conformity from their tutees. They expected tutees to develop a positive attitude towards learning, life and work. Clemett and Pearce (1988) suggested that instead of dealing with students' needs or self-development, most pastoral structures tended to be teacher-directed towards devising ways to service the academic goals and achieve results. Tutors (n=6) in my sample reported that the students who worked hard, had passed the nursing course partly due to their personal input and perseverance. They added that the students were made to work hard and it contributed to a 'good feeling for them' when they saw their tutees

graduate. It seemed that tutors were placing more emphasis on completing the course than aiding learning and self-development. Some tutors might even be adopting a hidden work ethic. It implied that they assumed that "students who worked hard will do well, those who behaved well will be rewarded, if they are lazy then they will fail and if they misbehaved they will be punished" (Pearce, 1984:50).

8.4:8 Maintaining Professional Integrity

8.4:8.1 Gatekeeping

In my research, many of the tutor participants had reported on an experience when a tutee had not shown satisfactory professional conduct whilst in training and they had to act as 'gate-keepers'. They felt they had experienced the dilemma of role-conflict and a few tutors had also spoken of their sadness for not being able to assist their tutees, but they had no alternative and they had to instigate disciplinary action to remove the student from training. The tutors' main concerns were they could not allow a tutee's lack of standards or poor conduct to harm patients/clients. Their primary concern was to safeguard the well-being of the patient/client relationship which is essentially based on trust. Society expects professionals to exercise their higher order thinking and knowledge to fulfil the best interest for patients/clients. Downie (1990) advocated that professionals have a responsibility to speak out on matters on which they have a legitimate voice as they possess legitimate and expert knowledge. Therefore, in cases when students whose professional behaviour seemed unsuitable, tutors could veto and have them removed and their training be terminated without any remedial actions in place. Three such examples were shown in the narratives of tutors who cited students' misconduct. They were: shoplifting, drug and alcohol consumption and an individual who appeared mentally disturbed. Annette reported that one of her tutees shared some grave details "...*he started telling me how he had a temper*.... *He burnt the house whilst his father was asleep*". And Liza said; "*Billy* ... *had taken hard drugs*."

8.4:8.2 Professional Nurse Education

Professional nurse education is distinctly different from other types of courses taught in Higher Education. Every individual is accountable to the government, an employer, society, patients and the NMC. The nursing curriculum is prescribed by the NMC. It addresses the knowledge for and about practice that is delivered in the context of University education and the field of professional practice either within a hospital or a community (Taylor, 1997). Ellis (1992) pointed out that professions such as health care, teaching, social work, law and theology work predominantly through face-to-face contact with the service users; and so they impose certain dilemmas unto the professional educators. Eraut (1992) analysed the elements of professional education and concluded that it consists of three elements. Propositional knowledge that includes the discipline, that is, 'nursing' and 'care' based concepts; generalisation and practice principles; and that it is public although in some cases it may be private. There is also a second kind of knowledge which is 'personal' and is based on the interpretation of experience and finally, 'process knowledge' which means 'knowing how to conduct the various processes that contribute to professional actions (Eraut, 1992:105). For example, the NMC holds the names of licensed and trained practitioners whether it is a nurse or a nurse tutor on a register. Trainee nurses are also on the NMC Register to indicate that they are undertaking training, this conveys to the public that an individual has reached or is expected to reach a satisfactory level of competence and has attained or is attaining a certain standard of behaviour (see Appendix 31 - Rule 18A). However, the clients/patients are not able to assess the knowledge and skills of the nurse and therefore, they trust a nurse will provide them with a service that will not harm them.

8.4:8.3 Professional Code of Conduct

Nurse tutors are accountable for the standard of practice in their roles as educators of the nursing students and they have to abide by the professional code of conduct. As Etzioni (1969) stated that the ultimate justification of a professional act, is that it is to the best of the professional 's knowledge, the right act. All practitioners in health care delivery, tutors or clinicians have to demonstrate a high level of competence and accountability. Burnard and Chapman (1993) suggested that the code of conduct is used to judge professional behaviour and it is a code that guides appropriate conduct based on ethical principles. Ethics relates to the science of morality and Tschudin (1986) suggested that the 'ethics of caring' means to care ethically and act ethically and care for ourselves and others.

8.4:8.4 Duty of Care

Many of my tutees and tutors used the word 'care' when talking about their experiences or encounters. Tutees expected their tutors' duty was to 'care' about

them and their interpretation was based on the quality of the interactions. Tutors' expectation of their tutees were that they would demonstrate an ability to learn how to be and act 'professionally'. When I asked how they decided upon a tutee's suitability to become a nurse. They responded that often they asked themselves if they could accept being cared for by the tutee whom they had doubts about or who did not appear to have the appropriate behaviour or adherence to the code of conduct.

8.4:8.5 Acceptable Behaviour

The tutors talked about how they used their conscience and intuition on deciding what was 'right' or 'good' and what was 'wrong' or 'unaccepted' behaviour. They decided when something should be done or when to breach the tutee's confidentiality and initiate disciplinary action. Burnard and Chapman (1993:6) referred to Bishop Butler's writing in (1726) that suggested that conscience is an essential part of a human's personality and without it the individual will be incomplete. Continuing with Butler's writing that said conscience is based on three factors. They are: 'particular passion' which is the basic drive like hunger, certain 'emotional reactions' and 'trait'; a 'rational calculating principle' meaning that an individual calculates her/his own long-term happiness, 'cool self-love' and the 'happiness of others' which is an act of benevolence; and finally a 'superior position' that suggests an individual decides between the rightness of an action given the other motivating forces. For a tutor, the motivating factor is to ensure that a

student will develop into a caring, compassionate and competent nurse at the end of the three years of training.

8.4:8.6 Termination

When I asked my tutor participants if they felt their action to remove the tutee from training was justifiable. They replied: 'yes' and that when they reflected on the experience which was 'uncomfortable' at the time they felt they were right to stop the tutee from progressing and not ending up as a qualified nurse. Freire (1972) suggested reflection is an act of consciousness and Goldstein (1985) referred to it as perceptual consciousness attention. It enables the individual to become more sensitive and responsive, thus the tutors felt responsive and responsible for the type of nurses that these tutees would become. Maintaining professional integrity was an uncompromising rule for the tutor.

8.4:9 Summary of the analysis of the data

The analysis of the findings of the categories: tutees gaining and sustaining access; tutors engaging the learners, tutees' approaches to learning. Learning about self and learning at University trusting self and trusting your tutor, and tutors managing a caseload, and professional integrity have been presented. A 'system overload' in HEI, (See Figure 8.5 – The Social Reality of Personal Tutoring) the lack of support to tutors and an increase in student's numbers had meant the learning environment where both tutors and tutees could previously experience a smooth and meaningful relationships with their tutees. However, dissatisfied tutees attributed

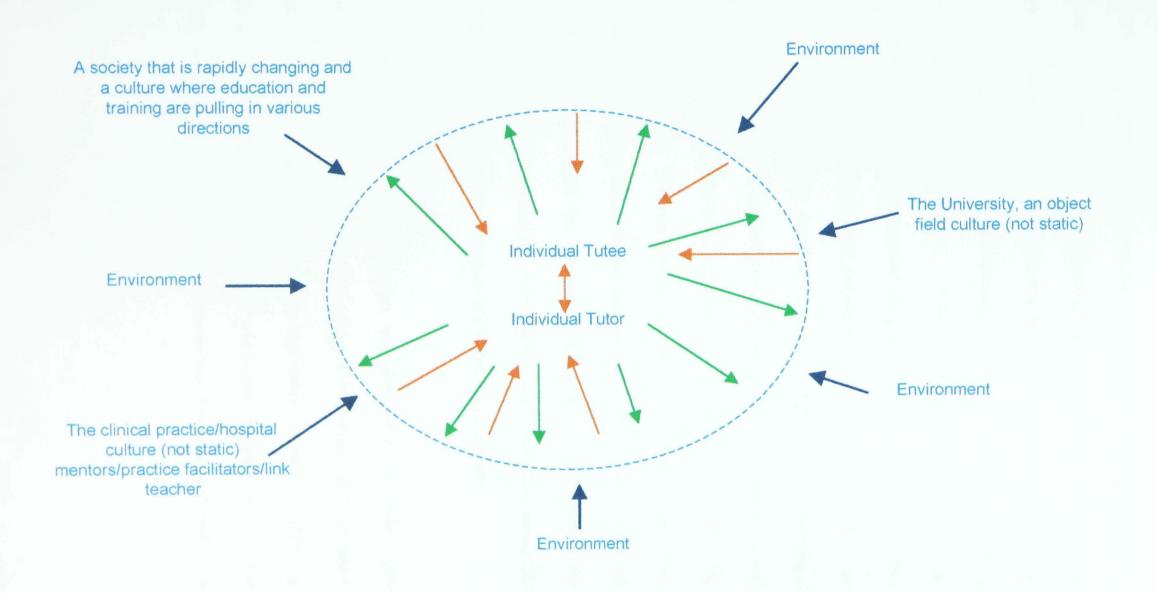
their lack of satisfaction with their tutor by saying their tutor was 'invisible' or did not know or support them.

It seemed that tutors were expecting the tutees to already have basic academic study and good communication skills and to appreciate that the personal tutors have other commitments and responsibilities that prevented them from offering a 'personalised' tutorial service. The tutees, however, expected tutors to treat them as humanely as possible by returning their phone calls and being available for pastoral support when there was a personal crisis that could not wait for two to three weeks before they see someone.

My research findings' showed that some tutees reported that they were reluctant to see 'unsympathetic' tutors because they did not acknowledge their presence or if they did see them, the tutors would often offer platitudes such as ' *don't worry*, *you're going to be okay, just plod on...*' instead of encouraging them to talk about their fears, anxieties or distress. It was evident in this 'doctor's style of approach' which some tutors employed that there was no inter-relationship between tutor and tutees, irrespective of Briggs (1972) stating that nursing is a major caring profession and the word caring implies a relationship in a social situation such as the Higher Education setting.



The Social Reality of Personal Tutoring The Inter-relationship between Tutors and Tutees, their relationship and how they influence each other



8.5 The Political, Environment and Social Influence – The Social Reality of personal tutoring

The structure of nurse education delivery within HEI had been greatly influenced by the government's Working Paper 10 (Department of Health, 1989). It required a new approach to nurse educational provision and delivery. A "market model" was put in place and a competitive training environment became the norm, where there is a system of contracting for education. Schools of nursing can no longer automatically get funding to provide courses for pre- and post registration studies but instead they have to bid for educational contracts with service providers who are the Hospital Trusts via the Strategic Health Authorities. Contracting for education had become a means to secure the clinical practice placement for the students where mentors facilitate learning with the nurse lecturers who act as link teachers. The hospital managers, known as "Service providers" can state precisely what their specific education and training requirements are (Hooper, 1990). The university cannot stay static but has to meet the contractual agreement. Furthermore, the NMC's control over the nursing curriculum demands that nurse education meets the needs of the society, its people and the dynamic health care environment.

The focus being a "market model" categorises education as a "purchaser" (the NHS), the provider is the university and the consumers of education are the students. The purchaser has more power over the teachers and nurse trainees. Figure 8.5 illustrates the constrained position that the tutees and tutors find themselves in and that their work is greatly affected by the environmental pressures imposed upon

them, as shown by the arrows directed at them from outside. These powerful abstract forces reduces their capacity to reflect on how they interact with each other and thus it leaves some of them to experience a disharmony.

They are powerless and have to adapt to the forces that are driven by government policy in respect of NHS reform and, a society where patients/clients' needs and demands outstrip the supply of the service as a result of the advances in medical technology. The days when university or school based nurse education was a smallscale affair and society was happy to leave the training of nurses to an apprenticeship model no longer exists. Students' and teachers' workloads are enormous brought about as a result of the modular courses. Teachers are required to demonstrate scholarly activity and adopt various teaching models such as Problem or Enquiry based learning.

Professional control of the curriculum, the absorption of an ethos of competition, marking and business planning have caused an erosion of 'personal' or individual value systems. Tutors' accountability and tutees' responsibility are not so easily identifiable. The financial power of the purchaser means that they have the "whip-hand", a participative informal style of management has disappeared and a corporate culture in which staff and students share a sense of identity and loyalty no longer exists (Hooper, 1990). The tutors and tutees have to learn to cope and adapt to external changes. Fisher's (1994) book "stress in academic life – the mental assembly line" supports my perception of the environment.

8.5:1 Tutors' lack of positive regards lead to negative encounters for tutees

8.5:1.1 Positive Regard – an expectation by tutees

Tutees' negative encounters were based upon the tutor's attitudinal quality to the interpersonal relationship, when there was no demonstration that a facilitation of learning would take place between the facilitator (the personal tutor) and the personal tutee. The 'realness' of the facilitator was transparent and, there was no willingness to engage or be 'person-centred'. From an early age, children as well as adults develop a need for '*positive regard*', that is the acceptance and approval of others (Rogers, 1997) and this becomes the main socialising force behind people's behaviour. According to Rogers, who claimed that without other people's positive regard they (the tutees) cannot develop positive regards for themselves. In a situation where there is positive regard and all of the other various needs of the 'organism' are satisfactorily met, then the individual develops a '*self*' which is in '*congruence*' with the environment.

From the tutees' narratives, the tutee who came to see the tutor was expecting some sort of 'positive regard' as an approval or acceptance from the tutor; s/he had a need but that need was not met and therefore it led to some incongruence. Incongruence led to inner conflict, a feeling of self-rejection and alienation which got directed outwards into hostility towards the tutor. Tutors who showed tutees that they werre valued and respected, seemed to have a congruent working relationship. This type of relationship seemed to be more present at the northern university.

8.5:1.2 Race and Culture

Some tutees reported that they felt that their personal tutors did not like them because they were from a different race and culture. Others tutees said they were being treated unfavourably by tutors who were of the same racial descent and whom they had expected will be more in tune and more sympathetic with their needs. They felt and had expressed a feeling of hurt and disappointment. Racial issues were not an assumption or topic that I chose to explore within my study I could only give a voice to my participants who felt they had experienced 'institutional racism' or a case of 'reverse discrimination'. I think tutees' perception of 'institutional or reverse discrimination' would be a worthy topic to explore in a future study.

8.5:1.3 Parent-Child Interaction

However, I believe that the 'affective' that is the emotional behaviour of the tutees or tutors could reveal more about their early learning. For example, Thomas and Chess (1984) in a longitudinal study on parent-child interaction came up with the term 'Goodness of fit' between parents and children, a compatibility of temperament and other personal characteristics between parents and children. They claimed that for children to have the best chance of a trouble-free up-bringing there must be parents who are sensitive to the individual needs of the children. Erickson (1950) suggested that 'trust' is part of early social learning, for example if as a child you learn that people close to you can be trusted, that they love you and care for you and behave consistently towards you, then you are free to relate warmly and sensitively back to them, and ultimately to see yourself as a valued and useful member of the community. When tutors did not 'know' or engage with the tutees then a tutor-tutee relationship was not experienced in a meaningful or helpful way.

8.5:1.4 Feeling valued

However, some tutors seem to be in tune with their tutees' needs and expectations, the tutees behavioural repertoire was such that they claimed that they were successful in achieving their learning goals because their tutors took an interest in them, guided and supported them. They received praise, recognition and the occasional 'hellos' which made them feel 'valued' as an individual and that they felt they had received the care and consideration that they needed. This acted as a reinforcement model to sustain the motivation and in return they showed helpful actions and concern for their tutors.

8.5:2 Positive Encounters

Fontana (1995) claimed that parental praise (even parental attention) was a potent form of reinforcement. Likewise, when tutors showed a willingness to facilitate tutees' learning, then tutees experienced a positive, and meaningful relationship. This was simply a statement of my belief taken from Maslow's hierarchy of needs. Maslow (1970) suggested if individuals have their physiological needs (hunger, thirst), safety needs (security, freedom), belongingness and acceptance from others met, they would ascend to the next stage of the cognitive and aesthetic needs and unto self-actualisation. By self-actualisation, Maslow said that individuals develop characteristics that are mature and well adjusted. He studied eminent men and women and outlined the characteristics of 'self-actualised persons:

- were efficient and perceive reality and can tolerate uncertainty;
- they accepted themselves and others for what they are;
- they were spontaneous in thought and behaviour;
- they had a good sense of humour;
- they had deep satisfying interpersonal relationships with a few rather than many people;
- they looked at life objectively;
- they were resistant to enculturation;
- they were concerned with and for the welfare of humanity; and
- they were problem-centred rather than self-centred.

8.5.3 The making of the tutorial relationship

In summary, tutors and tutees needed to jointly explore what each brings into the personal tutorial relationship. The essential structures that appeared frequently are: mutual engagement, mutual trust and respect and accepting responsibilities. Tutors would need to understand their tutees well by interacting with them individually, and in a group tutorial, Table 8.5:3 adapted from Bloom summarises the key issues that would set the tutor-tutee relationship on an exploratory journey. Tutors need to understand their tutees' prior learning style as explicated in Table 8.5:3.

Has the tutee got an adequate knowledge base? What is the cognitive history of the learner, that is to check academic references.Can tutee follow instruction?AWhat type of learner?This will depend on knowing the structure of the knowledge, how to date?Has s/he got good verbal ability?Has sche got goo	Learning Outcomes
base? What is the cognitive history of the learner, that is to check academic references.instruction?What type of learner?This will depend on knowing the structure of the knowledge, how to d d sequence, present, a use of library and date?H	Cognitive level and of Rate of Learning
	Affective Outcomes: How does the tutee react to success or failure? Look at the rate of her/his development, her/his ability to reason, discriminate and communicate. Is there any cultural differences in prior learning?

Table 8.5:3 The making of the tutorial relationship

Adapted from:

Bloom BS (1976) Human Characteristics and School Learning. (Adapted from: Child D (1997). Psychology and the Teacher. Page 143)

8.5:3.1 Tutee Cognitive Profile

If tutors can gain an insight into the history of the learner prior to undertaking the academic role and helping the tutee, for example in the case of the nursing programme, what is the level of aspiration of the student to be a nurse. Under the cognitive and affective predispositions of the learner the tutor will get a profile of the tutee. Child (1997) suggested the tutee's achievement of goals will depend on the rate of learning. 'Cognitive predisposition' consists of the knowledge base. It is also known as the cognitive history of the learners, verbal ability, reading comprehension, written presentation, study style, (that is how an individual copes with the learning process) and general intelligence. The affective predispositions are: the affective history of the learner, her/his interests, attitudes, motivations, self-concept and personality (mood and anxiety). Having a baseline assessment of the tutee, the tutor will be able to ascertain the level of support the tutee will need.

8.5:3.2 Tutees Learning Skills/Task

But with an increase in the recruitment of overseas students and lower academic entry standard criteria brought about by governmental pressure on Higher Education, financial cutbacks and a requirement to recruit and to train more nurses, has meant that some lecturers have found it hard to adequately support some of the 'needy' students. Tutors reported that the students had under-developed learning and study skills. The tutors assigned to support these students described scenarios that they said are 'hard work'. For example, the fact that they often have to provide individual personal tutoring on writing and study skills make it often difficult to sustain a 'happy' relationship with the tutee. Tutors said that some students do not 'think for themselves' which means that they expected the tutors to make all the grammatical corrections and develop the discussions for them even though they had been advised on how to do it. Fred, a tutor, said that often the students would write 'word for word' what he had said. Learning at the university requires students to have adequate study skills to meet the entry criteria, but for some tutees studying seemed to be quite a challenge and they frequently go to the tutors with unrealistic expectations for academic support.

What was evident here is that the student had entered a bi-cultural learning environment that of the Uuiversity, 'a higher education culture' and the 'hospital, nursing culture'. This will be discussed under Managing Professional Integrity, under 8.5:3.16.

Tutees may not be aware of the social, political and technological demands that tutors have to deal with and consider that tutors should always be available to support them and should be committed to sustaining a caring approach whenever they were consulted. Bevis and Watson, (1989) stated that the educators have an increased awareness of the need to transform nurse education from a behaviourist model to an emancipatory-educative and caring model. Nursing care theories, concepts, moral ideals of caring and communication were explicit in the nursing curriculum and a greater emphasis was placed on nursing's essential role, that of commitment and the function of human caring and a return to the human aspect of nursing with a moral-based educative perspective (Bevis and Watson, 1989).

