**It's always with you.**

# The experience of being a 1970s hospital trained general nursing student.

Susan Rosemary Johns

A thesis submitted to Auckland University of Technology
in partial fulfilment of the requirements of the degree of
Doctor of Health Science (DHSc)

2019

Faculty of Health and Environmental Sciences

Primary Supervisor: Dr Deb Spence

# Abstract

This study uncovers the meaning of how being a general student nurse, trained within the 1970s apprenticeship model in New Zealand hospitals, informs the present understanding of self. The 1970s heralded the beginning of the end to the apprenticeship form of nurse training in New Zealand . Nursing literature related to this era of general student nurse training is scarce.

The qualitative methodology supporting this study is philosophical hermeneutics. This interpretive approach seeks to gain new or deeper understanding of phenomena by seeking meaning through lived experience. Hermeneutics, informed by Heidegger [1889-1976] and Gadamer [1900-2002], underpin this study. These philosophers concurred that people are irredeemably historical. The past, present, and future contribute to understanding in an ongoing manner.

The experiences of 15 former student nurses, who trained within the Auckland Hospital Board School of Nursing, 40 plus years since commencement of their programme, were captured through individual conversational interviews. Interview insights, along with sources which contextualise the study phenomenon, such as historical documents pertaining to the general nursing student in 1970s New Zealand, uncovered what is already known but passed over or forgotten. Through the interrelated themes; becoming who one is; being in a training system and getting through; the shaping of subsequent influences on the experience of being a 1970s general student nurse on who one is today is discerned.

The findings show being a student in the 1970s has left an ongoing legacy to whom former students are today, and will continue to do so in the future. Whether being a student was something warmly recalled, or not, this experience ‘is always with you’. Being a 1970s general nursing student continues to shape one’s life in ways which both enrich and question who one is.

# Table of Contents

## List of Tables

## Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Signed: _____

Date: 6/5/2019

## Acknowledgements

My sincere thanks go to the 15 former nursing students who generously gave their time to share their experience as a 1970s student, and how this has shaped their lives since. Their stories underpin this study and dwelling in these has been a privilege. Their stories have rekindled many memories and new understanding about my own student experience.

I am indebted to my supervisors—Dr Deb Spence and Professor Liz Smythe. Their unwavering support, encouragement, and expertise was inspiring. They went above and beyond to guide me through this process.

Thank you to AUT for the supervision, payment of fees, and the Vice Chancellors Scholarship Award that granted me a semester's leave to dedicate to this study.

Special thanks to the AUT South library staff for their expertise and support.

To friends who supported me by reading my work, offering encouragement and much needed laughter, I thank you.

My warm thanks to Mandy Weaver and Sally Jane Lowes for being an intermediary and helping find participants for this study.

Most of all, I thank my husband, Andrew, who has lived the months and years of this study alongside me.

# Chapter One: Introduction to the Study

## What is My Study?

This study focuses on articulating the meaning of having been a hospital trained general nurse in 1970s New Zealand. I asked 15 nurses, who trained within the Auckland Hospital Board (AHB) Schools of Nursing, to articulate their insights 40 plus years since commencement of their programme. The purpose was to capture the experiences of those nurses who trained within the AHB as a general and obstetric nurse, or the male nurse version, in the 1970s, and to discern the shaping of subsequent influences of these experiences. The specific question I posed was: What is the meaning of being a hospital trained nursing student in the 1970s?

Formal research relating to the experiences of having been a general student nurse in the 1970s and influences on later life do not exist in the New Zealand literature. Hence, the impetus for this study as these people reach retirement age.

In the 1970s, the pathway to become a registered general and obstetric nurse or registered male nurse meant undertaking an apprenticeship training programme of minimum 3 years and maximum 5 years, within an approved school of nursing. Approval was granted by the New Zealand Nurses and Midwives Board which was replaced in 1971 by the Nursing Council of New Zealand (NZNC) (Burgess, 1984). The 1970 curriculum, issued by the New Zealand Nurses and Midwives Board, remained in place throughout the 1970s with supplementary instructions added by the NZNC in 1977. Missing within this curriculum document is a definition of either a New Zealand registered general and obstetric nurse or student. The assumption appears to be that these titles were inherently understood; therefore, no requirement was necessary for the role to be made explicit. However, the AHB (1974) *School of Nursing Handbook* described the role of the general nurse as:

> General nursing involves teaching health to promote wellbeing and prevent illness as well as caring for those who are incapacitated by congenital conditions, accidents, or disease processes. The work is varied and interesting and requires a comprehensive knowledge of the human body in health and illness as well as an understanding of the psycho-social needs of individual people. Thus, nurses need to show acceptance of people, having a ready sense of humour, a high degree of integrity, and the ability to cooperate with others. The continuing accumulation of

> knowledge and changing patterns of health needs and health services make is essential for each nurse to continue expanding his or her knowledge and skills. (p. 9)

### A time of unprecedented change

Since the commencement of New Zealand nurse training in 1901 little had altered, other than some nursing activities affected by social, technological, or environmental change (Rayner, 1983; Sargison, 2001). The late 1960s and early 1970s heralded the quest for unparalleled change in the preparation of nurses. Miss Boyd, the Health Department Division of Nursing Head stated, "Hospital-based apprentice style of nurse preparation is no longer effective as an educational system and does not provide the best form of nursing. The service industry has found that this type of training is inefficient in today's world" (Boyd, 1972, p.12). The nursing profession demanded tertiary sector preparation, full student status, a curriculum supporting a broad-based view of nursing, and nursing as an activity requiring critical thinking (Christensen, 1973; Papps, 1998; Shadbolt, 1983). Thus, the 1970s saw the beginning of the dissolution of the general apprenticeship training system because it was considered outdated and of little educational merit by international and national nursing leaders (Burton, 1970; Carpenter, 1971; Chittick, 1969; McCutchan, 1971; Reid, 1965). Williams (2000), argued that 1970s students were caught in the "heady days of change" (p.85) because the dominant view of nursing's identity–constituted by gender, training, and the medical discourse–was challenged, creating tensions about professional identity, territory, and loyalty. Subsequently, the 1970s became the decade in which dual systems of nursing training/education existed in New Zealand.

I have found much of the nursing literature in the first half of the 1970s focused predominantly on the negativity of general nurse preparation. It drew on the professional, political, and gender tensions related to nurses' preparation, and was strongly geared toward the unsuitability of general hospital training for the health needs of New Zealanders in a rapidly changing society. In the latter half of the 1970s, most academic and professional literature focused on the new tertiary-based system commencing in 1973. With university qualifications for registered nurses gaining momentum in the 1970s and early 1980s, nursing's research emphasis was on the new curriculum. Studies undertaken by Horsburgh (1987), Miller (1978), Perry (1985), and Taylor et al. (1981) all focused on student nurses from the tertiary-based preparation

programmes.