Carper (1978:13) predicted that for nursing knowledge and art to be a whole, personal and aesthetic knowing must be irrevocably embedded in the educational experience. Carper acknowledged 'the fluid dimension' of caring may be difficult to master and teach', but she insisted that ' it is necessary to achieving mastery in the discipline that nursing finds ways of doing so. Bevis added that there is a greater concern with the process of education and interpersonal relationships between teachers and students. Inherent to this concern nurse lecturers needed to consider how they transmit nursing culture, knowledge and art to students of nursing.

8.5:3.3 'Gestalt' – Aim for a holistic approach

The Gestalt school of psychology is a particular way of insightful learning and problem solving. It depends on a spontaneous awareness of the relationship of things. Awareness is an immediate experience and perception of the total form occurs instantaneously, for example we perceive a picture of a box, we don't construct four pieces of cardboard and glue it together to make a box. We arrange things in patterns and groups until they fit into a scheme we can understand. Similarly learning consists of reconstructing the field until a configuration of the right sort is perceived. Gestalt psychologists stressed that our behaviour is always determined by the way in which we see and understand things rather than by the objective reality of the situation. Our interpretation of the environment depends on our attitude, our aim, our previous learning and an understanding of an individual's culture. We make the present fit in with our frame of reference, and the situation becomes meaningful according to our previous knowledge. We feel more comfortable if a figure or shape is a good one, that is a 'good form', is complete, closed, rounded, symmetrical, and full. This, an holistic approach to tutoring enhances learning.

8.5:3.4 Inflexible and unhappy Relationship led to negative encounters for tutees

This was the reverse of the above theme category. Tutees reported their personal tutors, characteristics that they did not like were:

Unprofessional, incompetent, uncaring, arrogant, disliked me, shouted at me, I lost respect for my tutor, treats me like a child, is sarcastic, holds on to me, checks on me, spies on me, unsupportive.

These were some of the unsolicited attributes that tutees gave me when they related experiences as "not a good, or, a bad experience". Many tutees described these caring paradoxes in details. They relived their 'negative' experiences with saddened and dejected emotions in their narratives. Most of them had discussed their feelings of being "uncared for" with their peers, and they got support from a few close friends and family who could not do much for them but just listened to their difficulties. They had cognitively and emotionally processed what they had experienced and felt. Some tutees felt that they had reversed the negative experience in order to learn positively about caring. They stated that they would make a 'firm commitment' never to behave in the same 'uncaring manner' towards patients, or fellow colleagues in the future when they qualify and take on a role of nurse or mentor. One tutee participant Marie reported:

I was surprised my tutor had been a nurse, she is so uncaring and I'd never treat anyone in the way I've been treated.

Another tutee John said: "wonder what sort of nurse my tutor was, he is not approachable, he is unfriendly and rebukes me, belittles me, my tutor was invisible.

and another tutee Juliette said :

My tutor did not like me because I'm black, my tutor is racist that is why he does not return my calls whenever I leave a message for him.

8.5:3.5 Non-caring Behaviour

While recalling personal tutors' 'non-caring' behaviours, the tutee participants in my study stated they experienced powerful emotional reactions such as anger, shock, disbelief, sadness and resentment. They said that they often asked themselves the question: "why are my calls not being answered?" And their inner 'gut' feeling was: "I think my tutor doesn't like me, so s/he is not calling me". It was then that the tutees started to formulate in their minds all sorts of possible reasons why their tutors might be unresponsive, negative emotions were aroused that justify their actions and led them to lose contact with their tutors and the tutors then assumed tutees are managing independently.

Or as one tutee Bya said: *I survive the course by approaching other lecturers who are friendly and helpful'*. Some of those tutees who did not approach other lecturers reported experiencing a sense of isolation and had to struggle on their own. A tutee, John said: I gave up phoning my tutor or emailing him, I did the course by myself and became resilient, that's the only way I could cope without tutorial support and I'm so glad to get my qualification and get out from here.

They had to develop resilience and other coping strategies to survive and to get out of the university as quickly as possible.

8.5:3.6 Racial Discrimination

A high proportion of tutees who reported a 'breakdown in the relationship with their personal tutors' were African, and a smaller number of the participants were 'White UK Students'. I did not explore or question further into the allegations of not being supported by their tutors who were mostly 'white'. It was not my intention to investigate ' race issues': I noted that without my mentioning it, some students asked me if I was aware of institutional racism'. Some of my tutee participants claimed to have experienced it in the university and in the clinical practice setting. It alerted me that due to my own ethnicity, they might have felt at ease and safe to raise the issue of racial discrimination. Within my research study I had wanted to gain ' first hand knowledge of their experience, to illuminate the personal tutoring process as experienced by tutees and personal tutors', and from some of the experiences there was another implicit issue that I had not envisaged would show up. I mentioned this to my Supervisor and that I felt a little uncomfortable reporting this but he advised me that if the students mentioned it then it had to be reported.

8.5:3.7 Invisible Tutors

My data analysis on tutor and tutee relationships indicated to me that it seemed to be similar to "Transactional Analysis" a parent-child relationship (see 8.5:3). The category of *'Invisible tutors, and inflexible and unhappy relationship'*. Some of the personal tutors (n=8) who participated in my study showed in the transcripts they were reluctant to get 'emotionally involved' with their tutees. They had described their style of personal tutoring as similar to 'a Doctor-patient relationship' or 'I am not their parent' or ' I am not their friend'. They said that students are grown-ups and they should 'stand on their own two feet'. As Tom said:

I'm not here to spoon-feed them, if they come to me with an academic problem or personal problem, I just direct them to the appropriate people who can help them.

and Gerry's words were:

I'm not going to offer them a shoulder to cry on or offer them tea and sympathy, why should they come and off-load unto me, I can't solve their academic or personal problems, and so I never invite them to come and sit down and say, tell me about it.

René said:

Half of the time, I don't return my voice messages to my tutees because they leave me such garbled messages which are unclear and no telephone number how I'm able to contact them, sometimes there is no name left. How am I supposed to know who called, I have 20 personal tutees.

From the above examples, these tutors did not want to get emotionally involved. It

was unrealistic for tutees to expect personal tutors to respond to their telephone calls

if they were not coherent and they did not leave their names or contact details.

Some students felt that they had to seek out their personal tutors given that upon meeting with them at the introductory meeting, the tutors appeared friendly and made an impression that support would be available whenever it was needed. They were surprised that subsequent meetings had caused them disappointment and frustration. They found some to be unhelpful, incompetent and unsupportive and did not have much knowledge about their pre-registration nursing course These tutors were alleged to avoid the tutees or would refer them to other lecturers.

8.5:3.8 Maslow's hierarchy of needs

I believe when interacting with someone, an individual who does not know anything about the other person will make assumptions as to what kind of person s/he is, what are her/his motives and what their likely behaviour is going to be in a given situation. As Handy (1998) said individuals will collect data, fit the information into categories and make some predictions. In the case when tutees felt unsupported it could be suggested that they felt 'insecure', their needs were not being met. I elected to use Maslow's hierarchy of needs to support my analysis, even though I am aware that his theory of needs was intuitive and not research based. It is still worthy of consideration because it has some significance in understanding the tutees' feelings and experiences.

Although, nursing students are adults, Maslow's definition of needs are 'universally' applicable to all age groups and therefore, one can see some similarity in what Maslow (1970) said about insecure feelings. He claimed that children's need for safety was the presence for some kind of undisrupted routine and rhythm in life. Inconsistency in expectancy and demands of parents and teachers could give rise to

insecure and disturbing feelings. Affiliation linked to 'love and belonging needs' on the Maslow's hierarchy of needs had some significance too.

Tutees felt the need to belong, to be cared for and to be acknowledged by their personal tutors. It is a form of 'attachment', 'separation' caused anxiety and anger. Most humans appear to need to give and receive affection (Child, 1997:55) and to some extent the feeling of belonging adds to our sense of safety. Child also claimed that teachers could inadvertently bring powerful pressure to bear on pupils who feel insecure because of the lack of affection. In the first category on 'accessibility' I reported that tutees liked it when their personal tutors stop to say 'hello' to them or when tutors showed that they cared, responded to telephone calls, took an interest in them as a person and so on.

The 'feeling of being uncared for' had a similar influence as thwarted love needs on the students' consciousness. Maslow saw two sets of 'esteem' needs. Firstly, one has the desire for competence, achievement, adequacy, confidence in front of one's fellows, independence and freedom. Secondly, it is the desire for recognition, reputation and prestige, attention, importance and appreciation by others. Child (1997:56) suggested that an individual has the desire for confidence in themselves: the other is the wish for prestige and respect from others and the thwarting of opportunities for these desires to be realised is said to produce feelings of inferiority. weakness or helplessness.

8.5:3.9 Application of Gesalt Psychology

Gestalt psychology developed by Dr Frederick Perls (1969;29) a Freudian Analyst, aimed to help people to become whole and to integrate the fragmented parts. He said that integration helps a person make the transition from dependency to selfsufficiency; from authoritarian outer support to authentic inner support. Some tutors presented an image that they were authoritarian in their approach but when they were with tutees on a one-to-one basis, there was a 'softer side' to them. Tutees who received or felt supported by their personal tutor felt they had received concrete inner support and they became independent and self-directed after their first year on the course. They required less guidance and direction and became less dependent on their personal tutor or academic staff. Tutees who did not sense this 'feeling of inner support' from their personal tutor and did not develop self-reliance seemed to display some 'neurotic' behaviour and were unhappy. As according to Perls (1969) who quotes:

I call neurotic, any man, who uses his potential to manipulate others, instead of growing up himself...along with growing up, and taking risk is risky too, too fearful to consider (James and Jongeward, 1993:8).

Perls suggested that people role- play the fragmented parts. A tutee who cannot understand why her/his personal tutor appeared uncaring was feeling sorry for herself or himself. Tutees needed to be aware of how they presented themselves and how they communicated. If they are unfriendly, in return the personal tutor would appear unfriendly too. Sometimes people were only aware of one perspective and did not recognise or accept other perspectives. Tutor and tutees might be presenting themselves from different perspectives to each other. For example a tutor. Mag said

her tutee left a message:

Every time I called you on the phone, you are never there, I'm leaving you a message asking you to call me on my mobile between 6 to 8p.m.

The personal tutor said:

Does the student think I sit at my desk waiting for her/him to call and also expecting me to call her/him out of office hours?

Another tutor, Annie, reported that she had a message on her telephone voicemail from one of her tutees which said:

I haven't had time to come and see you during the week, I will come to see you on

Sunday at 10p.m.

One personal tutor, Delta, was terribly upset after meeting with her tutee whom she had not seen for twelve weeks. The tutee was tactless in her manner by saying:

I haven't seen you for a while, you've put on a lot of weight. Are you pregnant?

Delta said, she became very self-conscious, she hadn't put on weight, why had this tutee said that,

For the whole day, whenever, I bumped into close colleagues I asked them: do you think I have put on weight?.

It made me angry but I did not show it to the tutee. Nelson-Jones (1990:188) highlighted that happy relationships can only be strengthened when there is positive reciprocity or mutual rewardingness. He said negative reciprocity is when *"you are not rewarding me"*, so *" I am not going to reward you"*.

8.5:3.10 Transactional Analysis – being self-aware

Berne (1964) the founder of 'Transactional Analysis' said that people can gain both emotional and intellectual insight. It is a thinking process, often analytical in which the person frequently concludes, 'so that's the way it is' (James and Jongeward, 1971). Transactional Analysis was developed as a method of psychotherapy, used within groups as is gestalt therapy. It serves to raise individuals' self- awareness and enables them to see themselves more clearly. If one looks at the structure of their individual personality, how they can transact with others, the games they play and the scripts they act out. Tutors and tutees would be able to influence each others relationship by being more self-aware about their own presentation and interaction.

If they wish they can change what they want to change, and strengthen the areas they want to strengthen. Change will begin with a bilateral contract between tutees and tutors. If they wish they can either deepen or sever the relationship. Interestingly, several of my tutors and tutees participants reported to me that they had changed in the manner of their interaction with each other after they had participated in my research. One tutee Shyria said: *I plan ahead what I want to talk about with my tutor*.". Sam, a tutor said:

"having talked about my experiences with personal tutees, I'm now more aware how to look at myself, how I talk with them, I was very much like the parent telling them to do this and that and now we share, give each other an opportunity to talk and I listen more."

Berne (1964) suggested that each individual has three ego states which are separate and distinct sources of behaviour: ' The Parent ego state, the Adult Ego state and the Child Ego state'. These are known as 'Parent, Adult and Child'. The 'Parent Ego' contains attitudes and behaviour incorporated from external sources primarily parents. Outwardly, it is often expressed towards others in prejudicial, critical. and nurturing behaviour. The Adult Ego state is not related to age, it is oriented to current reality and is represented by the objective gathering of information, being organised, adaptable, intelligent and functions by testing reality. The ' Child Ego' contains all of the impulses that present naturally in an infant.

When communicating, according to TA, a smile, a nod . a verbal greeting, is called 'a stroke'. Gestures, facial expressions, body posture, tone of voice and so forth contribute to the meaning of the transaction. Complementary transaction is when a message sent to a specific ego state gets the predicted response from a specific ego state in the other person.

For example, one tutee, Vana, said:

Went to my personal tutor to tell him that my landlord had died and I didn't think I could submit and pass my essay' The tutor responded: 'he was only a landlord not your real grandfather, that is not a good reason to ask for an extension.

The tutee said she was expecting to get some sympathy from the personal tutor, and she was willing to share that when she came over from the Czek Republic, she knew nobody. The landlord helped her to adapt to the British culture, taught her how to communicate in English and that is why she was so upset and she felt that she had lost someone very close to her. She went to her tutor to explain her bereavement is affecting her studies, her landlord passing away was causing her to panic and that she may fail her assignment and had hoped that he would secure her an extension. But the personal tutor's non-verbal language was sufficient to inform her that he was unwilling for the conversation to continue, she said he carried on looking at his computer screen.

Her momentary dependence was not met appropriately. This transaction is said to be a 'crossed transaction', a Child and Adult transaction. Crossed transactions occur when an unexpected response is made, an inappropriate ego state is activated, the lines between the two people are crossed. At this point the people tend to withdraw, turn away from each other, or switch the conversation in another direction (James and Jongeward, 1983). Crossed transactions are a frequent source of 'pain, anger and disappointment' between people. Several tutees experienced what is a crossed transaction with their tutors. In this scenario, where Vana the tutee initiated a transaction she expected a certain response, from her tutor that is a willingness to listen to why she regarded the landlord as a 'granddad' and she wanted the personal tutor to sanction the request for mitigation or extension on the assignment, but when her anticipated need was not met she felt crossed and rejected and resentful. She said her tutor, who was a male tutor, did not like her and she stopped seeing him for any type of support.

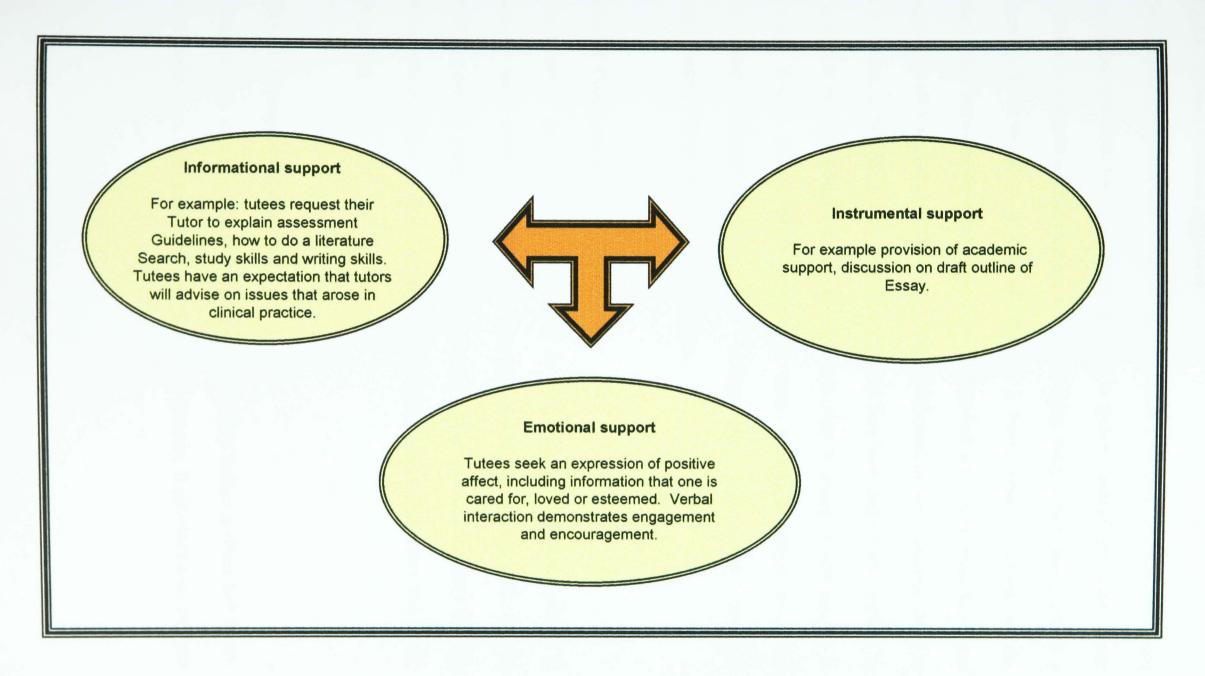
Transactional Analysis is a rational approach to understanding behaviour. It is based on the assumptions that all individuals can learn to trust themselves, think for themselves, make their own decisions and express their feelings (James and Jongeward, 1971:12). The major part of transactional analysis is understanding the behaviour of a person in terms of *'Parent, Adult and Child ego states'*. The goal is to establish the most authentic communication possible between the affective and intellectual components of the personality. When this happens, the person will be able to use both emotions and intellect, not just one at the expense of the other. Gestalt technique can accelerate the process, particularly at the feeling level (James and Jongeward, 1971:12). The tutees who had not experienced a well formed and a happy relationship said they were not liked by their tutors.

Furthermore, in an interaction with a tutee and tutor, the relationship is meant to be 'therapeutic', that is how they each relate to each other. The tutees were seeking informational, instrumental and emotional support (see figure 8.5:3.10 – The Defining components of Academic and Pastoral Support) Stewart (1996) suggests the quality of the relationship indicates if the 'seeker' in the case of education, the tutee, is 'seeking a positive intention for either type of support. When they did not get the support then the tutors are regarded as 'uncaring'.

Transactional Analysis explores how people interact with each other. Eric Berne (1975) was famous for developing the concept 'Ok-Not Ok' which gives rise to four positions: I'm Ok, You're Ok (regarded as healthy), I'm Ok, You're not Ok (linked to paranoid personality) I'm not Ok, You're Ok (linked to depressive personality) and I'm not Ok, You're not Ok (described as the futility position Stewart and Joines 1987: 119-21). Seymour (1977:44) stated that the 'I'm OK, You're OK' life position

is one of liberation and interdependence characterised by autonomous behaviour based on choice. There is positive and mutual respect and regard (Tudor, 1999) there is a belief in personal responsibility and autonomy with a commitment to open communication and there is a shared responsibility for the process of change. 'I'm OK and you're OK' were found in tutors and tutees who were happy and had good experiences. Figure 8.5:3.10

The Defining Components of Academic and Pastoral Support Expected by Tutees from Personal Tutors



A Harrington 2004

8.5:3.11 Person Centred Approach

Conflicts and misperceptions could be reduced when tutor and tutee can understand each others position, for example, by adopting a 'person-centred' approach, Wood (1996:161) a psychological posture, a way of being, from which one confronts a situation. It is in effect, a way of being in a relationship. It focuses on the relationship between the tutor and tutee. 'Person-centred' tutors trust the innate capacity in all human beings to move towards fulfilment of their potential (Mearns and Thorne, 1988:10). They trust their tutees and they trust themselves. Implicit in the trust is the acceptance that they have of each other to engage in the process of growth. Rogers (1961: 61-2) emphasised three conditions which he called 'congruence, unconditional positive (acceptance) regard and emphatic understanding'. These are the core conditions.

8.5:3.12 Congruence

Congruence is genuinness or authenticity in the quality of harmony between a person's inner experience and their outward expression. Mearns and Thorne (1988:75) defined congruence as the state of consistently matching the inner feelings and sensations which one has in relation to the client, being fully present and totally themselves.

8.5:3.13 Therapeutic Relationship

Fonagy (1991) suggested that a therapeutic relationship makes a client feel betterabout themselves, their problems, and their life in general. It provides a secure base for the troubled client, it is vested in the 'caregiver', and personal security lies not in an external relationship, however important these may be – but in an individuals 'sense of self'. A secure base early in the tutee relationship with the tutor would lead to a strong sense of 'self'.

Tutor and tutee when engaged in metacognitive monitoring stand back from their experiences and see them for what they are. 'Reflexive function' that is the capacity to reflect upon one's self and one's actions, and those of others and as Fonagy (1991) stated, will sustain a rewarding and positive relationship.

8.5:3.14 Helping students to cultivate their own resources – Person Centred

Tutor

The tutees who spoke about their experiences and encounters with their personal tutors as positive, were a minority group at the London university. Whereas the students at the northern university felt adequately supported by their tutors and they reported having a meaningful and trusting relationship. The tutees who had positive experiences described their tutors as skilful, knowledgeable and sensitive to their needs. These tutors were 'craft' orientated teachers. They played an active role in moving the students swiftly through the nursing discipline by guiding, judging and providing feedback to the students. It appears that some tutors considered and acted under the principles of justice, equality, ethics, partnership, maintained a therapeutic presence and assisted students in creative problem-solving. 'Person-centred' tutors (PCT) provided support in the form of 'scaffolding'. They used the term 'my tutees' often in their accounts. Those tutors who were 'less student or person-centred'

frequently said 'the tutees' and referred to them as 'mature' 'grown up people' and "they should not expect me to help them". I was able to gain an insight into the tutors personalities and work ethics by their narratives. They more or less abandoned the students. But PCTs ensured that their tutees were supported, felt valued and important. The tutees also perceived the tutors as good role models. Diana, one of the tutor participant described her style of tutoring as:

I care about my tutees in the same way as I cared for patients when I worked in clinical practice...I don't regard them as patients but treat the tutees with care and respect, listen to them, understand their fears, worries or concerns... I always make sure they know who they can contact when I am away on holiday. I make them feel special and they too consider me as someone who made a change to their lives.

Charity, another tutor said she felt 'mumsy' towards her tutees.

Even though tutors had expert power and knowledge as they are experienced nurses they did not exert their position on the tutees. They seemed to consider teaching and tutoring as a mutual transaction. The teacher and tutee shared responsibilities for knowledge development. The teacher acted as a facilitator of the tutee's cognitive and metacognitive skill development. The tutors learnt not simply how their tutees learn, work and live but also valued them as an individual and treated them with respect.

Their students went on to progress their careers in nursing because they were inspired by tutors who had professional excellence who encouraged them to develop the knowledge, skills and attributes to function effectively in the nurse-patient relationship. This was echoed in Rosana's experience who said: My tutor was always there for me... she taught me a lot, I learnt a lot from her, I had a problem and she helped me to get over it. I wouldn't be a qualified nurse if it hadn't been for my tutor, she is like a friend or a big sister to me..

It was not possible to expect all tutors to consider tutoring encounters in the same manner as Theresa; or for all tutees to speak so positively about their experiences. The important issue that emerged was that tutors and tutees needed to consider that the meaningful relationship in a personal tutoring context seemed to rest on the tutors who were able to facilitate learning, rather than 'doing' or thinking that personal tutoring was yet another teaching task. Tutors whose concerns were about 'being with' the tutees, assisted them in problem-solving but not necessarily searching for a solution to the problem, helped students to develop reflective practice skills to assist themselves in thinking for themselves, were regarded highly by tutees. A relationship based on mutual respect, trust and commitment contributes to a satisfying and meaningful experience.

8.5:3.15 Cognitive Maps

Schön reported that educators and helping professionals often observe their actions and those of their colleagues to see what approaches work well with learners and clients with whom they are concerned. It was commonly heard that 'we learn from experience'. It means that we have developed 'cognitive maps' by which we design actions to solve problems. Argyris and Schön, (1974; Schön, 1983) stated that intuitively based activities employ theories in use – they are privately developed, proven ways of performing what are contextually specific, idiosyncratic and unmentioned in textbooks of professional practice. Brookfield (1987) claimed that many professionals do not publicly acknowledge that they do not employ espoused theories or follow rules and procedures for fear of being seen as unprofessional, incompetent, and unable to apply theories correctly to specific situations or being seen as heretical.

8.5:3.16 Maintaining professional integrity

The tutees who had experienced a good and positive relationship seemed to work in partnership with their personal tutors and they derived a fulfilling experience. The learning styles of the tutees seemed to match with those of the tutors' styles. Since my research was not a correlational study I can only suggest that if learners were matched by their learning styles with that of their tutors then they would both derive a positive experience. However, if those tutees who lacked study and competence skills were afforded time to develop those skills then they too could enjoy their experiences and they would make a significant contribution towards lifelong learners and the type of nurses that they would make, that is one who knows how to learn and how to care.

The following chapter will discuss the essential ingredients or essences that have been found to contribute towards the development of positive encounters and experiences in a tutor and tutee relationship.

Chapter 9

Essences and their significances in the making of the personal tutoring relationship.

This chapter will outline the essential structures associated with the phenomenon of the personal tutoring processes as encountered in this study. As a "Husserlian phenomenological" inquirer, the aim was to illuminate the meaning of the encounters and experiences that the tutors and tutees had shared. Having described the experiences from the tutees and tutors perspectives, I will now identify the essences, that are essential and fundamental to the making of the personal tutoring process into a meaningful and positive learning experience. Three essential structures that emerged from tutors and tutees consciousness (the essences) that had played a role in making sense of it all (Dreyfus and Dreyfus, 1987), and enabled an understanding of the meaning of the personal tutoring relationship are:

- Mutual engagement Engaging with and knowing the other.
- Sharing experiences, incremental disclosure and using life-world experiences to make sense of learning.
- Respecting others, accepting responsibilities to show that one cares, along with reciprocity.

Each of these structures defined the personal tutor encounter influencing whether or not it would succeed or falter.

9.1 Discussion on the emergence of the three structures

I shall now outline the 'drivers' for the positive elements of the experience and highlight the negative elements of the personal tutoring experience. The quality of the relationship between the personal tutor and tutee has been the cornerstone of the learning experience for the tutees and upon which the processes of the support relationship had rested. From the data analysis it seemed that the development of skills, knowledge and attitudes that enable the students to become 'effective learners' were greatly enhanced or were effectively retarded by the quality of support that the tutees perceived they had obtained from their personal tutors. When the tutors' helping behaviours were not sensed by the tutees, they experienced a sense of anxiety, or even betrayal. When tutees did not perceive or feel that they had received any sympathy or an empathic understanding of the problem that they had discussed in a tutorial, they became resentful and the 'trust relationship' broke down. The tutees' sense of self worth becomes diminished, they experience and feel "Not OK". The tutors lack of understanding or the unhelpful approach that the tutees had experienced echoed what Carkhuff (1983) had identified when discussing 'facilitative and retarding families'. He suggested that members of 'facilitative families' help each other to become persons. 'Retarding families' hinder the members' ability by becoming 'non-persons' and they send messages to their children that undermine their sense of worth. Although tutors are not parents it can be argued that similar concepts are applicable in a learning environment. Tutees have an expectation that when they bring a problem to a tutor, they would receive sympathy and guidance on how best to go about resolving the problem. Having summoned up enough courage to seek help and support to resolve the problem 'in hand'.

9.2 The Structure: Mutual Engagement – Engaging with and knowing the other

Tutors determine the degree of interaction and support they wish to engage in with the tutees. When they are effective tutors, they are sensitive and empathic. Mutual engagement is vital towards the deepening of a relationship. Building a relationship cannot take place without engagement.

It is important to state why tutors are reporting that their tutees are 'too demanding of their time and why some tutees feel they are 'uncared for' by their tutors.

I believe that the location of nurse education and training within HEI and the system of 'en masse' education of nurses has had an impact on the quality of support that students receive from the academic staff in terms of personal tutoring. The move of the schools of nursing into Universities was meant to ensure that nurses would be educated in an environment which they would find stimulating and in which they will become independent learners, develop critical thinking skills and conduct research, ultimately, to enable them to improve patients' care both in hospital and the community.

Instead it seemed that some of the tutors are experiencing or sensing a role over-load. Thereby, it seemed they become 'the retarding family' as identified by Carkhuff (1983).

At the London university where the tutees claimed they did not get the support they needed from their personal tutors, the tutors attributed the following reasons: a lack of

secretarial back-up support to deal with administrative duties, telephone calls or emails, too many students who constantly make heavy demands on their time, teaching off campus and excessive teaching commitment as major factors that make them unable to support the tutees as much as they would have liked to.

9.2:1 Tutors' expectations and assumption of tutees

The majority of lecturers have a belief that their teaching should be guided by the concept of andragogy, (Knowles 1980). This is the 'art and science' of helping adults to learn. Mezirow (1991); Knowles, (1970) and (1980) believed that children and adults learn differently, by saying children accept their learning from people in authority such as teachers and they can be made to learn. However, adults on the other hand, do not learn but are taught how to make new meanings of their learning encounters.

9.2:2 Tutor's lack awareness – a barrier for mutual engagement

There is also an assumption by some tutors that all students had experienced a 'westernised education' similar to their own learning environment and consider that the nursing students should be 'self-directed' learners and must take the initiative to learn, as they should have acquired the skills of self-directed learning and problem-solving. Those tutors believed tutees should not be seeking so much academic guidance and that they should be resourceful simply because they are adults or looked 'grown up'.

Piaget (1929) and Vygostsky (1986) had observed that a person's ability to study or learn depends on her/his actual and proximal zone of development. Actual development level is the level of the mental or cognitive functions which takes place as a series of prior developmental cycles of learning, that is, where s/he is now. and proximal zone development is what can be attained under guidance. This was reported by Vygostsky, who equated mental age to mean actual development and the proximal zone of development is the:

"distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem-solving under adult guidance or in collaboration with more capable peers" (Vygostskyy 1978:86).

Nursing students are adults but as individuals they have different learning styles and are at different levels of development. It depends where tutees initial and secondary education took place. If it was in a non-European or non-Westernised country, then they would have not been accustomed or exposed to an 'andragogical' teaching method. This is a feature of a 'westernised' education system. It would be wrong to assume that all individuals who are over eighteen years of age are adults on the basis of their physical maturity and therefore assume that they should be able to be self-directed learners. This would seem to be an illogical consideration. Not to know a tutee's level of cognitive development would be to assume that all individuals are alike irrespective of from where they originate or what cultural upbringing they might have had. Also, on a teaching course, tutors are taught that they have to assess tutees prior learning and then to start teaching.

If tutors can gain an insight into the history of the learner prior to undertaking the academic role, for example in the case of a nursing programme, where one endeavours

to ascertain the level of aspiration of the student to be a nurse. The tutor will then get a profile of the tutee's cognitive and affective pre-disposition. Child (1977) suggests that a tutee's achievement of a goal will depend on the rate of learning. 'Cognitive predisposition' consists of the knowledge base (Bloom, 1976). It is also known as the cognitive history of the learner which consists of verbal ability, reading, comprehension, written presentation, study style (that is how an individual copes with the learning process) and general intelligence.

The affective predispositions are: the affective history of the learner, her/his interests, attitudes, motivations, self concept and personality (mood anxiety). Having a baseline assessment of the tutee, the tutor will be able to ascertain the level of support the tutee will need.

Often, when tutors do not take an interest in 'getting to know' the tutees then the tutorial relationship becomes strained. This acts as a barrier because tutors do not attempt to learn about the tutees' background, previous learning and educational history and the culture where they come from. The promotion of any growth in the tutor-tutee relationship is inadvertently compromised. Cortazzi and Jin (1997:7) suggest that knowledge of tutees should be considered and they identified Galtung (1981) who outlined four approaches to culture and intellectual styles. These are 'Saxonic' which encourages debate and a socially equal relationship; 'Teutonic' is similar to a 'master-discipline' relationship and requires students to follow logical implications rigorously: the 'Gallic' culture favours non-deductive and encourages persuasive eloquence and the

Nipponic' culture is based on a hierarchical relationship where debate is primarily social rather than intellectual.

Nursing students come from diverse cultural backgrounds and not all of them are able to make decisions, learn in a different culture or manage their own lives in a similar manner to the Westernised or British culture. Learning is closely connected to the tutees' upbringing and culture, (Jarvis et al, 2003). Tutors should be aware that tutees who enter higher education bring with them their own framework of understanding, that is, they have come from a different academic, learning and communication/cultural experience. Cortazzi and Jin (1997:77) add that learners do not just carry cultural behaviour and concepts into the classroom but they also use the specific framework of their cultures to interpret and assess other people's words, actions and academic performance.

When tutors are willing to engage and get to know the tutee then there will be mutual engagement and their relationship will grow and deepen. Tutees will sense that they are accepted by their tutors.

9.2:3 Tutees expectations and beliefs

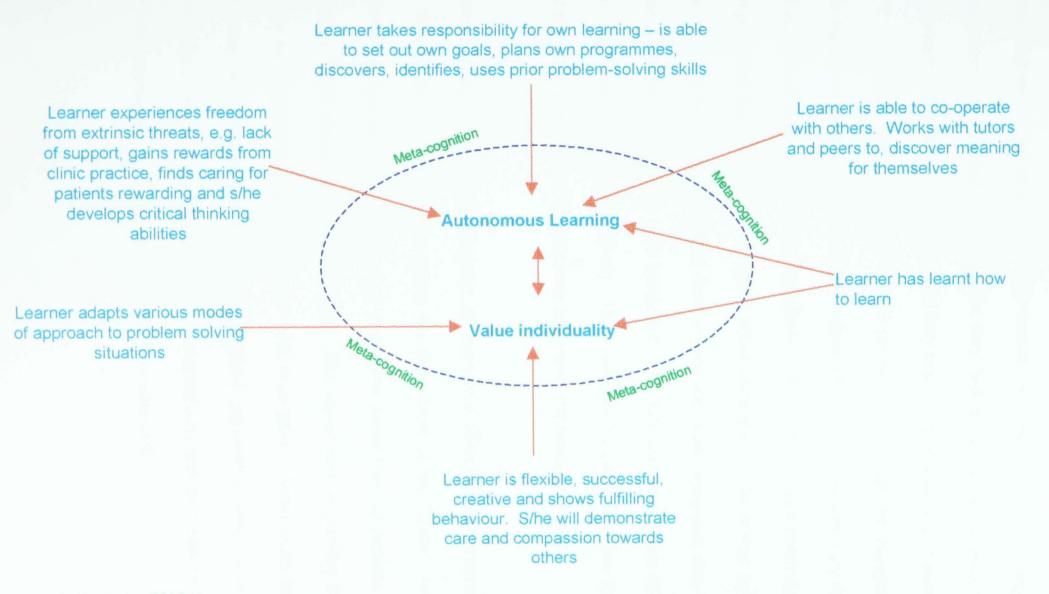
When tutors do not know and understand the tutees needs then engagement becomes difficult and relationships get fragile. However, those few tutors who have an awareness of their tutees' cultural background tended to be more facilitative and they go the 'extra mile' to provide tutees with support. Mezirow (1991) suggested that adults' development is progressively enhanced through reflective discourse. Adults tend to act upon insights and feelings. He also identified meaning perspectives and meaning schemes. Meaning perspectives are the 'assumptions and expectations' through which we filter our sense of 'impression' (Mezirow, 2000:16) and meaning schemes are 'symbolic images'. Therefore, the tutors who go that 'extra mile' are perceived positively by tutees because they feel nurtured and cared for.

From the data analysis on what constitutes a positive encounter by tutees, I found it was when tutors were able to provide them with the defining components of academic and pastoral support; that is tutees said they needed informational, instrumental and emotional support Figure 8.4:3.10. When these needs were met adequately they then felt that their personal tutor had been 'good' and facilitative during their nurse training. See Figure 9.2:3 The Development of Meta-cognitive skills.

Figure: 9.2.3

The Development of Meta-cognitive Skills: Caring and Sensitive Supports will develop an Autonomous, Self-Directed Learner.

Autonomous learning and the kind of outcomes that may result.



A. Harrington 2004

When tutor and tutee are mutually engaged and feel accepted then their relationship grows, deepens and develops. Tutees are aware that there is a power differential between the tutors and themselves. They frequently do a self-evaluation of themselves whereas tutors may not reflect or evaluate their interaction with their tutees. Tutees consider how tutors had attended to them, what they had perceived as the level of acceptance shown by the tutors towards them and they explore their condition of worth. It is about "I" or "Me". The tutees' self-worth is promoted when they feel accepted, and go on to behave in ways that are positively valued by the tutors because they had experienced an 'I-thou' tutor-tutee relationship (Buber, 1878-1965). As a result they only seek experiences that make them feel good about themselves. After they have judged their condition of worth or feel that their experiences were congruent, that is, they feel valued, cared for and that their needs are met, they then experience their relationship with the personal tutors positively. These pleasant feelings arise when they are satisfied that their informational instrumental and emotional needs were met.

Tutees' reports of unpleasant negative feelings, are perceived when their needs are not satisfied. When they have a need, the tutees see themselves at the 'centre', even though the world around them is changing, they only know about their perceptions of what the personal tutor should be doing for them. The tutees may be unaware that their behaviour and expectations are incongruent with their tutors. Some tutees may consider the term 'personal tutor' to mean 'individualised' personal tutoring and may expect a certain level of care from the tutor. Their assumptions may be based on the fact that they are learning about how to care and develop caring skills.

Bevis's (1989:183) asserts:

"since caring is the central core and essence of nursing culture, knowledge and art, it becomes the moral responsibility of nurse educators to study theories of caring, read literature on caring, and practice caring, making it as natural to their lives as breathing".

Therefore, some tutees believe that they are not receiving individualised care, especially when they are taught in class the concept of care and good communication skills.

In the teaching and educational context the tutors attempt to develop in their tutees "the acquisition of knowledge, skills and attitude to studying necessary to become a nurse" (Jarvis, 1983). The nursing curriculum is written in such a way as to promote ASK (Attitude, Skill and Knowledge) with planned learning to match the educational outcomes in three categories: CAP (cognitive; affective and psychomotor) domains (Bloom, 1964). Cognitive domain is the way that knowledge is used, how the individual learns, solves problems; attitude formation is the affective domain and it influences an individual's feelings and emotions; and psychomotor domain refers to skill development. Tutees may be expecting too much from the personal tutoring service. Whenever, they require support or advice they expect to receive it within their frame of reference.

"Human beings are not passive recipients of their cultural heritage, they do not have it imprinted upon a tabula rosa type of mind but they receive, process and internalise it" (Jarvis, 1995:7). Therefore, nursing students learn how to interact in order to develop ASK and CAP. They, (the tutees) expect appropriate expressions of acceptance and approval from their tutor, for them 'being accepted, 'warts and all', by the personal tutor helps them to grow and develop. Ooijen (2000:96) states that supervisees who feel safe, held and cared for when they are in a supervision relationship will continue to develop professionally. Tutors also work in a supervisory role, their nurturing capabilities show the supervisees that they are "being nurtured" from which the supervisees learn to nurture those they care for and work with". (Ooijen, 2000:96)

9.2:4 Tutees' self-worth and feeling accepted by the tutor

If a tutee wishes to discuss a problem with their tutor, s/he expects the tutor to listen and offer some assistance. If, however, s/he is faced with criticism or the tutor shows a lack of empathetic understanding or exclusion of a nurturing approach then this will lead to a barren relationship.

Some tutees' perceptions of positive encounters were dependent on their personal tutors friendliness and approachability. Tutees said: "my personal tutor always stops and says hello". I noted from the tutees' data analysis that this was critical for them. They articulated that some tutors had caring attributes which emerged as themes from tutees' data: "knows me, understands me, stops by to say hello" which seemed to give them a feeling of being valued, cared for and acknowledged. They felt culturally accepted and this seemed pivotal in the deepening of their relationship with their tutors. Nearly all

tutees provided positive encounters on unsolicited descriptions of their personal tutors' caring demeanour. These were:

"the personal tutor was at the same level as me, shared her experience, disclosure of her experience about her family and friends, treats me as a person, sharing, touching, advocate, competent, makes me feel good, I feel connected, a good role model, like a friend to me and always there for me".

These were the themes that appeared in a positive tutees' encounters with their personal tutors. It should, however, be noted that some tutors are unable to sustain a level of engagement because of the environmental factors. (See Appendices 21, 22, 23, 24 and 25.)