**The Study Aims**

I sought to understand the meaning of being a general nursing student in 1970s New Zealand. The aims of the study are as follows:

- To make visible deeper understandings of being a 1970s general nursing student by offering fresh insights into what may be already known but been passed over.
- Hermeneutic philosophy offers a method of reaching into the past to give meaning in the present. To the best of my knowledge, no ontological study pertaining to general nurse training in New Zealand exists. This study will contribute a missing methodological approach to the literature exploring general nurse training in New Zealand. As participants look back they will likely 'see' how their nurse-training experience went on to shape their lives.
- To contribute to the record of nursing's collective memory by capturing the voices of a forgotten group who undertook hospital-based training during a time of unparalleled change for nursing in New Zealand.
- To assist framing current understandings about being a nurse in ways that will be useful for future nurses. "By investing in the stories of the past, we help to empower the nurse of today and help unleash nurses' potential" (Nuku, cited in Manchester, 2015, p.38).

**Methodology**

This study uses the qualitative interpretive methodology of philosophical hermeneutic phenomenology informed by Gadamer [1900-2002] and Heidegger [1889-1976]. I chose this methodology because it is a profoundly human means of inquiry that seeks to gain new or richer understandings concerning phenomena. Philosophical hermeneutics, informed by Heidegger and Gadamer, challenges the view of truth being singular, absolute, and unchanging. Heidegger (1962/2016) and Gadamer (1975/2013) argued the experience of truth is temporal because human beings are always part of history. The past, present, and future thus contribute to our understanding in an ongoing manner. People are born into worlds wherein they are shaped by traditions, including language and socialisation; and they, in turn, shape ongoing understanding through interpretation of their experiences. In partly situating my study within a specific time period in the history of nursing in New Zealand I am, as Regan (2012) suggested by drawing on

Gadamer's work, "reducing the risk of being self-absorbed and forgetting about history, whilst also allowing us[me] to re-present the past into the present and future" (p.298). Gadamer further argued that present time resonates due to the effect of immedicacy and only when it fades into the past can true meaning be acknowledged (Regan, 2012).

Fifteen participants, who undertook the general nursing programme in the AHB School of Nursing in the 1970s, recalled student experiences and reflected on how these experiences shaped them four decades hence. I collected data through individual, semi-structured interviews/conversations. Additional data sources which contextualised the study phenomenon, such as historical documents pertaining to the general nursing student in 1970s New Zealand, were consulted.

**Why this Study?**

In April 1974, 100 'girls' stood in starched white uniforms and caps at either Auckland Hospital and Middlemore Hospital to have their photograph taken to commemorate commencing the general and obstetric nurse training within the AHB. I was one of these girls. I was a 17-year-old school leaver with university entrance (current NCEA level 2). I completed my training in 1977 and have worked in hospital nursing practice and nursing education since. Beginning tertiary studies in the late 1980s, to complement my role as a nursing lecturer, I completed a Bachelor of Arts in social sciences. It was during this study that the humanistic, social, political, and feminist world views of nursing, as a profession, first became evident to me. It offered new and expanded horizons of understanding about the nursing world, including my training, which was enlightening, confirming, and challenging. My master's study, concerning the ethical practice of comprehensive nursing students, used a phenomenological methodology informed by van Manen. Together, these experiences contributed many years of musings about how training to be a nurse shaped me–then and now.

Furthermore, attending social gatherings over the decades with my student nursing group, I came to appreciate that these occasions were inherently hermeneutical. Nurses enjoy a long history as storytellers and can be great story-tellers. Accounts capture snapshots of nursing life, both humorous and horrendous, providing a sense of community and meaning in nursing (Bailey & Tilley, 2002; Stewart, Floyd, Thompson, & Caldwell, 2015; Wolf, 2008). Inevitably, at some stage during get-togethers, the

conversation would return to ‘being a student nurse’ with many stories repeated on multiple occasions. While the stories remained intact, I noticed the reflecting talk had changed over time with a deepening exploration of their inherent meanings. The stories were continually giving up new understandings of being a student nurse in the 1970s.

Other support for this study, and the chosen methodology, came by way of a chance conversation. “It’s always with you,” said a fellow 1970s nursing student who left nursing shortly after graduating. Her comment spoke to Heidegger and Gadamer’s notion of historicality as a way of being in the world, meaning we are irredeemably historical. The past, according to Gadamer, is ever present because “we live in its results as the products of its actions and events and of their ongoing consequences” (Warnke, 2012, p.15). Furthermore, both Austgard (2012) and Binding and Tapp (2008) claimed the Gadamerian researcher must be provoked by the text because it is the text that raises the questions. “It’s always with you,” triggered something within me and became the impetus for this study. This study is also timely:

- 1970s students are aging and without their evidence recorded history cannot exist (Godden, 2007). Furthermore, Godden (2007) argued, it is a problem with nursing history as so much of importance has been thrown away as trivial or never recorded in the first place. Literature concerning 1970s general student nurses is scarce. Many of these nurses (or former students) have contributed significantly to society and most are nearing retirement. As this group begins their transition into being aged, their historical wisdom about the meaning of training as a student nurse may remain within this group and thus silenced for others.
- This research is opportune because the legacy of nurses in New Zealand is systematically being recorded through oral histories organised by decade. Starting from the 1920s, the 1960s was recently completed. This study will complement those oral histories of 1970s general trained nurses (Manchester, 2015).
- It will be a point of reflection for future nurses. It will support understanding of how 1970s nursing culture and context continue to influence contemporary nursing.
- Internationally, an apprenticeship model of nursing education is being revisited with the National Health System (NHS) in England and at nursing

schools within the United States which offer nursing degree apprenticeships to counteract nursing shortages.

**Key Terms Used**

- ***General nursing.*** Refers to a nurse prepared with a broad foundation of nursing skills to work in both a hospital and community setting. In the 1970s, the full title of the programme was General and Obstetric nurse training. In line with most literature, this will be referred to as general nursing.
- ***The general student nurse.*** The use of the term *student* will denote a student who undertook the general and obstetric programme and its male version from 1969 onward.
- ***Matron.*** A term used until 1977 for the principle nurse.
- ***Ward sister.*** The term used until 1977 to denote the charge nurse of a ward or clinical setting.
- ***Tutor sister.*** Registered nurses who taught within schools of nursing.
- ***Sister.*** The term used until 1977 to denote a registered nurse working in a general hospital with at least one year's experience.
- ***Staff nurse.*** A registered nurse in the first year of practice.

**Overview of Upcoming Chapters**

**Chapter Two:** Overviews what a New Zealand general trained nurse 'is'. The New Zealand general nurse training programme is reviewed focussing on the AHB School of Nursing. Consideration is given to the challenges this training programme faced in the late 1960s and early 1970s.