9.2:5. Cultural: environmental and political factors – the barriers to engagement

Barriers to tutees and tutors' engagement were, experienced when the tutors had strong beliefs that tutees should not be seeking help or should have adapted to a 'British' or 'Westernised' academic way of learning and should be self-directed learners. These sort of beliefs did not promote a positive relationship with the tutees who experienced this type of personal tutoring relationship. In return these tutees reported a lack of care from their personal tutor, they perceived that they had not gained any benefit from personal tutoring other than unpleasant experiences.

My study is by no means an evaluative study, yet I feel it is necessary to peel at the various layers of meaning into the processes of personal tutoring in order to understand the various parts that each plays in relationship to each other. Some tutees may lack the awareness that studying at University is different than secondary education in the UK and that they will need to develop study skills. But if early on during their training the tutor or an academic adviser can guide them to acquire the study skills that they need

then they might not experience so many negative encounters as had been reported in this study.

When tutees attempt to engage but tutors do not perceive the need, then tutees with passive personalities who have a lack of study or communication skills and who are not aware of their strengths and weaknesses disengage without realising that they could engage more in a satisfying or 'positive' working relationship with their tutor by developing their communication skills.

Tutor and tutees must look at both sides of the "coin". This requires commitment, an ability to be decisive, take responsibilities, have some orderliness, ability to listen and attend to others and the ability to put one's self in another person's shoes. These attributes originate from within the person but can be acquired if they are lacking by focusing on behaviours that can be changed. Tutors and tutees may be unaware of their behaviour.

Tutees whose perception was that their need for help, support or academic guidance and engagement with the tutors was not met, will experience a sense of being continually 'let down' by the personal tutor and the University, if they continue to be passive and not pro-active in developing transformational and communicative learning.

Nelson-Jones (1990:35) said: "insecurities and fears, if not confronted and managed, can be a breeding ground for hatred and distress in relationships. Nobody's upbringing

is perfect. In varying degrees you have learned to feel 'Not OK as well as OK". But most tutees who had negative encounters feel 'not ok'.

9.2:6. Tutors implicit approach to tutoring – disengagement – 'Not OK'

Disengagement does occur in any relationship where people communicate general, intentional or specific messages. The manner in which these messages are conveyed are considered by the receiver, in this case the tutor and tutee. Tutors can disengage from their tutees when they are experiencing a high workload or personal worries, that is when they have a 'full personal baggage'. But if disengagement is prolonged by tutors, for example not returning several calls from the tutee either through 'compassion fatigue' or the tutee's failure to express her/his needs 'loud and clear' or if the tutor cannot engage with a tutee or relate to them, strong emotions are attached by the tutees, to these experiences and they frequently used the term 'what personal tutor?' or 'invisible tutors'. Tutors know that their performance on the quality of academic and pastoral support that they provide will not get appraised or assessed formally by anyone. They therefore may assume that personal tutoring is a subsidiary part of their teaching role and that it can be relegated to a lesser priority task.

Mearns (1993) states that to date there have been no significant claims in the UK against malpractice, negligence, errors or omissions when it comes to the social context of counselling/guidance. Quality of support is very dependent on one's perception of an experience and cannot be objectively judged apart from how one had experienced the quality of the interactions. Thus, I attached the term *'if you can't see it, then you can't*

tell but you can experience and feel it'. The factors that may be influencing the implicit or covert approach of the tutors may be due to the environment or the institutional context. (See Figure 8.5)

9.2:7 – The demands for support cannot be met

An increase in the recruitment of overseas students and the lowering of the academic entry standard criteria brought about by Governmental pressure on Higher Education, financial cutbacks and a requirement to recruit and to train more nurses, has meant that some lecturers have found it hard to adequately support some of the 'needy' students.

Tutors reported that the students who had under-developed learning and study skills were too demanding of their time. The tutors assigned to support these students described scenarios that they said are 'hard work'. For example, the fact that they often have to provide individual personal tutoring on writing and study skills makes it often difficult to sustain a 'happy' relationship with the tutee. Tutors said that some students do not 'think for themselves' which means that they expect the tutors to make all the grammatical corrections and develop their written views, opinions and conclusions, for them, even though they had been advised on how to do it themselves. Fred, a tutor, said that often the students will write 'word for word' what he had said. Learning at the University requires students to have adequate study skills to meet the entry criteria, but some tutees find studying to be quite a challenge and they frequently go to the tutors with unrealistic expectations for academic support. Therefore, it requires tutees to learn about self and how to learn.

9.3 Lack of mutual engagement does not lead to disclosure

When tutees do not experience that tutors are interested in them. They disengage and the personal tutor-tutee relationship breaks down.

A high proportion of tutees who reported a 'breakdown in the relationship with their personal tutors' were African, and a smaller number of the participants were 'White UK Students'. I did not explore or question further the allegations of not being supported by their tutors who were mostly 'white'. It was not my intention to investigate ' race issues': I noted that without my mentioning it, some students asked me if I was aware of institutional racism'. Some of my tutee participants claimed to have experienced it in the university and in the clinical practice setting. It alerted me to the fact that due to my own ethnicity, they might have felt at ease and safe to raise the issue of racial discrimination.

Within my research study I had wanted to gain '*first hand knowledge of their experience, to illuminate the personal tutoring process as experienced by tutees and personal tutors*', but from some of the experiences there was clearly another implicit issue that I had not foreseen, that of racism. I mentioned this to my Supervisor stating that I felt a little uncomfortable reporting this finding but he advised me that if the students mentioned it then it had to be reported.

My data analysis on tutor and tutee relationships indicated to me that it seemed to be similar to "Transactional Analysis". Tutees' reports on *'Invisible tutors, and inflexible and unhappy relationship'* were accounts of disengagement between tutees and tutors. Some of the personal tutors (n=8) who participated in my study showed in the transcripts they were reluctant to get 'emotionally involved' with their tutees. They had described their style of personal tutoring as similar to 'a Doctor-patient relationship' or 'I am not their parent' or ' I am not their friend'. They said that students are grown-ups and they should 'stand on their own two feet'. As Tom said:

'I'm not here to spoon-feed them, if they come to me with an academic problem or personal problem, I just direct them to the appropriate people who can help them',

and Gerry's words were:

'I'm not going to offer them a shoulder to cry on or offer them tea and sympathy, why should they come and off-load unto me, I can't solve their academic or personal problems, and so I never invite them to come and sit down and say, tell me about it'.

René said:

" half of the time, I don't return my voice messages to my tutees because they leave me such garbled messages which are unclear and no telephone number how I'm able to contact them, sometimes there is no name left. How am I supposed to know who called, I have 20 personal tutees".

It is not imperative for tutors to engage in self-disclosure but it enables a relationship

to develop where incremental disclosure takes place.

9.3:1 Impermissible environment that affects mutuality of engagement

The impact of the environment has not been helpful in supporting the provision of

facilitative learning. Previously, when nurses were trained within small schools of

nursing that were situated within NHS Hospitals, the students were 'employer-led' and were salaried.

However, today students undertake their academic nurse training at Universities that have links with NHS Trusts where the students undertake their clinical experience. The students are now paid a bursary and given the changed demographic profile of students now entering nursing there are more students with children or dependent relatives abroad, for example, in Africa, which means that a number of students experience 'financial worries' given their limited income. They are unable to sustain themselves financially on a bursary and they undertake Health Care Support work while they are studying. The University has outlined a policy for undergraduate students who work while studying, (see Appendix 32 –Guidelines when undertaking paid employment).

For some tutees an area of real concern was their inability to afford adequate childcare arrangements. As one of my tutee participants (whose name will not be mentioned to preserve anonymity) told me, because she cannot afford childcare arrangements, she makes her 10 year daughter go round to various MacDonald and Burger Kings restaurants after school when she is working till 9.30p.m. She did not get on well with her tutor and she did not share her childcare problem with her tutor or anyone else for fear that they would report her to the Social Services given that she does not make adequate provision for her child.

This is the "tutees world" and the societal environment does not adequately support these tutees in terms of finances or child care facilities. Many of the tutee participants said they work as Health Support Care Workers to supplement their bursaries.

It was quite disturbing and upsetting for me to learn that many of the overseas students were leaving their young children unattended when they went to work on Night Duty. This type of unsupportive environment does not promote learning for tutees, it does not enable them to enjoy learning and training, instead they have to adopt 'surface learning'. They just want to pass the course and gain their registration. The training and education of nursing places emphasis on the vocational development of the psychomotor skills, 'that is the doing skills, the caring skills, that nursing students' should learn but may not be able to fully develop. How can these skills be developed when the environment is not conducive and permissive.

9.3:2 Academic versus practical learning priorities

An evaluation report on the quality of the nursing students who were educated at University, namely the report called: 'Project 2000- Fitness for Purpose' conducted by the University of Warwick and Liverpool (1996) found that Higher Education Project 2000 students showed that they became 'employment focused', that is they must complete their course and get their registration [**my emphasis**] because they had 'supernumerary status' and wanted to achieve a position that was one of substantive employment. This led to students who were lacking in caring and practical skills. Elkan and Robinson (1994:30) stated that Universities should educate nurses to ensure 'competency to practice' and for their education not to be dominated by service requirements, where hospital managers still expect Diplomates to fit into old style roles and value systems such as task orientation. Even though, Davies (1979) had identified that occupational roles are deeply embedded in the social context and so nursing and nurse education should place more priority and more emphasis on the quality of care and on the value of 'the art and the skills of caring'.

But, what seems to have taken place is that more emphasis is being placed on the conceptual body of knowledge, that is the 'science of nursing', the theoretical underpinning of nursing and not as much on the 'practical, caring and communication skills'. It also seemed that some tutors are placing more emphasis on theoretical issues and not considering basic communication skills. The position now is that the majority of the UK's pre-registration nursing students receive diplomas with 10% receiving a degree but an anecdotal view that is often expressed by those working in the service side, is that University qualified nurses have not acquired the practical nursing skills to enable them to provide proper nursing care (Watson 2004).

9.3:3 The tutees expectation within the environment

Often patients judged the quality of care they received by the communications and interactions that they had received from nurses. From a similar perspective the tutees' too expect 'caring and knowledgeable' tutors to assist them on their learning journey. Ideally, this is what they all had hoped to receive when they were allocated a personal tutor to support them with academic, pastoral and clinical matters. My sample of students who had negative encounters felt disappointed by saying that their personal tutors did not care about them and they felt 'let down'.

9.3:4 Sharing experiences, incremented disclosure and using life-world.

Nursing being a caring profession would suggest that 'care' is at the forefront of relationship building. Jarvis (1983:22) writes that Vollmer and Mills defined profession as an 'ideal type' but nursing is only recently being recognised as a profession. Therefore, it may take some tutees a year or two to realise that all their needs and expectations cannot be met in a 'nursing, caring manner'. The social, political and economical climates for the current education system do not create a conducive environment to foster or enable all and everyone's expectations of care/needs to be met. And also not all tutors want to get 'emotionally' involved with the tutees as they too may be finding it hard to cope with the environmental context within which they are required to work.

I believe that the integration of the schools of nursing into higher education has meant that the pendulum has swung too far in the opposite direction. Prior to the integration, nursing students were used as a "a pair of hands", now there is a "handsoff" approach to the acquisition of clinical and caring skills. The University of Warwick et al (1996: 130) conducted research and found that nursing students were "practically skills illiterates" as a result of the removal of practical skills from the education base.

However, most UK nursing lecturers were trained traditionally as "pairs of hands". which was a feature of traditional training' when their training was provided within a hospital and they experienced pedagogical learning. Often, one can hear the tutors say 'when we trained, we did not need support like these students nowadays', but the tutors might have forgotten that for most of the time everyone had some form of family, friend or peer support which is often not the case for a number of the students in nurse training today.

It is only in the early 1970's that tutors began their higher education studies on a part-time basis in order to teach the students at Diploma or degree level. Previously nursing education was provided by clinical teachers or by Sister-tutor roles in the practice setting and there were only a handful of Nurse Lecturers who had a degree education. In the early 1980's clinical teachers were replaced or converted to become nurse lecturers. Those tutors who had learnt the skill of caring and nursing and had been traditionally trained had not experienced various teaching methods, but had been taught in smaller groups and were well supported. It is therefore unfair for tutors today to say tutees are seeking more support when in reality it is the training and education that has changed, with an associated increase in workload. Nurse teachers are now required to give more theoretical tuition in class and to leave the

clinical skills teaching to be taught at the bedside by mentors to the nursing students (Luker et al, 1995).

When the mentors are unable to support the students for any reason the tutees experience a lack of support. Some mentors perceived that the students are not interested in achieving the learning objectives, and often telephoned the students' personal tutors to report that they cannot facilitate the learning for the tutee. This also led some tutors to ask: *'why call me? What can I do? I'm not the tutee's guardian?*

The school's policy that mentors should report the students to their personal tutor once again makes the tutors role more complex. When the tutees see their personal tutor, they expect the tutor to listen to their side of the reported problem and to get some advice on overcoming the barrier to learning. A few tutees said however, that when they are reported to the tutors by their mentors they found that the personal tutors take punitive action and blame them for not complying with the mentors' request or do not support them if they challenge poor learning/facilitation or clinical practice.

However, not all tutees said that their tutors were punitive and unsupportive when clinical staff report them. Those tutees who had encountered a positive experience said that their tutors were females and they were nurturing and sympathetic to their problem. Tutees did not express any preference or views as to whether their relationship would have been better if they had 'same sex' personal tutors. For the tutees, they were more concerned in a tutor-tutee relationship that showed they were cared for and listened to. My research was not a correlation study. I did not ask the tutees about the gender or cultural background of their tutors. I was able to note that male tutor participants were less open about their feelings for their tutees. They spoke about their experiences with less passion as if it was just a 'job' that had to be done. Tutees (n=4) said that they were reluctant to go and share personal relationship' or health issues with a male tutor because they felt embarrassed.

Some tutees may be expecting a more 'friendly relationship' with appropriate disclosure and sharing of experiences which had been the experience of the tutees who had positive encounters. 'Disclosure and the sharing of experience is a way of defining yourself, (Nelson-Jones, 1990). He claims that good self-disclosure skills are fundamental to a 'loving' relationship. Tutees who spoke positively about their tutorial encounters reported that it felt good to know that tutors were people who had experienced the same type of fears and worries as them but had still managed to achieve their career aspirations.

Given the different life experience of the tutors own 'nurse training' as compared to the life experience of students in training today. This section clearly outlines the need for open disclosure and effective communication of the life experiences of the tutors, and the tutees, to not only be known by each other but for each to appreciate how the life experience of the other will influence their interpretation of the present reality. This will then ensure both the tutor and tutee will know what it is they need to do in support of each other to maximise the benefits of personal tutoring.

9.3:5 Respecting others, accepting responsibilities rapport, immediacy and empathy - and reciprocity

In Higher Education, Nursing lecturers (including myself being no exception to the rule) are busy pursuing higher degree education to increase their position in the profession. When tutors show empathic understanding and a certain amount of self-disclosure tutees then adopt a positive attitude to learning. Cosby (1993) and Jourard (1971) stated that women tend to be more revealing than men. Tutees at the Northern university were homogenous and said they knew their tutors well. They related their encounters 'warmly'. At the London university, some tutees did not experience a warm rapport. For example, one tutee, Launa , a third year degree student said she did not go to her tutor because he was inaccessible for most of the time during her BSc in Nursing course, but he was honest enough to tell the tutee (Launa) that he did not have time for her. This is her account:

(a tactic that is often adopted by some tutors to deflect the need of a tutee unto someone else). Launa added she was experiencing a lot of family difficulties during her studies but she could not engage or disclose her problems with her personal tutor.

[&]quot;when I phoned him a couple of times to make an appointment to see him to discuss an issue... he would say to me: Launa, I'm busy with my research, I haven't got any time for you, why don't you go and see so and so..."

This indicates that the tutor is counter-transferring his stress onto the tutee (Launa). The term 'counter transference' is the transference of feelings unto another, in this case, projected unto the tutee (Hawkin and Shobert 1989). The tutee is left unsupported and the tutor delegated his responsibility to care for Launa unto others. There is little demonstration of care for the tutees. Many tutees who had negative encounters reported that they were ignored when they tried to communicate with their tutors.

Another example, is when Bya, a tutee said: '*my tutor made me feel stupid*. *I find it hard to talk to her*.' This type of approach where the tutor does not interact sensitively blocks communication and the establishment of mutual respect, trust and engagement. When these ingredients in communications are lacking then no disclosure takes place, and it also suggests that a facilitator does not promote the learning or support for the tutees. S/he does not take responsibility. This then leads to tutees who are not coping with the distress or demands that they are experiencing and will show various emotions, for example as seen in Launa's and Bya's case. The tutor either refuses to engage or tries to reduce the tutee's distress or demand by deflecting the problem to someone else, or to another agency for support, that could be the Students' counselling and Welfare department or to another tutor.

There were many more examples that showed tutees had negative experiences of the personal tutoring system. My data indicates that tutors may be adopting an 'emotion focus' that is not to be involved in lengthy interaction' by telling tutees for example.

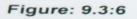
'I can see you now, if you come in 5 or 10 minutes...' or 'I can see you in two or three days times', knowing full well that the tutee cannot get to a tutorial within minutes or if they arrive, then the tutor would look 'rushed' and would often offer another appointment in three to seven days time to stop the tutees sharing or disclosing their problems. It could be a tactic that they hoped the tutee will then seek support from somewhere else rather than wait for a long time. As one tutee, Sarah said:

'I have a problem now, I want help and advise now not three weeks later... I could be dead by then.'

This illustrates that the tutors lack of availability and accessibility can cause unhappiness and prevent engagement and disclosure to take place which also suggests that they do not accept responsibility for the tutees' welfare Being able to count on your tutor's presence enables the tutee to develop confidence and mutual trust. But this happens when tutors are visible, approachable, accessible, and show a willingness to engage and share learning experiences. Tutors who appear to be effective and contribute towards positive encounters were intuitively understanding of their tutees' needs. Their positive encounters were based on trust, mutual respect, engagement, clear communication and reciprocity for responsibilities. A relationship where the tutor acts as a companion for the tutee's learning journey is regarded as a 'gift of care' by the tutees, who will often state that 'without my tutor. I could not have become a nurse'. The tutor's graceful care is never forgotten by the tutees. Some tutors had perceived their role in helping tutees as a bridge that enables the tutees to get to the end of their learning journey. These tutors were acting as a critical companion. Titchen (2003) defines critical companion as a person who uses the same practical know-how s/he would use when providing patient-centred care. The tutor acts as a co-learner to help the tutees to get where they want to go and meet their needs.

9.3:6 A facilitative model for respecting others, accepting responsibilities and reciprocity.

Following the data analysis I perceive a framework that could aid and will enable a 'bonding' relationship between tutor and tutee. It is a conceptual model that could be used to 'care' and provide sensitive support. From the data analysis it has been possible to outline a model for the personal tutor role. See Figure 9.3:6 A Model for the Personal Tutors role.



A Model for the Personal Tutor's Role



Start

At the start of the course the tutor will need to interact with the tutees as shown starting from the widest base of the triangle and moving upward to the peak where the tutees feel more self aware that the encounters are positive and beneficial to their growth and development.

Tutor and tutee will need to share or disclose certain information about themselves such as their cultural and previous learning history. The personal tutors' management skills enable the tutee to develop an innate ability to think and agree a learning contract involving the human and technical skills that would be necessary for goal achievement and for the relationship to be positively experienced. Tutor and tutee start at the widest base of the triangle. A joint assessment is conducted in a one-to-one tutorial, where a diagnosis of the needs of the students' learning, plus what is the teacher's needs, is undertaken, followed by a process of negotiation to start the tutee's journey towards successful learning. The tutor moves the tutee to the second wider level base of the triangle where the social climate is warm with friendly and caring relationships being experienced by the tutees. It needs to be a climate where the tutee is listened to and treated as a unique individual. The competences of the tutee's learning are identified in a one-to-one tutorial, any gap that is perceived by the tutor is raised and a learning contract is outlined. Tutor and tutee work on continuity and unity and each respects each other and accepts responsibility. There is a horizontal power relationship and a 'bottom'up approach'.

The first and second level processes enable the tutors and tutees to develop healthy work alliances and a condition of self worth. This then leads tutees and tutors to feel that last level of being fully aware, a sense of achievement and it is the pinnacle of their relationship. Their self esteem is promoted through the strength of the achievement of goals and development of self-confidence, they both accept responsibilities, inter-dependence and independence. The tutee is trained in thinking, how to learn, how to communicate effectively with people, and how to use technical skills such as to how to undertake a literature search. Each party would feel they have been treated with fairness, honesty and orderliness. Their self esteem is raised with the belief that there was adequacy and mastery of roles. For this to happen there must be consistency of support. It is critical in the relationship and without it trust wavers.

Maslow (1970) said insecure feelings hinder growth and development. He claims that people's need for safety is the presence for some kind of undisrupted routine and rhythm in life. Inconsistency in expectancy and demands of parents and teachers can give rise to insecure and disturbing feelings as noted in tutees who had their needs unfulfilled. Affiliation linked to 'love and belonging needs' as defined in Maslow's hierarchy of needs has some significance too when providing personal tutoring.

It is a human need for tutees to feel the need to belong, to be cared for and to be acknowledged by their personal tutors. It is a form of 'attachment', whereas 'separation' (lack of engagement) cause them anxiety and anger. Most humans appear to need to give and receive affection (Child, 1997:55) and to some extent the feeling of belonging adds to our safety needs. Child also claims that teachers can inadvertently bring powerful pressure to bear on pupils who feel insecure because of the lack of affection. In the first category on 'accessibility' I reported that tutees liked it when their personal tutors stop to say 'hello' and 'how are you?' to them or when tutors showed that they cared by, responding to the tutees' telephone calls and taking an interest in them as a person and so on.

The 'feeling of being uncared for' has a similar influence as thwarted love needs on the students' consciousness. Maslow said people have two sets of 'esteem' needs. Firstly, one has the desire for competence, achievement, adequacy, confidence in front of one's fellows, independence and freedom. Secondly, it is the desire for recognition, reputation and prestige, attention, importance and appreciation by others. Furthermore, Child (1997:56) suggests that an individual has the desire for confidence in themselves; the other is the wish for prestige and respect from others; and the thwarting of opportunities for these desires to be realised can produce feelings of inferiority, weakness or helplessness. This appeared in the data when tutees assumed that the non-return of their call meant that the tutor did not like them because they are 'non white' or the tutor is 'racist'.

Daloz (1986) and Deshler (1985) suggest that adult educators can be dialectical thinkers and can engage in a continuous process of making judgements or an

evaluation about aspects of their lives. They would need to identify rules that are implicit in their actions and judgements and to regard change as fundamental to their practice. It means that tutors should look towards becoming 'critical helpers' or 'critical companions' for the tutees. They can help tutees to interpret and question ideas and actions from a new viewpoint (Brookfield, 1987: 29). It would be then that tutors can help learners to develop critical thinking abilities. When tutees feel accepted, 'warts and all' by a tutor, they would then accept more responsibility for their own learning. When tutees feel nurtured, they will be better able to nurture those they care for (Ooijen 2000), that is patients/clients in hospital or the community.

9.3:7 Tutees' coping skills:'not to sink' but 'swim' phenomenon

Some tutees coped by being proactive rather than reactive to their tutors' lack of engagement. They get help and support from 'friendly tutors' who have an empathic, understanding of their needs. These tutors step in to 'rescue' the tutees. I perceive this as Clemett's and Pearce's (1989:55) evaluation of pastoral care that they based on a story:

"Two fishermen who sitting on the bank one day, notice a body floating past in the river. The first to see it pulls off his jacket and dives into the water, eventually managing to haul the body out. After the kiss of life, it is found to be too late. Just as they are deciding what to do a second body floats by. Immediately the second fisherman dives in and brings the body to the bank. Artificial respiration is of no use and then, a third body appears. The first fisherman turns away and begins to run along the bank. The second fisherman calls out, Hey! don't leave me with this mess -where are you going?, the first fisherman calls over his shoulder, to find out who's pushing them in."

In this story, one of the fishermen clearly wants to know what is happening and if s/he could prevent the 'bodies' falling into the river, thereby being proactive. Thus, I assigned the term 'not to sink' but 'swim' phenomenon. Emphatic tutors support tutees to stay afloat and finish the course.

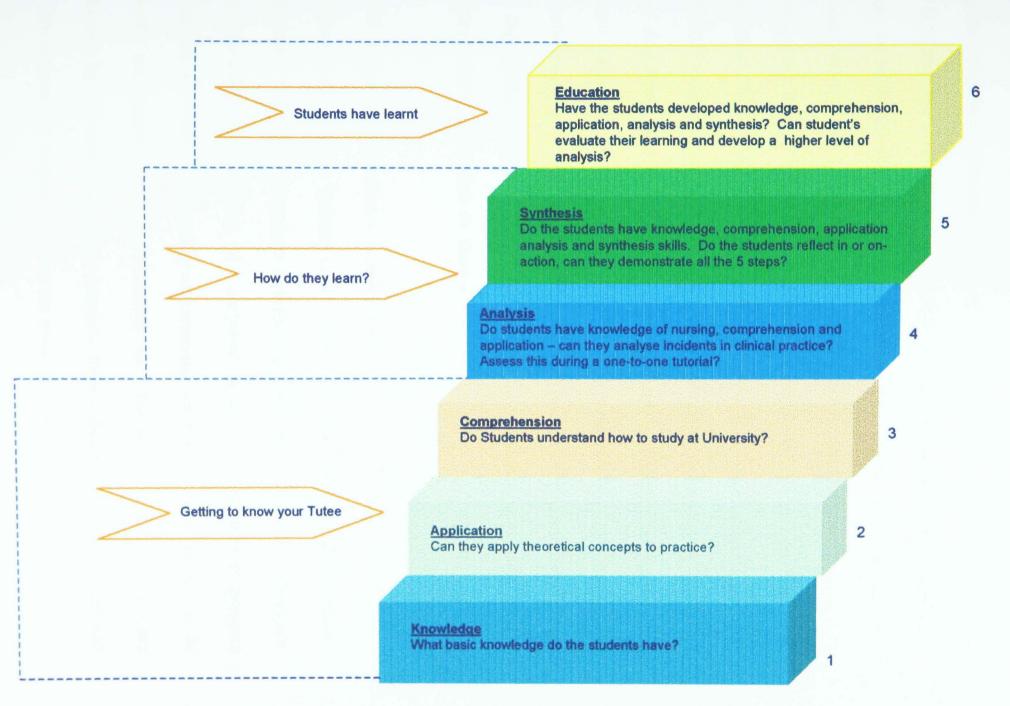
A similar concept to Clemett and Pearce was suggested by Boshier (1984) who advised educators and helping professions not to be professional 'doom-managers' and appear only in the event of tragedy to mitigate its worst effects for example when personal tutors are requested to represent their tutees at an appeal procedure, rather than having been proactively involved in ensuring systems, structures and support were in place to avoid this situation deteriorating to this point in the first instance. Boshier (1984) used the 'ambulance driver' concept of education, when helpers arrive at the scene after the psychological and social damage is done. So, it is better to avoid 'the mopping up' situation by helping people to make sense of, and explore ideas and activities before problems arise.

9.3:8 The 'Friendly tutors'

The 'friendly tutors' who attempt to rescue the 'neglected tutees' can only do remedial work and could be considered as the 'ambulance drivers' or like the fishermen in the story as stated by Clemett et al (1989).

9.3.9. A collaborative and supportive style of tutoring

Therefore, personal tutors' assessment of tutees' developmental needs and an action plan to be implemented would be considered to prevent attrition or failure. If personal tutors could adopt a framework of assessing their performance similar to the approach they use to assess the tutees in their achievement of learning objectives, such as the Bloom Taxonomy of Learning (1965) then I believe that tutees and tutors will have a positive influence on each others relationship and experiences. See Figure 9.3:9 Tutors Hierarchies of Learning. Tutor's Hierarchies of Learning to know the Tutee (Adapted from Bloom (1964's taxonomy of learning)



It would be easier for tutors to offer academic guidance and support before students experience difficulties or problems such as a likelihood of discontinuation from training rather than representing them at an appeal hearing or reacting to a request for help after the event, when it is possibly too late. It would be more helpful for tutors to reflect-on their actions and question their underlying assumptions or habitual ways of thinking on living and working when facilitating learning to a diverse group of students. It would enable them to act and provide sensitive care to their tutees. This will ensure that they had structures in place for promoting tutees' individual self-esteem and for them not to feel threatened as shown in the 'tutee's story' data where tutees reported 'negative' encounters. A facilitative approach from an early stage will enable the tutees to have less anomalies and discrepancies in their expectations, they would then be better equipped to cope with any dis-equilibrium that they might encounter in the future and would experience less doubt in their abilities to learn and to think for themselves.

9.3:10 Other consideration – 'Gender issues'

All tutors could consider Belenky et al's (1986:228) proposition on 'doubt theory', that greatly undermined cognitive development and belief for some individuals. They advocated the adaptation of a nurturing behaviour by teachers to promote critical thought without threatening or paralysing the learners with the need to be critically sophisticated. Belenkys' research had observed that many women are consumed by self-doubt and doubt imposed from outside is destructive and will confirm to them (the women) that they are inadequate 'knowers'.

Fraser (1995); Belensky et al (1986) and Gilligan (1982) had suggested that men and women approach learning differently. Fraser (1995) argued that learning models were developed on assumptions by men and that women's ways of learning had not been explored. Belensky and Gilligan identified that there are clear differences between how men and women learn. Women value relationships and mutuality and men like to be independent. My data from male tutors partly verified this statement by saying that they did not wish to get 'emotionally involved' with the tutees. Belensky et al (1986) proposed the differences exist on the basis of care and responsibilities that men and women had experienced during their parenting time. Therefore, it would be unreasonable to consider that the processes of learning are universal to all learners.

9.3:11 Culture and Ethnicity Consideration

Jarvis et al (2003) suggest that the way in which we learn depends on our culture and ethnicity. Nursing students who are from overseas and in the majority females may not have acquired independent learning skills. They tend to seek help and advice as soon as they experience difficulties in their life or studies. They are also aware that their verbal communications and writing of essays might be wrong or be misunderstood by 'British' tutors and they do want to adopt the 'British' academic way of learning without losing their own (Cortazzi and Jin , 1997:89). When they see that a tutor is making an effort to undertand them in their own terms they will realise that there is no threat to their cultural identity but that the tutor is endeavouring to enlarge their capacity to learn.

9.3:12 The impact of poor self concept or poor self worth

Tutees who had already experienced a poor self-concept or poor self-worth will continue to doubt their abilities, some leave the course without achieving their nursing qualifications and they do not complete their studies. This non-completion of the course by leavers will reflect poorly on the HEI. The tutees who did not experience positive regard might also not have learnt how to develop positive regard in others.

9.3:13 The enhancement of learning and positive encounters

At the Northern Uuiversity, the tutors and tutees seemed to have more positive encounters and their relationships seemed better than those at the London university. The class sizes were smaller, the tutees were 'British', Causasian from the surrounding areas and their tutors were fairly similar in their cultural understanding and background.

9.3:14 The need to be valued and respected

Irrespective of class size, tutors need to demonstrate that they accept that they have a personal tutoring role and responsibilities to enable tutees to develop good learning and caring skills. Tutees and tutors had positive encounters when each participant in the tutorial encounter felt valued and respected. The tutee/tutor relationship

seems to rely on a reciprocal arrangement, based on what is reasonable to expect and it is a complex human interaction. The enhancement of the relationship occured where there is a 'connectedness', being familiar with each other's feelings and a sense that one knows each other a little. Tutees in a way expect some kind of friendship, that is to know their tutors as people and for tutors to know the tutees as a 'human individual' with thoughts, feelings and emotions.

9.4 Conclusion and Summary

The role of the personal tutor is central in the motivation of learners. It is significant in that, the learners who feel valued will go on to learn, develop as lifelong learners, become resourceful and will move towards the actualisation of their full potential. Tutors need to value their tutees. As seen in the tutors' stories they felt 'good' when they saw their tutees graduate and derived a 'feel good factor' when the tutees acknowledged the tutorial support they had received. At this point, it is useful to conclude that the ingredients or essences that contribute to positive relationship-building and learning are: mutual trust, respect, engagement, sharing Humanistic psychologists, experiences, reciprocity and taking responsibility. Maslow and Rogers postulated that we behave in the world in response to our personally experienced reality. For example, if an individual is treated with a lack of respect by another person, there is no way that s/he will develop a positive relationship with that person who lowers her/his self-esteem and confidence. The 'not-ok' individual will move away from the person who 'hurts' her/his feelings.

Similarly, tutees, whose tutors do not respond to them 'humanely', will go on to develop negative relationships and their learning may not grow beyond 'surface learning' because all they want to do is complete the nursing course and pass the required assessments in order to leave the University. They may also not learn how to treat other people with positive regard. In the practice setting, these tutees will not develop adequate critical thinking to challenge sub-standard practice or promote nursing care to the highest possible quality. There is extensive literature to suggest that there is a 'theory and practice' gap. One of my hunches is that the widening of theory to practice gap might be due to the quality of training and education that these nursing students are exposed to.

The following chapter will be the concluding part and will expose the strengths and the limitations of the study. It will then identify how the processes of the personal tutoring encounters could be harnessed and contribute towards learning and teaching.

Chapter 10

Strengths, limitations, conclusions and implication for future practice

The aim of this concluding chapter is to summarise the lived experiences and encounters that were obtained and analysed. The research study to understand the lived experiences of personal tutors and tutees was conducted when the students were at the end of a three year pre-registration nursing course. It illuminated the essential components or structures that contributed to successful relationships and learning within a nursing education context. It emerged from my curiosity to learn what makes a positive and 'not so positive' working relationship. The search for new knowledge to understand the complex nature of the personal tutor role was the intended research journey.

In chapter 3, the research aims and questions were identified. An illumination of the tutors and the tutees' encounters of the personal tutor role was the overall aim of the study which I believe I met by adopting a 'Husserlian's phenomenological approach. Through eidetic reduction I was able to expose the structures of the personal tutoring encounters as they were experienced by tutees and tutors. By peeling at the layers of their meanings and how they related to each other brought to light the reality and the essences that are vital in making a successful personal tutor-tutee relationship

Like a novel, the intention was to present an insight into the human condition and interactions between personal tutors and tutees. These, I believe, have shed light onto the meaning of the personal tutoring encounters from the perspective of the participants. The data had exposed the essences and the humanistic approaches, that contributed to some 'good' and real cases where the tutors and tutees had achieved a meaningful and significant relationship. The study also revealed some accounts that were far from ideal but were real from the tutees perspectives. Some tutors and tutees re-lived their encounters and spoke openly and honestly. Their accounts were analysed by subjecting them to three methods: Colaizzi's (1978) seven steps: Cortazzi's (1993) approach on narratives analysis and Van Manen's (1990) hermeuneustic methods. These authors had used eidetic/descriptive phenomenology and the adoption of their methods enabled me to show the essential structures that contributed to a successful, positive relationship for tutees and tutors. Tutees had 'negative encounters' when the essential structures that are: mutual engagement, sharing experiences, respecting and accepting responsibilities, were missing in the tutor-tutee relationship.

10.1 Summary of Findings

The data from the London and the Northern universities schools of nursing were not used comparatively but they were used to add to the existing body of knowledge on the role of personal tutors.

The London university's tutees were not wholly satisfied with the type of support that they received. The reasons were primarily due to the high numbers of students and the fact that students who were from overseas, who had experienced a pedagogical and didactic education were seeking academic support beyond what was usually provided by personal tutors. This caused some disharmony for the tutors.

If however, educators in the HEI environment do not support the widening entry criteria and the dynamic changing culture of education based on a market economy which necessitates the need to recruit from overseas then, they will continue to disadvantage those tutees who lack academic study skills and a 'voice'.

Tutees were mostly disappointed in the academic and pastoral support that they had received from tutors who employed 'avoidance' tactics by being inaccessible and by the mode and quality of their interactions. These actions contributed to 'painful' experiences for the tutees and they said they had encountered hardship, anger, disappointment and some tutees adopted questionable practices in order to pass the course, such as asking for deferment or an extension, in order to copy someone else's essay. Love and Simmons (1998) had reported that students who adopt cheating behaviours were those who lacked competence, for example, poor time management and who experienced a sense of time pressure when required to write difficult assignments, in which the need to show their competency in a specific professional area is dependent upon a specific body of knowledge that they lack. It seems reasonable to assume that the number of tutees who had resorted to adopting a dishonest approach to learning could have been minimised if tutors had been accessible and willing to support them. From their accounts it seemed that when

tutees are not well supported they will resort to desperate measures or impose more work on 'friendly tutors'.

The study revealed that the key ingredients to a successful, positive encounter were mutual trust, engagement, respect, some disclosure by each individual and the acceptance of responsibilities. Some universities have personal tutors, an academic adviser, module leaders and a course director to guide and negotiate the tutees learning journey. This is shown in Appendices 29 and 30. When the structures that are in place do not cater for a diverse group of tutees who have varied learning styles and tutors who seem unable or unwilling to provide for them, then the processes within a personal tutor role can become difficult, and complex and fraught with disparities and resentment. The personal tutor role becomes unsustainable when a large, diverse population of tutees make excessive demands on the tutors.

The findings indicate that the development of a relationship was crucial for the tutees' to be inspired to learn and that tutors can do so much to motivate, sustain and enhance the quality of learning and support they offer to students. Some tutees were not able to develop a significant relationship with their tutors and therefore felt unsupported and 'uncared for'. It caused them emotional pain, distress and hurt. Tutors were also disappointed with tutees who had incongruent expectations of them and some were overwhelmed with the academic and pastoral problems that tutees often presented to them.

10.2 Methodological Strengths and Limitations

Phenomenology, as an interpretative method enabled me to get an 'emic' perspective, that is, the insiders or natives perceptions (Harris, 1976). Learning and supporting students are complex processes that occur internally and socially by motivation from the tutors and tutees (Laurillard, 2002). The result of learning is observable by a person's behaviours, attitudes and values. However, these observations do not inform others about the 'invisible' aspect of the processes or experiences that an individual has had. In order to understand the processes of the personal tutoring relationship that the tutors and tutees had developed or been engaged in, I believe their accounts were truthful of their realities and experiences to speak for themselves.

Harris's (1976) stated that the way to get inside a person's head is to talk to them, ask them questions about what they feel and think will correspond to their reality I chose to adopt a 'transcendental' Husserlian, (1859-1938) approach to describe the accounts of the tutees' and tutors' experiences. A 'Husserlian' phenomenology, a 'tell it as it is' and 'how we know' – the relationship of the person who knows and what can be known (McLeod, 2001) approach, which belongs to the natural world, was employed to focus on the social process of personal tutoring encounters and to reveal the essential structures of the tutee – tutor relationship.

From the data that were collected and analysed I would argue that the methodological strength had succeeded in revealing and confirming the nature of the essences that are pertinent for personal tutoring encounters to be positively experienced. The findings have added and contributed to new knowledge into how personal tutoring support was experienced by the tutees and the tutors.

The study's findings will enable both the tutor and the tutee to gain insight into the meaning of what it means to be a personal tutor; what it means to be a personal tutee and how the meeting of the two individuals has the potential to influence learning, self-esteem and self-concept. From a process of eidetic reduction it has been possible to show the constituents or key ingredients in the promotion of a meaningful and successful educational encounter. From the accounts that were positive, I was able to theorise and develop four frameworks that could be used to enhance the tutor-tutees experiences, see Figures 8.5:3.10; 9.2:3; 9.3:6 and 9.3:9.

I cannot claim that my study can be generalised, as it had shown that at the Northern university, the tutees and the tutors were homogenous and had a smaller cohort and they seemed to have better encounters, than those at the London university, where there was a disparity and variation in how each participant had experienced their role. Also, I believe that the social world is dynamic and changing, people relate to and create phenomenon through experience and they ascribe different meanings to their experiences of it (personal tutoring). Therefore, generalisability is not being claimed but to some extent transferability would be applicable. As perceived by Lincoln and Guba (1985) transferability means that the findings in one context can be transferred to similar institutions and context. The dependability and trustworthiness are established by my reflective accounts and writing of the thesis. The frameworks devised to support students 'learning' can be applicable to any educational context.

10.3. Limitations and a critique of the study

I felt that there might have been more than three essences to the structure of support that I identified. I also found that when I sent a sample of themes and categories to 10 of my participants to validate, they agreed with them. Three tutors' participants wanted to add more data to embellish their transcripts. I had to be courteous without eroding their trust in me by saying that I had to remain with the data that I had collected during the open-ended interviews.