**Chapter Three:** This chapter is in two parts. The first considers three studies and one survey pertaining to 1970s New Zealand general nursing students. The second overviews the wider societal influences shaping the nursing profession at that time.

**Chapter Four:** The methodological underpinnings of this hermeneutic phenomenological study, informed by Heidegger and Gadamer, are presented. Key hermeneutic notions relevant to this study are discussed.

**Chapter Five:** Moving from methodology to methods, this chapter describes how the study was undertaken. I describe how I upheld ethical requirements, selected and interviewed participants, managed recorded data, and achieved academic rigour. It also

explains the process of analysing data using Heideggerian and Gadamerian hermeneutic notions.

**Chapter Six:** This is the first of three chapters which explore the meaning of being a 1970s hospital trained general student from the experiences of the 15 former students. Within this first findings chapter, the notion of Bildung, simply described as self-cultivation or shaping, is used to explore becoming who one is. Ways of becoming are shown to have been individual choices that continue to impact students' lives today.

**Chapter Seven:** Continuing to explore the meaning of being a 1970s student, I consider the experience of being in a system by drawing on Heidegger's notion of enframing; meaning students were put upon to become workers undertaking the nursing mandate of providing care to patients.

**Chapter Eight:** This chapter reveals ways in which students managed vulnerable situations and how they rose above these. The impact on who one is continues to be surfaced.

**Chapter Nine:** The thematic analysis, drawn for the three previous chapters, is brought together as a whole to reveal the overall study findings. These findings are considered in light of salient nursing literature. Recommendations are offered for current nursing education and the need for future research is identified.

# Chapter Two: General Nurse Training in New Zealand

> The practitioner of nursing in this decade [1970] will require ever increasing knowledge, understanding and overall sophistication in order to achieve professional standards of competence. (Brunner, Emmerson, Ferguson, & Suddarth, 1970)

The repository of meaning within this study is being a 1970s general nursing student within the AHB training programme. From a hermeneutic perspective, understanding encompasses finding oneself in an already meaningful world. The present resonates with meanings from the past which continue to be operative in the present and often within future anticipation. The interplay of one's connection with the past underpins this research. This chapter overviews the general nurse training from inception up to the 1970s. It focuses on the AHB general training programme and the impact on 1970s students, including the unique situation for students of being positioned in a time of unprecedented criticism and change to their nurse training.

## Early Days

The early days of apprenticeship nurse training in New Zealand, like many British colonies, originated from Florence Nightingale [1820-1910] who is considered the pioneer of modern nursing (Abel-Smith, 1977; Baly, 1986; Bradshaw, 2001). A Nightingale training drew on church and military influences, emphasising the morality of nurses, womanly virtues, and functioned using a strict female hierarchy. Qualities instilled in trainee pupils were a life of dedication and servitude, punctuality, passivity, obedience, compliance, personal neatness, cleanliness, ward management, and subservience to medical staff (Brown, Masters, & Smith, 1994; Kinross, 1984; O'Connor, 2010; Papps, 1998). The Nightingale model was exported and propagated throughout the world, including New Zealand. Accounts of the first lady superintendent of Auckland Hospital and founder of the Auckland School of Nursing, Annie Crisp, established that she trained within the Nightingale system (Brown, 1991). The women who became matrons in Britain and then the Empire, were characterised as pioneers and martyrs; travelling far and wide to impose order and improve practice in a variety of hospitals across the globe (Wildman & Hewison, 2009). The geographical spread and influence of Nightingale's legacy ensured there was a remarkable level of conformity

regarding the culture, training, and organisation of nursing throughout the western world.

The New Zealand general hospital-based apprenticeship nurse training system formally commenced following the passing of the Nurses' Registration Act of 1901 and, until 1973, was the sole way to train to become a general nurse. Within this Act, provision was made for the standardisation of nurse training with a set curriculum and an examination on completion. The newly established register of nurses maintained the names of those who met the requirements (Burgess, 1984). Continuing until 1925, the 1901 Act was subsequently combined with the 1904 Midwives Act to become the Nurses and Midwives Act 1925/1945. The significance of this Act was in the establishment of the Nurses and Midwives Board as the regulatory body for nursing. The amendment in 1945 permitted male nurses to be recorded on a specific register. The Nurses and Midwives Act 1925/1945 was replaced by the Nurses Act 1971. This was an Act "to consolidate and amend the Nurse and Midwives Act 1945 and constituted the NZNC to provide for the registration and control of nurses" (New Zealand Statutes, 1971).

**Little change**

The general training, steeped within Nightingale ideological premises, remained largely unchanged from its inception. The 1930s saw tutor sisters appointed and schools of nursing were created (Burgess, 1984); but, the shaping of the profession, from its earliest days, by the Nightingale legacy ensured that overall changes remained minimal (Sargison, 2001). Stevenson (1997) noted that in general nurse training, from 1945-1960, etiquette, decorum, and discipline continued to underpin a hierarchical organisation of nursing. Changes from 1960 onward included minimal curriculum amendments such as theoretical hours of study and some service concessions reluctantly yielded by hospital administration (Brown, 1991; Orbell, 1971; Papps, 1998; Shadbolt, 1983; Williams, 2000). Examples of change were the 6-day, 42-hour working week reduced to a 5-day, 40-hour week and increase of male nurse training from 2 to 3 years. From 1974 onward, male students completed the same programme as female students. Up until the 1960s, the sense that prevailed was that nurses, including students, were owned by the hospital board (Stevenson, 1997). The 1960s signalled changes to the restrictive student lifestyle imposed by hospital boards which extended into students' private lives, including where they lived, socialised, and what they did (French, 2001).

Domestic duties were reduced by the appointment of domestic staff. The age of commencement was lowered from 18 to 17 years.

In the AHB School of Nursing, in which the current study's participants trained, Brown (1991) asserted that even in the late 1960s, the Auckland School of Nursing was still operating in the Nightingale model of entrenched attitudes to loyalty and obedience, coupled with military discipline. The insistence on courtesy and obedience, instilled at the beginning of students' training, under the guise of professional responsibilities, had changed little and remained an influence over most 1970s general students. Likewise, O'Dowd (2008), writing on general nurse training in the 1970s United Kingdom, described the attitude as one of doing what you were told and not asking questions. Bessant (1992), made similar claims concerning general training in Australia. He contended that professional socialisation of nurses pre-1980 were powerfully interwoven with subordinate behaviour. Furthermore, Reid, a Canadian director of nursing at McMaster University, argued that nurses were traditional and insulated. According to Reid (1965), nursing was one of the most tradition-bound professions and was weary from the burden of traditionalism. Pride and reverence, bound to tradition, left the profession reluctant to embrace change. By the beginning of the 1970s most other health professionals in New Zealand such as physiotherapy, occupational therapy, and pharmacy had moved from an apprenticeship or cadetship to an educational model. Nursing had not. General nursing training was inextricably linked to hospitals. The exception was a short, community-related experience such as public health or district nursing (Stevenson, 1997). Nursing students were in training and trained.