10.3:1 Sampling as a limitation

However, I believe that the results of the findings add breadth and depth to the limited knowledge that existed in knowing the reality of the personal tutoring system in Nurse Education. It showed new understanding about the lived experiences of tutors and tutees. Nonetheless, I am aware that some of my critics may challenge the methodological approach that I took in presenting and analysing my data. The limitation that I perceive is that, as is common in phenomenological research, my participants were not randomly selected but a crude selection of the population sample was implemented, which is unconventional in qualitative research. However, my aim was to obtain a purposive sample that will aid to 'bracket' my prior assumption and knowledge of the subjects. The results of my study were not to be generalised. A crude form of random selection was undertaken by choosing names 'out of a hat' in order to give me a purposive sample as I had wanted to capture participants' experiences that were varied. The intent was to illuminate the lived experiences of tutors' and tutees' encounters and let them 'speak for themselves' with ease. Thus, a purposive sample could be viewed as a limitation. This is supported by Lincoln and Guba (1995) who argued that the question of generalisability be transferred into a question of transferability. To ensure that the findings were transferable, I chose to include a smaller School of Nursing but from a phenomenological point of criticism I should not be comparing my findings with the main interview setting which was my work place, the London university. This was an added limitation to my method of sampling.

10.3:2 Reflexivity – a second limitation

I wrote the study in a reflective style as I believe that reflexivity is a feature of qualitative research (Bannister et al 1994) with a central person collecting and presenting the data. I see that from undertaking the phenomenological study, I had exposed some of my participants to a level of re-living of experiences that they may have 'put on the back burner'. My personality of empathic understanding and ability to listen promoted a level of mutual trust and intimacy in them that enabled them to share truthfully the experiences that were loaded with emotions: such as

disappointment and frustration. I offered them the opportunity to see the counsellor but they responded that my interview had permitted them to talk openly without being judgemental or critical in its approach. I considered myself as a collaborative researcher and through the process of collecting narratives I am constructing their stories. I attended to the needs of my participants when they showed that some of them were affected by the encounters and my interviews provided a window of opportunity to look inside their consciousness and see the significance of their encounters/experiences.

Critics may argue that I used 'the self' inappropriately despite attempting to bracket. Although, I felt that counselling support was made available for them I should have included another short meeting with my participants who were upset during the data collection period, I did not "check out" if they had regained their composure and returned to 'normality'. I had however, explicated the notion of 'bracketing' in chapter 4 and 5. I entered the research field with a thoughtful awareness and conscientiously undertook self- questioning and reflection about my involvement. Despite this, I would say that it would be appropriate to argue that phenomenology cannot be undertaken without the 'self' and it can exist as a dual concept but acknowledge and report that it is complex in nature. Husserl (1859-1938) suggests that phenomenology is 'with the things themselves' to mean the true example of what a phenomenon is and it cannot be separated from the experience of them and one way to access them is through pre-reflective descriptions of it, in the person's own words (Beck, 1992, Cohen, 1987 and Omery 1983).

10.3:3 – A third limitation – presentation and analysis of data

Colaizzi 's (1978) method of analysis was helpful in so far that it offered a structured and valid approach to the analysis. On reflection, I found the step- bystep process developed into a linear approach of coding data into themes and clustering themes into categories which led me to a feeling that I was objectifying the results. Also, I became quite anxious when I reached data saturation to a point that my supervisor, Professor Roy Evans suggested that I do hermeneustic analysis, and my critical Reader, Dr Bob Price sensed how swamped I was becoming that they guided me on how to remain true to my data and how to 'peel' the meanings of the encounters to see the core structures of the personal tutoring phenomenon. It led me to consider two other methods of data analysis and therefore critics may argue that I have not adopted a conventional approach to data presentation and analysis. Chapters 6 and 7 on tutees' and tutors' stories were narratives which were difficult to dissect without losing the full strength of the accounts. The narrative accounts that some participants gave were crafted by the tutors and tutees through a collaborative research process as identified in 10.3:2. I found it difficult to objectify the participants' lives by reducing their stories to categorical classification or short quotes that detract from the 'real life' of the tutor or tutee.

I had a dilemma about what to present, and how well to present the findings and depict the encounters that were real to my participants. This led me to present long vignettes and quotes as narratives which is unconventional in a thesis. I found it difficult, to metamorphose my data neatly and interspersed it with theoretical evidence because the research started out as 'human feelings' and I wanted to convey the humanistic element of the study on paper. I feel that critics and readers will appreciate that stories are told and they have to be listened to or read because it was a real life and a life in progress. My supervisor proposed the use of Discourse Analysis (DA), but as I was fully submerged with Colaizzi's method of analysis, I felt confident that I had a rigorous phenomenological data analysis tool and I declined to incorporate DA. In accepting I wanted to use Colaizzi's (1978) method, due to the large amount of data that I had collected, analysis proved to be the hardest task for me as a novice researcher. Guided by my supervisor, I supplemented my data analysis with Cortazzi's (1993) narratives and Van Manen (1990) methods. (Van Manen is also a phenomenological method of data analysis). Both Colaizzi's and Van Manen's approaches to data analysis had been effectively tested by other 'phenomenologist' researchers, and to have used DA would have meant trawling through all the data again when I was just beginning to see and make sense of it all.

10.3:4 Husserlian phenomenology – a minor limitation

The fourth limitation is that on reflection although Husserl's 'Transcendental' phenomenology has been a useful method in unravelling experiences and enabled me to reach and see into the 'world of tutors' and tutees' minds. I think future studies would better be undertaken by using an 'Heideggarian' approach, for the reason that the unit of analysis is the transaction between the situation and the person, and interpreters and the participants can participate in making data. Also a longitudinal study of the tutees and tutors' interaction gathering data at six monthly

intervals during the three years of training to be a nurse would enable a researcher to map the tutees' experiences and encounters at different stages of their training.

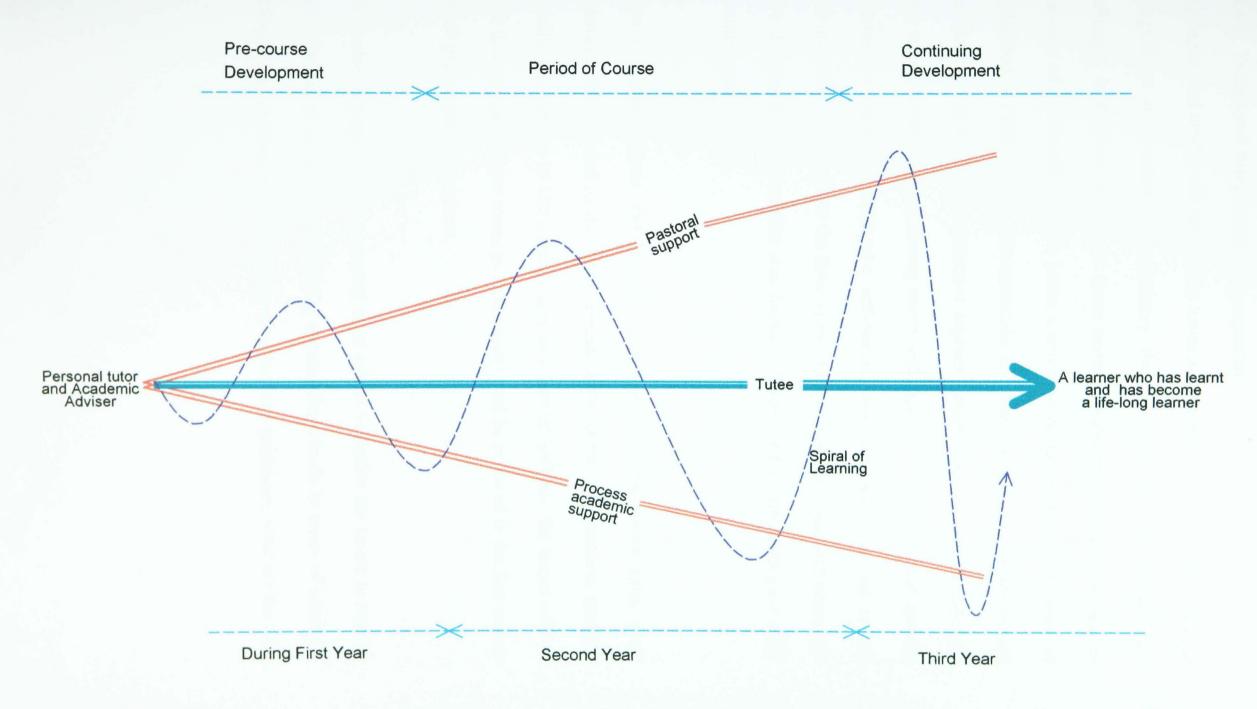
The 'Heideggarian' approach adopts the philosophy of 'Being-in-the World', this would help to unravel all the universal structures as they are manifested in the phenomena of the tutors and tutees' life in Higher Education. Phenomenology as a method has been criticised by many authors (Melia, 1982: Salsberry et al, 1989; Holden, 1991 and Cushing, 1994) which I believe to be unfair and agree with Jasper (1994) that they might have criticised it from an inappropriate standpoint, in that they viewed it with positivistic lens. The mission of Husserlian Phenomenology, is to capture the 'essences' of the experiences and this differs greatly from a scientific method which generates theories, causality and predictive value.

10.4 Implications and suggestions for practice improvement

("*Yesterday is but today's memory and tomorrow is today's dream*" Khalil Gibran, The Prophet 1923) (quoted by Clemett & Pearce 1989:162).

From this study, the richness of thick data has provided me with a deep understanding of the essences of the lived experiences of tutors' and tutees' encounters of the personal tutoring system of support. The three essences that emerged were: **mutality of respect, trust and engagement, accepting of responsibilities.** From these essences, I believe that suitable frameworks can assist in harnessing the personal tutor role. These were shown in figures 8.5:3.10; 9.2:3: 9.2:6 and 9.3:9. The resulting frameworks led me to consider a curriculum model (see Figure 10.4 – A Curriculum Model for Students Personal Welfare Tutoring) for students personal welfare that could be incorporated towards anchoring the personal tutor role which has to function as an academic adviser, personal tutor and clinical adviser.

A curriculum Model for Students' Personal Welfare Tutoring



10.4:1 Tutors and tutees taking responsibilities

The curriculum model will support the tutors and the tutees to adopt and to develop a significant relationship by committing themselves to take responsibility for learning. In the first year of the nurse training course the personal tutor and an academic adviser could offer the tutees a strong foundation of support in terms of exploration of 'self', study, communication and negotiation skills. In the second year these students who had extensive support would be encouraged to undertake more responsibilities for negotiating access and support. And in the final year the students are guided to undertake self-directed learning, reflection and critical thinking skills. Throughout the three years of nurse training, tutors and tutees will have developed a learning that was mutually agreed and is discussed on a three monthly basis.

From the data analysis and findings, it was evident that tutees value good communication as vital in the establishment of the social and academic process. Socially, the 'getting to know their tutors as a person' and also the tutors need to show that they know their tutees as individuals could be achieved in the first year as part of pre-course development.

The academic purpose of the personal tutor role is to enable the tutees to acquire clear information on what the university requires them to do in terms of academic writing skills' requirement, explanation of assessment guidelines, what are the rules and procedures and to discuss clinical practice placement issues, which could actually be facilitated by an academic adviser

In terms of the personal tutor however, the tutees would expect tutors to engage in a dialogue with them, when they feel there is room for the expression of feelings. seeking support and encouragement. Tutors need to be aware of their own body language, listening, use of silence, touch if it is appropriately used and acceptable. be able to identify the problem and refer the tutee to other support systems that exist at the University campus, if required. Diagnosis of learning should be done as an informal learning assessment in the first year as part of pre-course development or in the first year of training. This will aid in the identification of the academic problem or needs that the tutee has. If a problem is non-academic but personal then the determining factors would be that the personal tutor has basic counselling skills to assist the tutee in what s/he requires, in terms of pastoral care and support.

When tutees are experiencing a personal problem they expect tutors to show an awareness and understanding of their problem and the distress that they are experiencing. A tutorial meeting cannot be postponed or delayed. A tutorial meeting should take place within a day or two. This will indicate to the tutee that s/he can receive support and guidance from someone who s/he can trust. The meeting should take place in a private setting or small tutorial room and not in a shared room with another colleague. A tutor who shows empathic understanding will enable the tutee to disclose what the problem is, the tutor can 'self-disclose' minimal information if s/he thinks it will help the tutee. The tutor must have a non-judgemental attitude. paraphrase the problem, clarify, support and help and set a goal for the resolution of the problem. The assessment of need for academic, pastoral and clinical support continues during the second and third year, interspersed with pastoral care.

Having done all of the above, the tutor and tutee will then be able to reflect and experience a sense of satisfaction, reach a level of self-actualisation in the belief that a trusting, respectful, confidential relationship did in fact take place and that the encounter was meaningful and significant. The tutee will experience a positive and valuing relationship with the tutor as a result of how s/he was treated, cared for and respected. The learning, growth and development of the tutees would become 'spiral learning' and the benefit gained incorporating a 'personal welfare tutoring model' can be observed in the manner the tutee handles future problems, negotiates support or copes with learning difficulties. It would also be possible for them to become an effective life-long learner.

10.4:2 A clear understanding of the personal tutor role and for the role to be provided by those, who are 'person-centred'

When supporting tutees with pastoral care tutors should be cautious not to adopt the role of ' quasi-counsellor'. There are key differences between counselling and using counselling skills. See Table 10.4:2.

Issue	The Counsellor	The tutor who uses counselling	
		skills with other roles	
Role	A specific role	May experience role conflict	
Authority	Code of ethics is abided	Tutor may have line, legal or some	
	by counsellor	authority for students' learning	
Contract	Counsellor has an	Tutor uses discretion, but may not	
	explicit contract.	have explicit contract on	
	Confidentiality exists in	confidentiality. This can be	
	the relationship.	breached as judged by the tutor.	
Time	Counsellor plans an	Tutor may not plan but may be 'on	
	uninterrupted session	the run' – a rushed session	
Support	This is provided by	Tutor does not get supervision or	
	ethical codes. Counsellor	may be inadequately guided by	
	receives professional	policy statements	
	supervision		
Process	Counsellor enables client	Tutor may advise, coach, provide	
	to make own decisions	resources and take remedial action,	
	and take action	such as refer tutee to 'subject	
		specialist' teacher.	
Focus	The Counsellor focuses	The tutor focuses on the context of	
	on the client in context	the students and the University	
	family and community		

Counselling and Using Counselling Skills Key Differences

Adapted from Bayne, R et al (1994). The Counsellor's Handbook: a practical a-z guide to professional and clinical practice.

Tutors would also benefit and get a personal sense of achievement by ascertaining their ability on how they address the tutee's needs for support, by doing a self-assessment of their interaction with their tutees.

Below is a checklist that Tutors can use to evaluate their interactions with tutees.

Table 10.4:3 – Interaction's Check List

A Checklist for the tutor to

evaluate her/his ability to demonstrate support

following statements to see if they demonstrate these supportiv	<u>e benaviou</u> I do	urs. I don't
People in the relationship trust one another and feel that they are trusted.		
Time is taken to communicate understanding to one another.		
Those in the relationship have clear, reasonable goals and are working to achieve these.		
Each person respects the other and feels respected.		
The work of the relationship is taken seriously.		
There is co-operation rather than competition.		
Mistakes are allowed in the relationship and those in the relationship are helped to learn from their mistakes.		
Each person values the others strengths and expresses this.		
Those in a relationship not only understand one another but are willing to challenge one another.		
People feel able to take reasonable risks as they see others taking reasonable risks.		

Source: Adapted from Egan G (1977), You and Me chapter 8.

The role of personal tutoring **should not be undertaken by any individual who does not believe in 'student-centredness'.** A culture of 'openness' and humanistic approach to the facilitation of learning would make the learning experience and encounters more meaningful for the tutee(s) and tutor(s). If this can be considered then I believe tutor (s) and tutee (s) can work collaboratively and attain a mutually fulfilling experience, that is rewarding and satisfying.

10.5 Suggestions: Tutors and Tutees Accepting Responsibilities

10.5.1. Tutors Accepting Responsibility

I believe tutees and tutors can experience positive encounters if only each party accepts total responsibility on the role that they undertake. Having gained insight into tutees' and tutors' experiences of the personal tutoring support system, I feel able to suggest that a transformation of learning from both parties needs to take place. The followings areas should be considered:

10.5:1.1 Transformational Learning

Transformational learning by promoting a positive attitude that will assist learners to assess their needs and competencies so that the tutor and tutee can map out an individual learning path.

10.5:1.2 Accessibility

Accessibility needs to be improved by tutors for tutees. The importance of this was noted from "the experience of the experienced tutees".

10.5:1.3 Positive Valuing

Positive valuing of tutees needs to be explicit. This will enable teachers/facilitators to go a long way to counteract the impact of disjunctions that arises from external forces and tensions that are outside the bounds of the tutors' position. Support offered by tutors or the academic adviser is crucial for students' learning and development.

10.5:1.4 Social and Cultural Difference

Accommodate for social and cultural differences. Do not undermine the confidence of tutees whose core identity is language, to write in a conventional academic style often presents significant difficulties for some tutees with NVQ or access qualifications or those who studied in their country of origin. These students were not educated or trained in using 'standard' English or English may be a second language for them. See them from a humanistic ethos, allow students to express themselves in their own language. The present insistence on a particular standard and convention of writing in a particular academic style should become more flexible and guidance on how to access a Language Department must be encouraged, with some financial support for nursing students who experience financial hardship which will enable them to attend the classes.

10.5:1.5 Support Networks

Build a supporting network, namely with the students union, welfare adviser, accommodation officer and health centre. An academic adviser can help students to adapt and learn academic skills and help them to adopt new 'ways of knowing how to relate to the world of nursing and caring'. Individuals have different expectations from a learning encounter (Weil, 1989:37). Overseas students should not be treated as an homogenous group by tutors and educators. The cultural and educational background should be considered.

10.5:1.6 Self Directedness

The promotion of self-directedness in a small group can act as an additional support for tutees, but first tutors should ascertain the group dynamic; Members of ethnic groups should not be isolated or placed in a group if a member is dominant or the group does not value cultural diversity. Small groups can enable group members to help each other with study skills and act as a support group.

10.5:1.7 Transcultural Curriculum

The integration of a 'trans-cultural' curriculum within nurse education will enable all learners to understand minority group issues. For example, the use of Problembased Learning can help students to do more integrated work with other students. It is essential that the scenarios do not predominantly reflect white majority culture. They must reflect the diversity of society.

10.5:1.8 Personal Knowledge

Integration of personal knowledge into learning (Eraut, 1992) by sharing pre-course experiences. The importance of getting to know the tutees and tutees getting to know their tutors as a person. Learning from each other is important. These suggestions can aid cognitive and affective development.

10.5:1.9 Unlearn ' not to speak'

Students should be encouraged to unlearn not to speak (Weil, 1989). Tutees' are often reluctant to speak up for fear of saying the wrong things or appearing stupid. Inhibition of this kind reinforces a negative self-image. Learning to speak out and to use their voice in the process of learning will create knowledge and critical thinking abilities. The value of a 'voice' in learning had been highlighted by Belensky et al (1986) from her study of black and white women learners.

10.5:1.10 Safe Group

The provision of a safe group to enable tutees to speak out will result in the power of learning becoming evident.

10.5:2 Tutees Accepting Responsibilities

Students should develop communication competence and skills. They, too, could use a student profile and share it with their personal tutor. (See Appendix 33 -Student Profiling.) From the moment that a student perceives that there is a barrier or difficulty preventing them to progress, they have to start thinking and analysing why the problem/barrier exists. Students should have a clear objective when they feel that they have a need for help. By considering some of the following questions:

- What will be the benefits of a request for help from my personal tutor?
- Will I benefit from the help?
- How will my tutor and I benefit from the interactions and discussion of help that is needed?
- How can I maximise my time with my personal tutor or academic Adviser?

Price (2003) suggests that there are different meanings ascribed to seeking help for example:

- 'I cannot cope with this, this is terrifying (personal anxiety or inadequacy).
 Identify what prevents you from achieving your goal.
- It would be safer to get advice when you perceive that you have a problem or some difficulty. It's your professional responsibility.
- 'My tutor or mentor is keen to guide me, so I feel comfortable to ask for help'. The Tutee negotiates a mutual contract with the tutor and they both must commit to it.

• I ask for help, but show that I have done some thinking of my own too'. This is a collegiate contract. The tutee makes an attempt to solve the problem, and outlines some possible action plans to remove the barriers that are preventing them from achieving their goal. Then s/he meets with her/his tutor to get more advice and guidance.