### A training

From its modern inception, nursing has been associated with notions of training and being trained. To train is to teach a person a skill or type of behaviour through sustained practice and instruction; whereas training is to instruct in or for some occupation, especially the military (Onions, 1973). Both are directed learning about current practice know-how to produce skilled personnel and involve changing or controlling people with the aim of being operationally efficient in expected and typical situations (Dearden, 1985). With these notions firmly linked to nursing preparation, it is not surprising that when nursing in New Zealand was legally sanctioned, the Act title read "an act to provide for the registration of *trained* nurses in New Zealand" [emphasis added] (Nurses Registration, 1901, No 12, p.22). Helen Carpenter, a Canadian nurse consultant

reviewing New Zealand nursing preparation in 1970, noted "New Zealand student nurses are 'trained' to undertake activities in a certain manner rather than taught to think through the application of principles to different situations and appropriately apply these" (Carpenter, 1971, p.18).

Training, or 'being hands on', is fundamental to many forms of learning. Yet, the term conjures up the notion of submission to authority which may not be educational and, furthermore, may be interpreted as anti-educational because actions cannot be explained (Winch, 1995). Additionally, an essential aspect of being trained is a certain attitude. This is one of habitual compliance with requirements and acceptance towards authority. By the 1970s, a training discourse continued to control the preparation of the general nurse as evidenced in the following excerpt from the Hospital Boards Association:

> Whatever educational requirements are laid down for the general *trained* nurse, it is important that the nurse be *trained* in an environment which provides an encouragement and stimulation so that the nurse continues when *trained* to render as full service as circumstances permit. (Hospital Boards Policy, 1972, July, pp. 24-25)

Training, as was the case of general nurse preparation, is often used in conjunction with an apprenticeship form of learning.

**Being an Apprentice Learner**

The New Zealand system of general nurse training, with its roots in the Nightingale system of training, inducted students into an apprenticeship tradition of learning. Used on a widespread basis for centuries, apprenticeship as a method of learning involved knowledge being passed on through role modelling as mentor, coach, advisor, elder or co-traveller. In both the literal and metaphorical sense, adult learners are 'modern journeymen' and travellers of life; they enrol in a programme and expect to acquire sufficient professional craft to access their profession to continue journeying through life (Emms, 2005).

Apprenticeship learning is contextual and implicit; fundamental to which, is a belief that a body of established wisdom and knowledge exists in the form of expert practitioners and is to be handed down from those who know, to those who do not know (Pratt, 1992). Expertise is developed through the gradual accumulation of knowledge under the

guidance of an established master. The apprentice, as a learner, involves one of observation, assimilation, emulation, and socialisation into the workplace (Guile & Young, 1998). A social system, such as an apprenticeship system, can be thought of as having common values which include norms, roles, and institutions (Murray, 2001). For an apprentice system to persist, there must be a shared basis of normative order and by the second or third year the apprentice will have internalised many of the values and will both act upon them and pass them on to new recruits (Murray, 2001). Murray (2001) also noted that for those unwilling to embody the values, there were usually negative consequences.

Apprenticeships are embedded in a hierarchical system of learning. Murray (2001) claimed apprentices, taking on a role that is specific to their position in the system, begin their time performing the tasks that are necessary for the efficient running of the system. Stevenson (1997) contended the organisation of the nursing profession took ideas about hierarchical organisation, including supervision and control, to its heart. Drawing on its military background, nursing established elaborate systems of rank that identified and differentiated levels of nurses, including students. Within large hospital boards, such as the AHB, the Matron in Chief was at the top of the nursing hierarchy. Under her, was a matron of each of the associated hospitals with supporting assistant matrons; then followed nursing supervisors, ward sisters, and the departmental sisters who had at least one year of service. Staff nurses made up the lowest level of registered nurse with students ranked from senior to junior down the bottom of the hierarchy ladder. In an apprenticeship model of learning, trainees needed formal permission to move to the next stage through such modes as successful examinations.

The nursing hierarchical system in the 1970s was sometimes callous and dominated by matrons and sisters who were strict, rigid, and harsh (Stewart et al., 2015). Nursing tasks were allocated based on differing times served, a clear representation of the hierarchy. For example, junior students did the basic nursing duties, such as making beds, bathing patients, checking patients' vital signs, and much of the 'dirty' work when cleaning bed pans. Students knew exactly what was required and expected of them through quickly learning the rules, regulations, and traditions which reinforced the hierarchy. Knowing your 'place' was an early lesson in an unwritten hierarchy of respect. From her perspective, of being a 1960s general student, Sinclair (1995) wrote, "her first lesson had been losing her name. Joan became Nurse. Sometimes it was Nurse

McKay, but usually it was a nurse" (p.38). Both these early lessons were ideally suited to transmitting acquiescence and deference to students (Papps & Kilpatrick, 2002).

Murray (2001) proposed that group identity is forged through long and sometimes thankless apprenticeship training, often with financial sacrifices and trainees accepting a turn at the bottom of the heap. He further suggested relationship bonds amongst apprentices are formed based on similar experiences as they move through the hierarchical layers. A cohesiveness and collegiality developed within student nursing groups and continued through camaraderie and humour (Stewart, 2013). Stewart (2013) highlighted how students found many ways to bring a sense of fun to what was often menial, repetitive, demanding, and sometimes horrific work carried out within an environment characterised by rigid structures, a top-heavy hierarchy, and pressure.

Walker (1997) offered further perspective of the impact of the nursing apprenticeship model on students which she claimed imprinted or embodied culturally sanctioned beliefs and values about what a nurse was and should be. Examples offered by Walker include: a real student did 'hands on' work; a good student was busy, got her work done, and was nice; a student did as she was told and seldom questioned the authority of others. Walker argued these sanctioned values and beliefs were only learned on the job and learning undertaken elsewhere, such as the classroom, was of lesser value. He believed this unwittingly marginalised nurses' intellectual work; informing the 'doing' as peripheral rather than central to what 'real' nursing is all about. Walker considered this legacy of apprenticeship stained nursing culture with an anti-intellectualism concerning theory and its language.

### Controlling 1970s general nurse training

Nursing schools in the 1970s were regulated through the Nurses Act 1971. Part 1 established and outlined functions for the NZNC. The functions of the NZNC, in relation to student training, were to: (a) approve schools of nursing, (b) make recommendations of nursing programmes and minimum standards required for registration, (c) conduct examinations under the act, (d) issue certificates of having passed examinations, and (e) receive and authorise registration of general nurses (Laity, 1973).

Further control over schools of nursing in the 1970s was through the then Health Department which consisted of a division of nursing with the Chief Nursing Officer to guide and advise the government. Guidelines for hospital schools of nursing outlining ways to ensure effectiveness of schools of nursing were issued by the Department of Health in 1972-1973 and revised in 1976. Described as a strategy for upgrading Schools of Nursing (Department of Health, 1988), these documents outlined the requirement of an educational committee with sub committees. This included library, student selection, curriculum development and evaluation. Schools were required to have effective, reliable record keeping and student welfare systems. Additionally, a board of trustees controlled most hospitals in which nurses received their training.

### Who were general students?

The 1969 Department of Education Vocational Guidance Service claimed nursing students needed a strong general education so that they could approach their theoretical studies and examinations with confidence. Personal qualities listed as necessary for nursing within this publication were: to have sympathy, patience, and tact of understanding; a sense of humour; to be deft with their hands, neat, and orderly; good health; and intelligent with people. From 1966 onward, entry criteria included:

- aged between 17-35 and
- entry into 6th form (current Year 12) but preferably with a higher educational qualification (AHB, 1974; Penny, 1968)

students were a homogenous group; female, of Pākehā[1] New Zealand descent and school leavers. Of the 2,227 students who completed the AHB student training in the 1970s, 19 were male (Brown et al., 1994). Social stigma and Victorian prejudices were contributing factors of low male student numbers and little had been done by either the profession or societal in general to change this view (Andrew, 1972; Wills, 1973). Sargison (2001), noted nursing in New Zealand was almost a Pākehā occupation with few Māori or Pacifica students before World War One and with little change in the 1970s. Dunsford (1994), writing on the working conditions of Auckland hospital nurses from 1908-1950, said it was difficult to establish the numbers of Māori students. A Māori student at Auckland Hospital (1973-1976) recalled being only one of few Māori By 1971, 30.47% of students had University Entrance (Brown et al., 1994). The 1970s

[1]Māori term for non-Māori

students (M. Rameka, personal communication, April 2018). A study participant, Sarah, who began her training in 1974 at Auckland hospital said: “I was the only Pacific student for a long time.”

### What were students taught?

A curriculum issued by the Nurses and Midwives Board/NZNC (1970), outlined the aim and objectives of the general nursing programme while determining course prescriptions, related to both theory and practice which students were expected to pass to be eligible to sit the registering state examination. The introduction to the 3-year general and obstetric and male programme curriculum guide (1970) outlines the overall programme aim.

> A school of nursing provides learning experiences which will enable the student to develop knowledge understanding, attitudes and skills which can be translated into effective nursing care. (Nurses and Midwives Board, 1970, p.3)

Specific aims were identified (see Appendix A) and objectives were classified around the following themes:

- growth and development
- health and the community
- health and illness
- nursing studies

Evidence of what was required by NZNC in 1974 within a nursing programme is documented in my Nursing Council Training Transcript (1974-1977) (see Appendix B), which stated a minimum of 918 (actual 1,156) hours of theory and 3,264 (actual 4,352) hours of clinical experience were required over the 3-year course. Additional, optional courses in the form of one university paper could be offered. Suggested courses were literature, arts, international affairs, mathematics, science, religious studies, and history.

## The AHB School of Nursing

The AHB was both owner and operator of hospitals and the school of nursing. The AHB nursing school was under the control of the Matron in Chief, the senior nurse administrator within an organisation. The training of general students was an essential means of staffing hospitals and was the backbone of the nursing workforce (Papps &

Kilpatrick, 2002). No formal contract existed between students and the AHB. Students received instruction, a salary, and subsidised board. AHB student salaries in October 1972 were:

- First year students - $1865 per annum
- Second year - $2056
- Third year - $2321
- Fourth year - $2581
- Married male students - $2737; and, if aged 20 or over - $2837

Penal and overtime rates were additional. Those entering with a university degree started on third year rates and those with university entrance started at second year rates. Students received four weeks annual leave. Accommodation within the nurses' home, inclusive of meals, was $8 per week rising to $12 in November 1974 (AHB, 1972/1974). Students choosing AHB accommodation had individual lockable rooms, shared bathroom facilities, weekly bed linen changes, access to personal laundry services, lounges, and telephone services. Accommodation for male students within nurses' homes was problematic and solutions such as encouragement to live away from the hospital setting or rooms in other parts of hospital accommodation attempted to address this issue.

The AHB provided uniforms free of charge and laundered on a one-for-one basis. Female students were allocated a woollen cape for warmth to wear outside the ward because cardigans were not permitted. Male students were issued blazers. Students were instructed to wear only white and, in winter, warm underwear. Allowances were given six monthly for shoes and stockings. Student appearance was of importance and information to students included that patients greatly appreciated the smartness of nurses' personal appearance. A female nurse was not permitted to wear excessive cosmetics; hair needed to be neat and tidy, away from the face; and the only jewellery permitted was wedding rings (AHB, 1972/1978).

Unlike previous decades, students in the 1970s could marry without permission and live away from the hospital after the initial three months of training (Brown, 1991). The Department of Health (1976) held the view that independence of nursing students was to be encouraged, stating students "as far as practicable be responsible for their accommodation and those living in hostels should have the maximum freedom which

can be justified" (p.15). Adopting this position, the AHB abolished nurses' home curfews; however, male visitors needed to be entertained in the visitors' lounge (AHB, 1972/1978).

The AHB general nurse training commenced with a 12-week introductory course colloquially referred to as 'prelim.' Hours were 8am to 5pm Monday to Friday. Next, students began shift work on the wards and took theoretical instruction in week long blocks. This block system entailed a condensed theoretical component of the curriculum. Throughout their programme, students needed to meet the required standard before progressing to the next stage (AHB, 1971). If this did not occur, students were sent back to repeat the failed portion. On completion of their training, 1970s students first sat an AHB formulated set of three theoretical written examinations, referred to by students as 'hospitals,' consisting of medical, surgical, and obstetric content. Having succeeded, these students repeated this format with examinations prepared and administered by the NZNC. On passing, they became registered general and obstetric nurses or registered male nurses.

### Teaching Students Theory

Drawing on her role as a tutor in the AHB school, the experience of students being taught theory is described by Brown (1991) in her master's study, "*The Auckland School of Nursing 1883-1990: The rise and fall*." To meet hospital needs, nursing students' theory in the 1970s centred around disease with little emphasis on prevention or health education, despite curriculum guides specifying otherwise (Brown, 1991). The delivery of theory to students was mostly undertaken by nursing tutors; however, some subjects, such as obstetrics and orthopaedics, were by appointed medical lecturers until the late 1960s. By 1970, using medical staff to teach nursing students was becoming less frequent for AHB, particularly because payment came out of School of Nursing budget and the medically focused content was not always relevant to the care given by nurses (Brown et al., 1994). With the days of doctors' lectures almost over (Brown, 1991; Department of Health, 1969), nurses began teaching their own. While this change was welcomed by the profession, new problems surfaced for students.