Price (2003) adds that anxieties can disable a tutee in practice. Helpers can often gain mutual pleasure from assisting others. However, students should be aware that characterising their request for help may be seen as an admission of inadequacy and potentially limit the students chances of learning and developing skills that will benefit them or their patients in the future. This would be a form of learnt 'helplessness' phenomenon.

Students should package a request for help, in the best way, in the right place and in the right context. Characteristics of successful requests for help which were noted from the data on positive encounters between tutees and tutors are written here as a guidance for tutees to follow:

• Accept the benefit of help is not solely in your favour, your tutor and the patients will benefit too if you are able to analyse the problem and seek appropriate support.

- State a brief rationale for requesting help and state it calmly at the beginning of the encounter. Make sure you plan ahead what you are going to say on the telephone, e-mail or when you meet your tutor.
- Have a clear focus, that is what the request for help is. Is it urgent or could it wait for a few days? If it is academic help that is required, bring an outline of the difficulties that you are experiencing with the coursework, with the assessment guidelines. Make an attempt to put down some ideas and thoughts about the assessment in question. Help the tutor by sending the academic request for help in advance of the meeting to give the tutor some time to think how best to offer guidance. This shows a commitment to learning and not just 'free-loading' on the tutor or academic adviser.
- Have no expectation that the tutor will proof-read or correct your grammar, instead they may advise you to seek support from the Learning, Support Unit for guidance on how to develop good writing skills. Or advise you to attend study skills workshops and seminars. You must accept that the personal tutor cannot teach you how to write but can only assist and support you with your learning and development.
- Select the right moment to ask for help from your tutor or mentor in clinical practice.

• Always say thank you to the tutor or helper verbally and not with 'gifts'. The tutor will find a 'thank you' to be reward enough for the assistance they have given you.

The developmental attributes as skills were devised from the data that I noted during my interviews with tutees who had positive encounters with their tutors and tutors accounts on what they perceived helped them to support tutees. Supplementary notes have been added with the kind permission from my critical reader, Dr Price (2003) who writes on effective study skills in the Nursing Standard Journal.

Students should remember that asking for help can pay dividends and it is not to be forgotten. It is important to consolidate the learning. One should not simply `sigh with relief that the challenge is now in the past' as there are lessons to be learnt by reflecting on what you as a learner have discovered. When reflecting, the following should help to commit the learning to memory: Price (2003) further commends learners to:

• Have a debriefing session with your helper if time permits or arrange for another tutorial to talk about reflection and actions that you undertook. What was the thinking behind the approach you used? Why did it work and what other approach could have been used? What might work better next time?

- Make a note in your portfolio or diary for learning to be remembered and record key points about what you have learnt.
- Identify what you need to do, read, see, hear or practise to embellish your learning.
- Make arrangements to practise your skills for learning yourself.
- Secure positive feedback on your performance, any praise is likely to help you remember what you have learnt. If constructive feedback is offered, consider what the tutor had advised you. If the feedback was of a personal nature, be assertive and not aggressive, ask the tutor what s/he has meant by the remark or feedback s/he has made and develop a joint approach to resolving the difficult areas.

10.6 The provision of pedalogical moments, cultivating empowerment and sustaining a 'caring place' for tutees educational experiences.

The research study has illuminated personal tutorial support as the key to the tutees growth and development. A tutee needs to take responsibility for, learning to think, learning how to study and how to communicate. A personal tutor needs to be selfaware, know one's strengths and limitations and not to undertake the personal tutoring role if s/he feels unable to give to tutees the support that will help them to grow, develop and enable them to achieve their full potential. It is vital that the tutor and tutee understands each others role and responsibilities. The process and direction offered by tutors to tutees should be based on real excitement, be aware of the challenge that lies ahead when facilitating learning and that realness, genuiness, acceptance, trust and allowing the tutee to sense that the tutor has an empathic understanding of their position in the educational context.

Student nurses are adults, having entered nurse training after the age of eighteen and tutors therefore expect them to have reached a certain level of maturity. Maturity however is not just a state that can be viewed as a mature tree or mature cheese (Roger C,1996:35). Some nursing tutors often see the student nurse as a mature person and assume that they should be independent learners. It is important not to wrongly assume that because they are adults they should be 'self-directing' in their learning. The student is an adult with aspiring adulthood potential to become a fully trained and skilled nurse. It means they require personal growth, expansion and utilisation of all their individual talents. They might have entered the learning journey to be a 'nurse' as a matter of economic or secondary interest or a vocation. The prime interest is themselves and their immediate support network, family or friends.

Their learning is constantly overshadowed by competing demands in the same way as the tutors' lives have competing demands or issues. Some students who come into nurse education from a completely different social and cultural environment may experience that they have entered a depersonalised learning environment. They should be allowed to live in a bi-cultural society that values them as a 'person' and be made to feel valued. Tutors should view them as a whole within the context that these students live, that is to say, within their world and to allow the students to apply what they had learnt in that world (Rogers, C, 1996:69).

All the students possess a set of patterns of learning and each of them have their own pace at which they learn. Some tend to learn fast and some are slower. Rogers C (1999:71) suggests that all students bring with them their own set of learning values and attitudes. All that the personal tutor can do is facilitate the learning by considering the following:

- Some nursing students are more adults than others; some are still searching in education for dependency, others are seeking autonomy.
- All the tutees are growing and developing, but in different directions and at a different pace.
- Some of the tutees bring a good deal of experience and knowledge; others bring less.
- Tutees have a wide range of intentions and needs, some specific, some more general.
- Tutees have competing interests in the same way as their tutors.

If HEI and the tutors adopt a curriculum model for the students personal welfare as shown in Figure 10.4, then a good quality of care could be experienced by the tutees and tutors.

The research ends with a note borrowed from Child (1997) and from Clemett & Pearce (1989:66) that tutors and tutees should remember:

"It ain't what you do, it's the way that you do it,

It ain't what you say it's the way that you say it"

(Anon)

And

A quote from one of my tutees who told me "we walk the same path but we wear different shoes" when I asked her to tell me about her experience. That is her essence of an experience or encounter. She perceived and felt that support was offered more to others than she had experienced it, and her journey to be a nurse was hard indeed.

Finally, the study ends with a note to all educationalists to rise above external pressures and to strive to maintain a climate of trust, care, mutual respect for tutees and above all optimism.

A quote from Clemett and Pearce, (1989:166) stated: "Those having torches will pass them on to others".

References

A Psychological Health Survey Project Leicester University (1995)

Acker J, Barry K Esseveld T (1983) Objectivity and truth: problems in doing feminish research. <u>Women's Study Interest Forum.</u> 6(4) 423-35

Adler, P and Adler P (1994) Observations and techniques in N Denzin and H Lincoln (ecs) Handbook of gualitative research. London. Sage publication

Agar M (1980). <u>The Professional Stranger: An Informal Introduction to Ethnography.</u> New York Academic Press.

Alexis Obrey (2203). Conducting research among black and ethnic minority group raises special issues <u>Nursing Standard</u> Feb 19/10/17/ No 23/ 2003

Annells M 1996 Hermeneustic Phenomenology: philosophical perspectives and current use in nursing research. Journal of Advanced Nursing 23.705-713

Appleton C (1990) T he meaning of human care and the experience of caring in the University School of Nursing. In M M Leininger and J Watson (eds) The Caring imperative in nursing Education (p77-94) Nyoric. National League for Nursing.

Argyris C,and Sclion DA (1974) Theory in Practice –Increasing Professional Effectiveness San Francisco –Josey Bass

Ausubel D P and Robinson F G (1969) School learning, Holt, Rineharb and Winston, New York

Bailey, R P (2002) Playing Social Chess. Children's Play and Social Intelligence, Early years, 22 163-173.

Bandura A (1977) Self-efficiency: Toward a unifying theory of behavioural change – Psychological Review 84(2), 191-215

Bandura A (1986) Social Foundations of Thought and Action: A Social Cognitive Theory, Prentice Hall, Englewoods Cliffs – New Jersey.

Banks James A (2001) Cultural. Diversity and Education, Foundation, curriculum and Teaching. London. Allyn and Bacon.

Bannister P, Burman F, Parker L, Taylor M and Tindall C (1994) Qualitative methods in psychology. A research guide Buckingham Open University Press.

Banonis B C (1988). The Lived Expereince of Recovering from Addiction: A phenomenological study. <u>Nursing Science Quarterly.</u> 37-43

Barnett R (1994). The limits of Competence - knowledge, Higher Education and Society.

Beard R (1990) Developing Reading 3-13 2nd edition. London, Hodder & Staignton

Beck C T (1992) The lived experience of Postpartum Depression. A phenomenological study Nursing Research 41 (3) 166-170

Beck C T (1994) Phenomenology: its use in nursing research. <u>International Journal</u> of Nursing Studies 31(6) 499-510

Benner P (1984) From novice to expert: uncovering the knowledge embedded in clinical practice. Addison-Wesley, California

Benner P, Wrubel J (1989) <u>The primacy of caring: stress and coping in health and illness.</u> Addison-Wesley, California

Best R Lang P (1995) Lodge C and Watkins C (eds) Pastoral Care and Person – Social Education Entitlement and Provision. London, Cassell

Berne E (1975a) Transactional Analysis in Psychotherapy New York: Grove Press Original Published in 1961.

Berne E (1975b) What do you say after you say Hello? London, Gorgi (originally published in 1972)

Bevis E (2989) Teaching and Learning. The key to education and professionalism. In E-Bevis and J Watson (eds). Towards a caring curriculum: A new pedagogy for nursing (pp 153-185). New York, National league for Nursing.

Biggs T (1993), What do investories of students, learning processes actually measure? A theoretical review and clarification. British Journal of Educational Psychology 63-3-19.

Blaikie Norman (1993) Approaches to Social Enquiry Oxford, Blackwell Publishers.

Bogdan R and Biklen S K (1982) <u>Qualitative Research for Education</u>. Boston: Allyn & Bacon.

Bracken B. A (1996) ed. Handbook of Self concept: Developmental Social and Clinical Consideration. New York, Wiley

Bramley W (1977) Personal Tutoring in Higher Education London Kogan Page

Brickman OP, Kidder L H, Coates D, Rabinowitz V, Cohn E and Karuza J (1983). The dilemmas of helping: Making aid fair and effective. In J D Fisher D, Nadler and B M De Paulo (eds). New Direction in helping: Vol 1 Recipient reaction to aid ()p 18-51) New York Academic Press.

Briggs Report (1972). Report on the Committee on Nursing London, HMSO.

Brookfield S D (1987) Developing Critical Thinkers – Challenging Adults to Explore Alternative Ways of Thinking and Acting. Milton Keynes Open University Press.

Brown G D (1993). Accounting for Power: Nurse teachers' and their students' perceptions of power in their relationship. Nurse Education Today 13: 111-120.

Bruner 1966: On Cognitive grown. In J S Runer R. R Oliver and P M Greenhald (eds) Studies in cognitive growth New York: Wiles

Bruner J (1996) The Culture of Education. Cambridge M A Hervard University Press

Bruner, J. S 1963. The Process of Education. New York Vintage books

Bruner J S and Anglin J M (1973) Beyond Information Given Studies in Psychology of Knowing. New York, Norton.

Buber Martin (1988 1878-1965) Knowledge of man. Selected essays: Atlantic Highlands. Humanities Press International Inc.

Buckingham, The Society for Research into Higher Education and Open University Press.

Burke R J and Weir T. Receiving and giving help with work and non-work related – problem. Journal of Business Administration 1925, 6 59-78

Burnard P (1994) Counselling skills for health professionals, 2nd Edition. London, Chapman Hall.

Burnard P and Chapman C (1993) Professional and Ethical issues in Nursing – The Code of Professional Conduct. London ??

Byrne B M (1996) Academic Self Concept: its structure, measurement and relation to academic achievement, in BA Bracken (ed).

Handbook of self concept: Development, social and clinical considerations. New York John Wiley.

Carper B (1978 Fundamental patterns of knowing in Nursing. Advances in Nursing Sciences 1 (1), 13-23

Cartwright A and O'Brien M (1976) Social class variations in health care and in general practitioner Consultations in Sociology of the NHS Sociological Review Monograph No. 22 Stacey M (ed) University of Keele.

Clark M S (1983). Reactions to Aid in Communist and Exchange relationships. In J Fisher, A. Nadler and B de Paulo (eds) New Directions in research on Leiping (Vol. 1) Recipient reactions to and New – Academic

Clemett A J and Pearce J (1998) The Evaluation of Pastoral Care, Oxford, Basil Blackwell.

Cohen M S 1987. A historical overview of the Phenomenological movement. Image Journal of Nursing Scholarship 19 (1) 31-34

Cohen M (1995). The triggers of heightened parental uncertainty in chronic life threatening childhood illness. <u>Qualitative Health Research.</u> 5(1) 63-77

Colalzzi P (1978) Psychological research as Phenomenologist views it *In* Valle R S and King M (ed) <u>Existential Phenomenological Alternatives for Psychology</u> Ch 3 New York Oxford University Press.

Connor M (1994) Training the Counsellor on integrating model. London Routledge.

Crotty's text Bowman JM (1991) 'The meaning of Chronic low back pain' American Association of Health Nursing – Journal 39:8 (Aug) p 381-384 Bennett L (1991) ' Adolescents girls experience of witnessing marital violence – a phenomenologist study' Journal of advanced nursing 16:4 (April) p 431-438

Crotty M (1996) Phenomenology and Nursing Research. Australia Churchill-Livingstone.

Crotty Michael (1996) Phenomenology and Nursing Research. Australia – Churchill – Livingstone.

Davis A (1978) The phenomenological approach in nursing research *In* Chaska N (ed) <u>The Nursing Profession: views through the mist.</u> McGraw-Hill. New York

Davis B (1984) What is the nurse's perception of the patient? In Skevington S(ed) Understanding Nurses: The Social Psychology of Nursing. Chichester John Wiley.

Davis M (1975) Social Isolation <u>on a process in chronic illness *In* Davis M, Kramer M</u> <u>and Strauss A (eds)</u> Nurses in Practice: a perspective on work environments. <u>St</u> Louis. <u>C Mosby</u>.

Davitz L J and Davitz J R (1975). How do nurses feel when patients suffer? Americal Journal of Nursing 75. 1505-1510

Delerga VJ, Metts S, Petronio S, Margulis S T (1993) Self disclosure. Newbury Park, Sage.

Denzin N and Licoln Y (eds). <u>Handbook of Qualitative Research.</u> Thousand Oaks. California Sage.

Department of Health 'Making a Difference' (2000)

Dept of Science and Education (1998 9). Report of Her Majesty's Inspectors on Patoral care in secondary schools: An inspection of some aspects of pastoral care in 1878-8-Stanmore DES

De Paulo, B M Help seeking from the recipients point of view. ISAS, Catalogue of selected document in Psychology 1978, 8.62 ms No 1721

De Paulo B M and Fisher JD (1980) The costs of asking for help, Basic applied Social Psychology

Desforges C (1990) Understanding tasks in infants classroom. In N Enwistle (Ed) Handbook of Educational Ideas and Practices London, Routledge.1980, 1, 23-25

Dewey Jon (1997) How we think? New York Dover Publication

Dingwall R (1980). Ethics and ethnography. Sociological Review. 28(4) 571-891.

Dooley S (1980). The relationship between the concepts of 'Pastoral Care' and authority. In Best R, Jarvis G and Ribbbins P (eds) Perspectives of Pastoral Care. London Heineman

Downey R S (1990) Professions and Professionalism. Journal of Philosophy of Education 24 (2), 147-60

Dreyfus and Dreyfus (1987)

Dreyfus H and Dreyfus S (1987) From Socrates to Exports Systems: the limits of calculative rationality *In* Rainbow P and Sullivan W (eds). <u>Interpretative Social</u> <u>Science: A second look.</u> University of California Press. Berkley.

Egan G (1990) You and Me: the skills of communications and relating to others – California, Brooks/Cole

Eifert et al (1991)

Elkan R and Robinson (1994) Project 2000: a review published research. Dept of Nurisng and Midwifery, University of Nottingham.

Elsey B (1990) 'Teaching and Learning' in M Kinnel (ed). The Learning Experiences of overseas students, Buckingham, Society for Research into Higher Education and Open University Press.

ENB 1997

Entwistle N (1992) The impact of Teaching on Learning Outcomes in Higher Education: A literature review Sheffield: Committee of Vice Chancellors and Principals. (?1994)

Entwistle N J and Ramsden P (1983) Understanding student learning. London Croom Helms.

Erant M (1999) Developing Professional Knowledge and competence in Edition London Falmer Press.

Erickson E H (1950) Childhood and Society. New York: Norton

Etzioni A (1969) The semi-professions and their organisation. New York, Free Press.

Fairbain Gavin J and Winch Christopher (1998): Reading, Writing and Reasoning. A guide for students (2nd Ed) Buckingham Open University Press,

Fenstermacher G (1986) Philosophy of Research on teaching: Three aspects. In M Wittrock (ed) Handbook of research on gteaching 3rd edition PP 37-48 New York, Collier MacMillian.

Field P A and Morse J M (1985) <u>Nursing Research: the application of qualitative</u> approaches. Croom Helm Ltd. Kent.

Finby (2003)

Finby L (1998) Reflexivity: an essential component of all research? British Journal of Occupational Therapy 61, 453-6

Finlay, Lindz and Gough Brenda N (2003) (Eds) Reflexivity – A practical guide for researchers in Health and Social Sciences. Oxford – Blackwell Science.

Finlay L (2002a) 'Outing' the researcher: the provenance principles and practice of reflexivity. Qualitative Research 12 (3) 531-45.

Fisher Shirley (1994) Stress in Academic Life – The Mental Assembly. Buckingham: The Society for Research into Higher Education and Open University Press.

Fisher S (1990) on the Move: the psychological Effects of change and transition: Chicester and New York: John Wiley.

Fisher J D & Nadley A & Wit6cher – Alagna S (1983) Four theoretical approaches for conceptualising reactions to aid. In JD Fisher, D Nadler and B M De Paulo (eds) New Direction in helping: Vol 1 Frecipient reactions to aid p52-85. New York Academic Press

Fisher J D, Goff, BA, Badkler, A and Chinsky J M (1988) Social psychological influences on help seeking and support from peers. In B H Gottilebi (ed) Marshalling social support: Format, Processes, and effects (pp 267-304). Newbury California, Sage

Fonagy P (1991) 'Thinking about Thinking: Some clinical and theoretical considerations in the treatment of a borderline patient.' Journal of Consultant and Clinical Psychology. O2: 793-800.

Fontana David (1995) Psychology for Teachers 3rd Edition, London, Macmillan Press.

Fransson A (1977) 'On qualitative Differences in Learning, IV – Effects of Intinsic Motivation and Extrinsic Test Anxiety on Process and Outcome' British Journal Educational Psychology 47: 244-57

Freire P (1972) Pedagogy of the Oppressed, London Penguin.

Freire P (1970) Pedagogy of the oppressed. New York Continuum.

Freire P "Key note Address" Presented at Workshop on Worker Education, City College, New York Center for Worker Education New Yor5k Feb 8 1986.

Freire P (1973) Education for critical consciousness, London Sheed and Ward. Gadaner H 2976 Philosophical Hermeneustics London University California Press.

Gadamer H (1976) <u>Philosophical Hermeneutics.</u> London: University of Californa Press.

Galton M Simon B (1975) Observation, research and classroom learning evaluation: University of Leicester

Getzels J and Thelen H(1960) 'A conceptual framework for the study of the classroom as a social system'. In A Morriusonand D McIntyre (eds). The social psychology of teaching. Harmsworth: Penguin

Giorgi A (1970) <u>Psychology as a human secience: a phenomenologically based</u> <u>approach.</u> New York. Harper Row

Goldstein H (1985) Social Learning and Change, London Tavistock.

Gouldner A W (1969) The norm of reciprocity, a preliminary statement. American Sociological Review 28: 169.

Greenbaum Thomas L (1998) The handbook for Focus Group Research 2nd Edition, London Sage Publication.

Guba (1985)

Guba E G and Lincoln Y S (1989) <u>Fourth Generation Evaluation</u> Newbury Park California Sage.

Haase J and Myers S T (1988). Reconciling paradigm assumptions of qualitative and quantitative research. <u>Western Journal of Nursing Research.</u> 10(2) 128-137.