## Uncovering the impact of teaching and learning problems on students

In 1971 the AHB was short of 500 registered nurses. Contextual factors within the

AHB, including serving a growing population that accounted for 32% of the total North Island population (Department of Health, 1969) and the subsequent need for increased and new health services (Brown et al., 1994), exacerbated the situation. Consequently, the number of student intakes across the 1970s was increased. The AHB School of Nursing thus became the largest teaching school in Australasia with up to 1500 students in training annually, in each of the years from 1970-1976 (Brown, 1991). The impact on students was two-fold. The first was their experience of theoretical teaching. Fieldhouse (1973), a prominent nurse leader in New Zealand nursing education, considered the quality of an educational programme depended not only on having an adequate number of qualified tutors but also their concept of education and their teaching role. She asserted that New Zealand never had sufficient qualified teachers for the number of schools of nursing. Large AHB student numbers exacerbated the problem.

AHB's 1970s students were in large classes and, to meet demand, were being taught by tutors who were frequently under qualified and had high workloads with increasing tutor-student ratios (Brown, 1991). Brown's (1991) study revealed social norms of the 1970s also impacted on the availability of tutors. The role was attractive to the newly qualified and recently married nurses, often in their 20s, who saw the regular week day hours of work compatible with married life (Brown, 1991). The 1971 Carpenter Report on nursing training in New Zealand identified 45.8% of general and obstetric tutors as married. Inevitably, the significance of attrition problems related to motherhood surfaced in this group. Pregnancy interrupted their teaching role and, with few child care options available and competing home responsibilities in the 1970s, they resigned. Furthermore, with no penal rates for weekend work to supplement incomes and greater prospects for status and promotion in the clinical setting and nursing administration, further losses were experienced (Department of Health, 1969). Brown noted that in 1971, 21 out of 63 tutors resigned from the AHB School of Nursing, with 70% citing these two factors.

While a tutor shortage was problematic, the bigger issue for students was the tutors' lack of preparation and teaching qualifications (E. Nanson, 1972; J. Nanson, 1974; Wills, 1973, 1974). The orientation programme for tutors at AHB School of Nursing consisted of 1-week instruction followed by nine 1.5-hour support sessions over a 12-week period (Brown, 1991). The minimum acceptable qualification for tutors was a Diploma in Nursing by the Department of Health (1969). This graduate qualification in

New Zealand was only delivered through the School of Advanced Nursing Studies under the authority of the Department of Health. In 1971; and only 29.7% of nursing tutors had such a qualification (Carpenter, 1971). Interestingly, this had fallen from 40% in 1969 (Brown, 1991). Convincing evidence of the dearth of tutors' qualification can also be seen within an American study of the effective and ineffective behaviour of teachers of nursing as determined by the 954 students across 1964/1965. Jacobson (1966) identified all teachers were either doctoral, master's, or bachelor prepared. Findings revealed senior students found the doctorally prepared teachers to be the most effective.

The educational preparation of nursing tutors was well below that of secondary school teachers of whom over 50% had a university degree, while the remainder had acceptable qualifications according to the Department of Education (Carpenter, 1971). Both the Carpenter Report and the *Report on Nursing Education* in 1974 by the New Zealand Public Service reiterated the need to improve nursing tutor qualifications. The situation was summarised by Wills (1973), a graduate of the AHB general programme and head of the Nurses Reform Association, as follows:

> Tutors are noticeably ill prepared and out of touch with contemporary educational developments. A conflict of attitudes exits between student and tutor. The majority do not have the necessary qualifications; many have limited experience to justify their appointment with some being only recently qualified despite the minimum experience required for a tutor being 3 years of clinical practice. (p. 15)

The issue of underqualified tutors intensified throughout the 1970s as there had been a dramatic increase in the general education background and academic standard of students (Williams 2000; Wills, 1973). This was in part due to the feminist critique and reform of existing educational institutions and practices in New Zealand which positively influenced girls' academic achievement (Dann, 1985). Brown (1991) and Wills (1974) argued students in the 1970s frequently entered training with a better general education than many tutors and were asking questions tutors could not answer with increasing regularity. Nursing tutors were aware of the need to upgrade their qualifications through university study; however, releasing them from the AHB school was problematic because workloads were high (Brown, 1991).

The 1970 International Council of Nurses' (ICN) statement on nursing education called for a teaching system that developed critical faculties and an enquiring mind (Barber & McMillian, 1970a). Modern teaching in this era, according to Fieldhouse (1973), required the teacher to be a facilitator of learning rather than an imparter of information; along with developing skills in obtaining and using information. Yet, Brown (1991) and Ramsay (1978) argued these ideals were far from the reality of students in the 1970s. A 1970s AHB student recalls such an experience:

> It was the first lecture of the week in the renal block. The tutor asked us all to open our Ross and Wilson[2] to the renal chapter, and we all did. She then started to read word for word from the text book and did not stop until she had read the whole chapter. That was our anatomy lecture. No one said anything about it. (R. MacCormick, personal communication, August 24, 2015)

Carpenter (1971), Brown (1991), and Williams (2000) found teaching was frequently a lectured style with clinical skills taught as rigid procedures and set patterns; rather than leaning the underlying principles and applying them to suit different situations. An example was being taught to do a simple dressing (see Appendix C). Liz Smythe, an AHB nursing student in the early 1970s, spoke about her surprise at being asked to 'think in practice', in the latter 1970s as a registered nurse, by nursing lecturer Yvonne Shadbolt from the newly established comprehensive nursing programme:

> You (Yvonne) picked up the ambu[3] bag and said to students "so why is it like this, what are these bits for" and you pulled it apart, the whole thing asking, "what's this bit for and why would we do this?" It was just absolutely a revelation to me that you would actually stop and think through this thing instead of just saying "this is an ambu bag and this is what you do with it." (L. Smythe, personal communication, 2016)

Brown (1991) and Ramsay (1978) asserted critical thinking, creativity, independent judgments, and decision making were distant from the demands of obedience, subservience, and conformity common to 1960/1970s nursing curricula of the time. Interestingly, Ramsay's (1978) study, which used both 1970s student nurses and teachers, found that lecturers respected student teachers who questioned and emphasised

[2]Anatomy and physiology text book
[3]Ambulatory resuscitation bag

rationality and logic as valuable in problem solving. In contrast, nursing students with a similar attitude were termed “cheeky,” “impudent,” or “foolish” (Ramsay, p.60) with 80% of leavers in the first 12 months of training being such students. Interestingly, Ramsay found those who left tended to be on the more liberal end of a personality scale. Such students frequently argued with older members of staff, not about narrow routines or excessive bureaucratisation, but about social issues such as abortion and homosexuality . Evidence suggests, AHB 1970s general students were taught theory in a way that negated critical thinking. Furthermore, content was no longer suited to the needs of either the New Zealand health service or the academic ability of nursing students.

### *A review of hospital related services in New Zealand 1969*

A review was undertaken by the New Zealand Department of Health on several health disciplines, including general nursing. In relation to nursing training, this report succinctly reiterated that “improvement in the system of nursing education is overdue in New Zealand in the interests of the patient, the community, the doctor and the nurse” (Department of Health, 1969, p.64). It is not possible to prepare nurses adequately to care in the present system service, nor is it possible to incorporate the recent major advances in knowledge generally and, more specifically, in medical knowledge and the effect on nursing practice. The orientation of nursing education is predominantly physiological with insufficient emphasis on the social aspects. A too narrow emphasis is placed on efficiency and technical competence in supplying the essential hospital (Department of Health, 1969). Teaching facilities were considered inadequate to deliver the theoretical curriculum with classrooms and library facilities in most schools being less than required.

By far, the most important part of this report identified the fiscal implications of general training as challenging the cheap labour narrative of student service. The report’s foreword stated: “it is ever more important that people at all levels of administration within the service ensure that they are obtaining maximum benefit for expenditure in men, money and materials” (Department of Health, 1969, p.3). By 1969, time away from service for study blocks, sick leave and holidays meant nursing students were spending only 47.16% of their actual time providing the services for which they were being paid (Burgess, 1984). Combined with pay increases, penal rates, overtime, and including those who never completed their programme or who took longer to complete,

student nurses were no longer the cheap labour force they had once been (O'Connor, 2010). Student nurses were the largest employee group in the health sector and this report, while not stating it openly, questioned why money intended for health care in a time of rising health care costs was being diverted to training nurses.

### *1971 An improved system of nursing education for New Zealand Department of Health*

Dr. Carpenter, the director of the Toronto University School of Nursing in 1970, was commissioned to review nursing education in New Zealand and make recommendations to the government about the system of nursing education. She had the credibility and experience following similar change within the Canadian nursing education system, which also had its roots in the British Nightingale training system. A 4 to 5-year university degree programme, as entry to nursing, had existed for decades alongside hospital training in Canada. The 1964 Hall Commission Report identified an urgent need to complete the separation of Canadian nursing training from service and had been successful in instigating the separation (Baker, Guest, Jorgenson, Crosby, & Boyd, 2012).

Reasons for commissioning the New Zealand report were identified as, "recognising that the patterns… appropriate for earlier needs and situations… had become outdated and even detrimental" (Carpenter, 1971, p.7). While recommending the transfer of nursing education into the tertiary sector with full student status, this seminal piece of work used statistics to shatter the myth of the superiority of New Zealand general nurse training (Filshie, 1985; Shadbolt, 1983). Between January 1967 and March 1970, 28.1% of students exited the general training programme; and 50% of training schools did not meet the student-tutor ratios of 1:20 (Carpenter, 1971). Statistical data unequivocally supported the need for educational preparation to precede acceptance of responsibility and employment as a nurse. Further reasons were greater depth and breadth of knowledge required for the changes in health care and, with a patient centred approach developing, nurses had to be cognisant regarding the prevention of illness and rehabilitation. Carpenter's (1971) succinct conclusion was that "reform was urgently needed to maintain the standard of New Zealand's health services" (p.9).

Of interest to this study, was that student nurses in the Carpenter Report expressed the greatest degree of dissatisfaction with the then current system. They claimed their

training destroyed initiative, discretion, common sense, and dampened enthusiasm. Students felt exhausted; verbal communications in nursing were not welcomed and there was too little time for real patient care. At one moment, they experienced independence, sometimes frightening independence; at other times, subordination, often quite oppressive (Boyd, 1973). This frequently cited report was considered the catalyst for the transfer of education into the tertiary sector.

The criticisms of the general nurse training programme were echoed within other Commonwealth countries whose programmes held a strong similarity to that of New Zealand. The United Kingdom and Australia were grappling with the same training issues. The 1972 Briggs Report, commissioned by the United Kingdom Government, reviewed the role of the nurse and training of general nurses. Recommendations identified scope for expansion of nursing programmes into universities and suggested the break from tradition. This meant a move away from the apprenticeship method of learning and the longstanding practical tradition of bedside care (Bradshaw, 2001). Likewise, a landmark report undertaken in Western Australia, one of the first states to dismantle apprenticeship nurse training, titled the "*Western Australian nursing survey 1960-1962*," surfaced with almost identical rationale. This survey report was instrumental in Western Australia hospital general nurse training being divorced from hospital control and moved to a broadly-based health-oriented programme within an education setting (Piercey, 2002).

### Stepping into a system under fire

The impact of criticisms about the general training in 1970 was identified by the editors of New Zealand's only nursing journal at that time. They claimed students were stepping into a "system under fire" (Barber & McMillan, 1970b, p.4). The criticisms levelled at general training polarised the profession, resulting in a sub group who supported a change to reflect international trends of an educated beginning nurse. Supporters for change argued that the training programme no longer suited the needs of either the health service or the students. In contrast, others argued, "our training was good enough for us, why should there be any need for change" (Cherrington, 1984, p.10)? Thus, many 1970s students encountered what is remembered as drawing of the battle lines between health practitioners. Many matrons, nurses, medical superintendents, hospital administrators, and doctors were adamant that the status quo

be maintained. At the same time, nurse academics, educators, and members of the New Zealand Nursing Association, called for major reform.

## Coming to an End

Strategic political work by the New Zealand nursing profession saw the power of the education discourse assert itself over that of training. In 1973 two trial courses for the preparation of nursing students began in the Technical Institute System in Wellington and Christchurch under the Department of Education with a further four programmes established by the end of the decade. Described as the biggest change to New Zealand nursing education in its history, the new comprehensive nursing programme (CNP) combined the three registered nursing qualifications (general, psychiatric, and psychopaedic) into one. Students received full student status. The programme was delivered with theory mirroring practice and students were taught using a problem-solving method that comprised a logical sequence of intellectual acts applicable to all situations; rather than the transmission of as many facts about nursing and related subjects (Christensen, 1973). Training in Auckland commenced in 1975 at the Auckland Technical Institute. AHB general students, from here on, worked clinically alongside comprehensive nursing students whose preparation was vastly different.

While continuing throughout the 1970s, the AHB School of Nursing days were numbered once an Auckland tertiary-based nursing education programme commenced (Brown, 1991). Interestingly, Dearden (1985, p.59) posited that being trained can mean that the trainee is a “hostage to fortune” as the rate of change increases. At this point, Dearden suggested training would always be subject to obsolescence.

## Summary

This study resides in the training experiences of 1970s general nurses. Focussing on articulating background meanings, this chapter has overviewed the general nurse training programme. It has described the programme from its inception to the 1970s, identifying requirements including governance, curriculum, entry requirements, and expected comportment. It has focussed on the AHB training school where study participants undertook their nursing programme. The constructs of apprenticeship, hierarchy and training were integral to the experience of being a student and were therefore considered. The 1970s students lived through a time where unparalleled

criticism and change was happening in relation to initial nurse preparation. The impact of such, assumed 1970s students were being prepared within an outdated and inadequate training system.