Haase J E (1987). Components of Courage in Chronically III Adolescents: A phenomenological study. <u>Advances in Nursing Science</u>. 9.(2) 64-80

Hall A J M and Stevens P E (1991). Rigor in Feminist Research. <u>Advances in</u> <u>Nursing Science.</u> 13(3) 16-29

Harris M (1976 ? 1968) History and significance of the emeteric distinction. Annual Review of Anthropology S 329-350 The riser of Anthropological Theory, Trowell, N York.

Harris Robert (1997) Overseas Students in the United Kingdon University system: A perspective from Social Work. In McNamara David and Harris Robert (eds) Overseas Students in Higher Education Chp 2 p 30-45. London, Routledge.

Hawkins P (1998) A Phenomenological Psychodrama Workshop. In Reason Peter (ed) 1998. Human Enquiry, in action. Developments in New Paradigm in Research, London Sage Publication

Heidegger 1958

Heider F (1958) The psychology of interpersonal relations, New York John Riley.

Henderson V (1966). The nature of nursing. Macmillan. New York.

Heyes CL, Galef B (1996) Social Learning in Animals: the ?? culture. San Diego, CA Academic Press.

Hochschild A (1983) The Managed Heart. Berkeley – University of Californa Press.

Hockey L (1985) Nursing Research – Mistakes and Misconceptions. Edinburg: Churchill - ??

Hockey (2995)

Holloway I and Wheeler S (1996) Qualitative Research for Nurses: London, Blackwell.

Homan G C (1969) The Elementary Structures of Kinsip, Boston Beacon Press

Hoyle E (1975) Leadership and decision making in education. In M G Hughes (ed) Administering Education: The international challenge, London, Athlone Press.

Hunt J C (1989) Psychoanalytic aspects of fieldwork, Qualitative research methods, Vol 18, Sage – Newbury Park.

Husserl(1973)

Husserl (1959 – 1938)
Husserl E (1931) Ideas in W R Boyce-Gibson, Trans) London, Georgfe Allen and Unwin (Husserl E (1967(). The thesis of natural standpoint and its suspension –In JJ Kocklemans (ED) Phenomenology (p68-79) Garden City NY Double Day (Husserl E (1973)) Experience and judgement (In J S Churchill and K Ameriks, New York, Humanities Press.

Jacques (1992)

Jagger A M (1989) Love and Knowledge: emotion in feminist epistemology in Jagger A M and Bordo S R eds. Gender, body knowledge: Feminist reconstruction of Beirs and Knowing. New Brunswick: N J Rutgers University Press.

Jarvis Peter (1995) Adult and Continuing Education Theory and Practice 2nd edition, London, Routledge

Jarvis P and Walters N (eds) 1993. Adult Education and Theological Interpretations, Malabar, Florida Krieger.

Jarvis P (1992) Paradoxes of Learning. San Francisco: Jossey Bass

Jarvis Peter (1986) Professional Education, London, Croom Helm.

Jasper 1994

Jasper M A 1994. Issues in Phenomenology for Researchers in Nursing. <u>Journal of</u> <u>Advanced Nursing</u> 19 – 309-314.

Johnson K and Scott D (1997). Confessional tales: and exploration of the self and others in two ethnographies. The Australian Journal of Social Research 4(1), 27-48.

Jourard S (1961) self disclosure pattern in British and American College Females. Journal of Social Psychology 54: 315-320

Kaelin E F (1962): An existentialist Aesthetic: The Theroies of Satre and Merleau Ponty, Maddison University of Winscontic Press.

Karasek, R A (1979) Job demands, job decision latitude and mental strain: implicated for job design Administrative Science Quarterly, 24, 43-8

Kelley H H (1967) Attribution theory in social psychology in D Levine (ed) Nebrasks Symposium on Motivation 1967 (pp 192-240) Lincoln University of Nebraska.

Kinnell M (ed) (1990). The Learning Experiences of Overseas students Buckingham Society for Research into Higher Education and Open University Press

Kinsella et al (1999)

Kirby C and Slevin O (1992) <u>A new curriculum for care.</u> *In* Slevin O and Buchensham M (1992) eds <u>Project 2000 – The Teachers Speak.</u> Campion Press Ltd Edinburch.

Kleinmans and Copp MA (1993) Emotions and fieldwork A Sage University Press

Knaack K P (1984) Penomenological Research. <u>Western Journal of Nursing</u> <u>Research.</u> 6(1) 107-123

Kogan M and Kogan D (1983) The Attack on Higher Education Worcester: Billing & Sons Ltd.

Koch (1994) Establishing Rigour in Qualitative Research: the decision trail. <u>Journal</u> of Advanced Nursing. 19. 976-980

Koch T (1995) Intrepretative Approaches in Nursing Research: The influence of Husserl and Heidegger. Journal of Advanced Nursing 21.827-836

Kolb D (1984) Experiential Learning: Experience as a source of learning and development. Englewood Cliffs, NJ: Prentice Halls.

Kuhn T S Ed (1970) The Structure of Scientific revolutions. Chicago University Press

Kvale S (1984) The qualitative research interview: A phenomenological and hermeustical mode of understanding. <u>Journal of Phenomenological Psychology</u> M(2):171-96

Lashinger H K (1990) Review of Experiential Learning Theory research in nursing profession. Journal of Advanced nursing, 15, 985 – 993.

Lave J, Wenger E (1991) Situated learning, legitimate peripheral participation, Cambridge University Press, Cambridge.

Lawrence G (1986) 'Social procedures of task orientated groups'. In Bligh (ed) Teach thinking by discussion. Guildford: SRHE/NFER – Nelson.

Lazarus R S and Folkman S (1984) Stress, appraisal and coping. New York Springer

Leninger M (1992) Current Issues, Problems and Trends to Advance Qualitative Paradigmatic Research Methods for the Future. <u>Qualitative Health Research.</u> 2,292-315

Lenrow P Dilemmas of Professional helping. In Lauren Wispe (ed) Altruism, sympathy and helping psychological and sociological principles New York, Academic Press

Lieblich Amia, Turval Mashiah Rirka and Zilber Tamar (1998) Narrative research: Reading, Analysis and Interpretation. Applied Social Research Methods Series Vol 47, ondon, Sage Publication.

Lincoln Y S and Guba E G (1985). Naturalistic: Inquiry Sage Pub Inc. California.

Lipman A and Sterne RS Aging in United States; Ascription of terminal side role sociology and Social Research (1962) 53, 194-203.

Luker K (1984) Reading nursing: the burden of being different. International Journal of Nursing Studies 21(1), 1-7

Lumsden CJ and Wilson EO Genes mind, culture: the co-evolutionary process. Cambridge, Massachusetts, Harvard University Press, 1981.

Marcel Gabriel (1948) The Philosophy of Existence. London, The Harvill Press.

Marriot A (1991) The support, supervision and instruction of new learners in clinical areas: a literature review: Nurse Education Today 11 : 261-269

Marsick J, Watkins KE 1990 Informal and incidental learning in the workplace London Routledge.

Marton F and Saljo S (1976) on qualitative differences in learning, 1 : Outcome and process, British Journal of Education Psychology 46 4711.

Maslow A (1968) Towards a Psychology of Being 2nd Edition New York Van Nostrand Reinhold

Maslow A H (1966) Psychology of Science Harper and Row, N/York.

Maslow A H (1970) Motivation and Personality. 2nd edition New York Harperand Row.

May K A (1991) Techniques in Qualitative Research: concerns and challenges *In* Morse J M (1991) ex. <u>Qualitative Nursing Research</u>. Ch. 11. Sage Pub. U.S.

McAdams D P (1990) The Person: An introduction to personality psychology, Orlando, Florida, Harcourt Brace.

McAdams D P (1993) The stories we live by: Personal myths and the making of the self. New York, William Morrow

McDougall (1968) An Introduction to Social Psychology: Barnes and Noble, New York (original: Methuen, London 1968)

McGrath J (1974) Social and Psychological Factors in stress. New York: Holt, Rinehart and Winson.

McMahon Richard and Pearson Alan (1998). Nursing as a Therapy. Cheltenham, Chapman & Hall.

Mead GH (1934) Mind, Self and Society. Chicago – University of Chicago Press.

Mearns D and Thorne B (1988) Person centred counselling in action, London, Sage

Melia K (1984?2) "Tell it as it is" – a qualitative methodology and nursing research, understanding of the student nurse's world. <u>Journal of Advanced Nursing</u> 7 327-335

Meltzoff A (1996) The human infants imitative generalist: a 20 year progress Report on infant imitation with implications for comparative psychology. In C Heyes and B Galef (ed 5) Social learning in Animals. The post of culture San Diego CA Academic Press. Merleau-Ponty M (1962) <u>Phenomenology of perception</u> (C Smith Trans) Boston Routledge & Kegan Paul. London

Merleau-Ponty M (1962) <u>Phenomenology of Perception</u>, London Routledge and Kegal Paul.

Merleau-Ponty M (1964) <u>The primacy of perception and other essays on</u> <u>phenomenology psychology</u>. North Western University Press. Evansta

Merton Vaness, Merton Robert K, Barber Elinor (1983) Chp 2 Client Ambivolence in Professional relationships, The problem of seeking help from strangers. In De Paulo Bella M, Nadler Arie and Fisher Jeffrey D (Ed 8) New Directions in heldpint, Vol 2. Help seeking New York: Academic Press

Miller I (1984) Husserl, perception and temporal awareness. Cambridge: MIT Press

Miller L C, Bert T, Archer R (1983) Openers: understand who illicits intimate selfdisclosure. Journal of Personality and Social Psychology 44: 1234-1244

Morgan J, Knox J E (1987) characteristics of 'best' and 'worst' clinical teachers as perceived by University nursing faculty and students. Journal of Advanced Nursing 12: 332-337.

Morse J M (1991) (ed). <u>Qualitative Nursing Research</u> A Contemporary Dialogue. Sage Pub. Ldn.

Moustakas, C (1994) Phenomenological. Research Methods. London, Sage Publication.

Moustakas C 1994 Phenomenological Research design, Methodology and Applications. Sage Publications, Newbury Park, CA.

Moustakas C 1994 Phenomenological Research Methods, Sage Publications, Thousand Oaks, CA.

Mulhall A (1995) Nursing Research: what difference does it make? <u>Journal of</u> Advanced Nursing. 21, 576-583

Munhall P (1982). Nursing Philosophy and Nursing Research: in apposition or opposition. <u>Nursing Research</u>. 31(3) 176-177, 181.

Munshall P and Oiler C 1986 Phenomenology in Munshall P and Oiler C (eds) Nursing Research; A qualitative perspective Appleton Century – Croft.

Nelson – Jones R (1983). Practical Counselling skills. Hold Rinehart Winstone, Eastbourne.

New Concise Oxford Dictionary (1993)

Oiler C (1981). The Phenomenological approach to nursing research. <u>Nursing</u> <u>Research</u>. 31(3) 178-181.

Oiler C (1986) Phenomenology: the method *In* Munhall P, Oiler C J (eds). <u>Nursing</u> <u>Research: a qualitiative perspective.</u> Appleton-Century-Crofts. Norwalk.

Oiler Boyd C (1988) Clarifying the issues. Nursing science quarterly. 16-19.

Omery A (1983). Phenomenology: a method for nursing research. Advances in Nursing Science. 5(2) 49-63.

Omery A 1983 Phenomenology A method for nursing research. Advances in Nursing Sciences 5 (2) 49-63

Parker I (1997) Discourse Analysis and Psychoanalysis British Journal of Social Psychology 36, 479-95

Pask G (1975) Conversation, Cognition and learning: A cybernetic Theory and Methodology Amsterdam, Elsevier Publication

Paterson J and Zderad L (1976) Humanistic Nursing. Wiley. New York

Pearce J S (1984) Attitude Modification and evaluating pastoral curriculum: Pastoral Cerc in Education Oxford a Basil Blackwell.

Peter R S (1966) Ethics in Education, London, Allen & Unwin.

Polyari M (1967) The Tacit Dimension, London, Routledge and Kegen Paul.

Powers Bethel Ann and Knapp Thomas R (1990) A Dictionary of Nursing Theory and Research London Sage Publication.

Price (2000)

Price B (2003) Phenomenological Research and Older People. Nursing Older People 5, 5, 24-29.

Quinn F M (1988) The {Principles and Practice of Nurse Education (2nd Ed) London. Chapman and Hall.

Quinn (1994) The Principles and Practice of N Education (3rd Ed) London, Chapman and Hall.

and Open University.

Raaheim K Kankowskij (1991) Helping students to learn, Teach, Counselling and Research and Bradford J Buckingham: The Society for Research into Higher Education

Raaheim Kjell, Waskoski Janet and Radford John (1991) Helping students to learn. Teaching, counselling research Buckingham. The society for research into Higher Education and Open University Press.

Ramirez M and Castareda A (1974) Cultural Democracy Bicognitive Development and Education. New York. Academic Press.

Ramsden P (1979) 'Students learning and perception of Academic Environment. Higher Education 8: 411-27.

Reissman C K (1993). Narratives Analysis, Sage, Newbury Park California.

Riseborough RC (1994) Learning contracts in education senior nurse 13 (7): 22-24

Rogers Carl (1967) on becoming a person. London Constable

Rogers Colin (1980) A Social Psychology of schooling. London Routledge and Kegen Paul.

Rogers C (1983), Freedom to learn for the 80s. Ohio Charles E Merrill Publishing Company.

Rogers C (1983) Freedom to learn for the 80s. Ohio Merril.

Rose J F (1990) Psychological health of women: a phenomenologic study of women's inner strength. <u>Advances in Nursing Science</u> 12(2). Jan 56-69

Rosenberg M (1979) Conceiving self. New York basic books.

Rothman (1986)

Rotter J B (1966) Social learning and Clinical Psychology, Prentice Hall Englewoods Cliffs NJ 1954 and generalised expectancies of internal versus external control of reinforcement Psychology monograph 80, 1 (1966)

Rowntree, D (1993). Teaching yourself with open learning London: Kogan Page

Sandelowski M (1986) The Problem of rigor in qualitative research: <u>Advances in</u> <u>Nursing Science</u> 8 (3) 27-37

Sandelowski M (1995). Sample Size in Qualitative Research. <u>Research in Nursing</u> and <u>Health.</u> 179-183

Sapsford R and Abbott P (1992). <u>Research methods for nurses and the caring</u> professions. O.U. Press U.S.

Sarbin T R (ed). Narrative Psychology: the storied nature of human conduct (pp211-232) N/York, Praegger

Savage J (2000) Participative observation standing in the shoes of ??, Qualitative Health Research, 10(3): 324-9 or pp 324-9

Schion D A (1987) Educating the Reflective Practitioner: Towards a new design for teaching and learning in the professions. San Francisco – Jose Bass.

Schultz A (1970) On phenomenology of Social relations. *In* Wagner H <u>Selecting</u> <u>Writings</u>. The University of Chicago Press Chicago.

Schumacher E F (1977) Good work In vermilye DW (ed) Report on a conference relating work and education. San Francisco –Jose Bass

Seymour N K (1977) The dependency cycle implication for therapy and social action. Transactional analysis Journal 7 CIS: 37-38

Shapiro E G Friendship Status and repayment as factors in seeking help. Paper presented at American Sociological Association meetings San Francisco California August 1975.

Shapiro E G Is seeking help from a friend like seeking help from a stranger: social psychology Quarterly, 1980, 43, 259-263.

Shavelson R J, Hubner J J and Stanton G C (1970) validation of construct interpretations Review of Education Research 46 407-41

Shor I (1980) Critical Teaching and Everyday life Boston, South End Press

Smith L(1996) In Typhon A and Voviecte J (1996) Eds Piager – Vygosky – The Social Genesis of thought. East Sussex Psychology Press UK Taylor & Francis.

Smith P, Barnes S, Jennings P (1998) The Secret Ingredient. The Nursing Times 11, 94 (6) i 32.

Smith P (1992). The Emotional Labour of Nursing. Macmillan ex. Basingstoke.

Spence D P (1986) Narrative smoothing and clinical wisdom. In TB

Spielberg H (1975). Doing phenomenology Martinus Nijhoff. The Hague

Spielberg H (1976) The Phenomenological Movement Martinus Nijhoff, The Haigue

Spielberg H (1965) The phenomenological movement. A historical introduction (2nd edition) Vol 1-2 Dordrecht, The Netherlands: Fortimus Nihjhoff.

Stenhouse L. (1978)? (1975?) An introduction to curriculum research and development. London. Heineman

Stephenson C (1991). The Concept of Hope Revisited for Nursing. <u>Journal of</u> Advanced Nursing 16. 1456-1461

Stewart I and Joines V (1987) T A Today: A new Introduction to Transactional Analysis. Nottingham: lifespace publishing.

Stewart I (1996) Developing Transactional Analysis Counselling – London Sage

Stricker G (1990) Self disclosure and psychotherapy In Stricken G, Fisher M (eds) self disclosure in the therapeutic relationship New York Plenum Press.

Swanson-Kauffman K M (1986) A Combined Qualitative Methodology for Nursing Research. <u>Advances in Nursing Science.</u> Apr. 8(3) 58-69

Tardy C H, Dindia K (1997) Self disclosure and psychotherapy: In Hargie O (ed) The handbook the skills of communication / 2^{nd} ed. London Routledge.

Taylor M (1993) The Nurse – Patient relationship Senior Nurse Vol 13 No 5 Sept/Oct 1993 p 14-16

Taylor B J (1994) <u>Being Human – Ordinariness in Nursing.</u> Churchill Livingstone. Melbourne.

Thomas A and Chess S (1984) Genesis and Evolution of behavioural discourse: from infancy to early adult life. American Journal of Psychiatry 141, 1-9.

Tomasello M, Kniger A and Ratner GH (1993) Cultural learning. Behavioural and brain sciences 16, 495-552.

Tomasello M (1999) The cultural orgins of Human Cognition. Cambridge Harvard University Press.

Travers C J and Cooper C (1996) Teachers Under Pressure: stress in teaching professions, London Routledge.

Tschudin V (1986) Ethics in Nursing: the caring relationship London: Heinemann.

Tudor K (1999) Group counselling London Sage

Tyler R 1949 Basic Principles of Curriculum and instruction. Chicago: University of Chicago. Press.

UKCC (2000) Fitness for Practice

University of Warwick and University of Liverpool (December 1996) Project 2000 – Fitness for purpose – Report to the Department of Health.

Van Kaam (1959) <u>Phenomenological Analysis: exemplified by a study of the</u> experience of being really understood. Individual Psychology 15: 66-72

Van Manen M (1990) Researching lived experience: Human Science for an action sensitive pedagogy. Albany NY, Sunny Press

Van Manen M (1990) Researching lived experience University of Alberta. Edmonton

Van Manen M (1984) Practicing phenomenology writing. Phenomenology and Pedagogy 2, 36-69.

Van Manen M (1984) <u>Doing Phenomenological Research and Writing: an</u> introduction University of Alberta Edmonton

Walsh R A (1995) The Approach of the human science researcher: implications for Practice of qualitative research. The Humanistic Psychology, 23, 333-44.

Watson J (1985) <u>Nursing. The Philosophy and Science of Caring.</u> University Press of Colorado

Watson P (1991) Care or Control: questions and answers for psychiatric nursing practice Nursing Praxis in New Zealand 6:2 (March) p10-14.

Watson Y (1979). <u>Nursing: The philosophy and science of caring.</u> Boston: Little, Brown

Webb C (1992). The use of the first person in academic writing: objectivity, language and gatekeeping. Journal of Advanced Nursing. 17. 747-752

Webb C (1996). Caring, Curing, Coping: towards and integrated model. Journal of Advanced Nursing. 23. 960-968.

Webster D W and Fretz B R Asian, American Black and White College students preferences for held giving sources Journal of counselling Psychology 1978, 25, 124-130.

Weiner B (1992) Human, Motivation, Metaphors, Theories and Research, London Sage

Williams P (1985) They came to train a study of responses to their training experiences of study fellows coming to Britain under the British Technical Cooperation Programme – London HMSO.

Witkins H (1977) "Field dependent and field independent cognitive styles and their educations implications" Review of educational research 47, 1-64.

Wilson-Barnett (1989) Limited autonomy and partnership: professional relationships in health care. <u>Journal of Medical Ethics</u> 15. 12-16. Wood D (1988) How children think and learn, Oxford Blackwell Scientific.

Wood, F G (1991) "The Meaning of Care Giving" Rehabilitation Nursing 16:4 (July/Aug) P 195-198.

Woolgar S (1989) Foreward. In the Reflexive Thesis: Wrighting Sociology of Scientific Knowledge In (Ashmore M) The University of Chicago Press, Chicago.