The following chapter continues to elucidate the meaning of being a 1970s general nursing student in New Zealand.

## Chapter Three: Bringing the Past into View

> Stories never live alone: they are branches of a family we have to trace back and forward. (Calasso, 1993, p. 8)

This chapter continues to explore the past to bring meaning to the present. The first part, reviews little known academic literature on general nurse training in New Zealand relevant to the 1970s; one PhD study, two master's studies, and one survey appear to be the only research done. The second part, looks to 1970s wider society to offer further meaning to 'being a student,' including the impact of feminism, Māori seeking to be Māori, and the increasing diversity of New Zealand's population. These two parts are drawn together through the themes of positivity and negativity. I begin with the three academic studies and the survey. Two of the studies pertain specifically to general nursing students; the other, has two participants who are community nurses[4] and eight general nurses.

A master's study undertaken by Penny (1968), a general nurse, titled "*The student nurse in New Zealand: An exploration in role perception*" has been included for two reasons. First, there was a paucity of research-based literature undertaken in this time frame. Second, there were no significant changes to general nurse training implemented in the intervening years and the problems surfaced would have remained current for those students commencing their general training in the 1970s. Penny sought to understand how senior students, defined as those within 6 months of completion, saw their role as nurses. Two hundred and sixty-three students, from a third of randomly chosen schools of nursing, participated. A lengthy questionnaire of 63 questions, including open ended questions, was utilised. The qualitative data were grouped within themes and quantified as a percentage.

The second study was a PhD focused on educational vocational commitment (EVC) of both New Zealand student nurses and student teachers (Ramsay, 1978). Ramsay was an educationalist working within a teacher's college. Data were gathered from both student

[4]A nurse who trained within a hospital school of nursing for 2 years, which was reduced to 18 months in 1971. Community nurses worked under the supervision of a registered nurse or medical practitioner. Renamed as enrolled nurses in the Nurses Act 1977.

nurses (n=115) and student teachers (n=325) over the period of their 3-years training, from 1973-1975. This mixed methodology study used both empirical testing and a series of short interviews, with a subsample of not less than 10%, and represented the profile of the total sample. A scale was devised to measure EVC on the first day of their training. Additional data were gathered early in their training including, standardised personality, psychological and attitude inventories, as well as background details on variables such as sex, socioeconomic status, and ethnicity. The research then focused on the direction of, and stated reasons for, changes to EVC during their training.

The contribution of Ramsay's (1978) work to my study question is that this is the sole peer reviewed research-based study undertaken in the 1970s involving general students. Data about nursing students used in this study, including an example of the seven interviews over the 3 years with one student, offer the most comprehensive record of being a 1970s student to date. The characteristics of students in the study are typical of this time: 82% were aged 17-18 years; 42% came from the middle socioeconomic groups; 98% were not married on entry, with 37% either engaged to be married or married by completion; 87% held either sixth form certificate or university entrance; 89% entered nursing immediately after completing their secondary schooling school; and two out of six who identified as Māori completed the training.

Ramsay (1978) struggled to provide definitive answers to the changes in EVC other than the construct being multidimensional and unable to be measured by any single or integrated measures. Commitment to their nurse training was found to fluctuate and correlated to situational incidents and circumstances of the time. The significance of this study is the inclusion of descriptive experiences of being a 1970s student.

The third study is another master's thesis by Stewart (2013), a comprehensive nurse, titled "*Stories of yesterday: Reflections on collegiality. Capturing the essence of nurses working with nurses*." It differs in that participants are former nursing students, not current, as in other literature considered. The study used a qualitative methodology informed by oral histories captured through focus group interviews. There were 10 participants, of whom eight were general trained nurses; the remaining two were community nurses. All participants trained in New Zealand hospitals between the years 1964 and 1981, mostly within the 1970s. This is the reason for its inclusion as part of the review of relevant literature.

Finally, a short-limited survey, titled "*The trainee nurses' view*" was undertaken in 1971 by the medical superintendent of Gisborne Hospital, Dr. McKean and Robyn Molloy who worked in the Otago Medical School in Dunedin. All students, within the schools of nursing of Otago (Dunedin) and Cook (Gisborne) hospital boards, received a questionnaire containing 20 alternative answer questions. Of the 171 student participants, 49 were in year one, 62 were in year two, and 60 were in year three; 21 participants were from Gisborne and 150 from Otago.

Together, these three studies and one survey offer insight into the meanings of being a student in the late 1960s and 1970s as being either good or bad. A paper subsequently published from Stewart's (2013) study was titled, "*Fun in the ward: Stories of the good old, bad old days*" and a student nurse participant in Ramsay's (1978) study stated: "[like] all jobs, nursing has its good points and bad points. There are times when you wish to get out and at times when you're glad, proud even to be nurse" (p.57). Thus, illustrating these overarching themes, I present the meaning of being a student in the late 1960s and 1970s as being 'good' and being 'bad'.

### Nursing work

'Good' is defined as having the right or desired qualities, enjoyable, agreeable, of a high standard (Onions, 1973). It implies a level of favourability or being popular. Penny's (1968) study considered the popularity of characteristics related to nursing. The results were calculated on the basis that each participant was allocated four choices: 90% identifying four, with the remaining 10% choosing fewer (see Table 1, p.36).

It appears most students felt the 'good' in nursing held meaning in relation to being in a training that allowed them to demonstrate care and concern for others in a tangible way through order and routine that also demanded technical skill (Penny, 1968). Students were positive about their ability to use their insight to solve problems and viewed being within an authoritative atmosphere with clearly defined task allocations as favourable. Further meaning of 'good' surfaced in relation to students nursing those with a primary physical complaint (63.5%) and, for others, those with a primary social or emotional complaint (33.5%) (Penny, 1968). Students overwhelmingly enjoyed nursing patients who required skilled nursing care (81.3%) because of a sense of achievement and

satisfaction. For others, enjoyment held meaning in delivering less skilled nursing care (16.9%) (Penny, 1968).

**Table 1: Results of Penny's 1986 study**

| Characteristic | Rank | Percentage |
|---|---|---|
| Demonstrating care and concern for others in an immediate and tangible way | 1 | 87.7% |
| Order and routine | 2 | 69.2% |
| Technical skill | 3 | 53.5% |
| Exercise of imagination and insight | 4 | 45.0% |
| Close supervision and direction | 5 | 32.3% |
| Clear cut lines of authority | 6 | 30.8% |
| Frequent innovation in the solution of problems | 7 | 20.0% |
| Solid intellectual content | 8 | 19.2% |
| Clearly defined tasks; each person responsible for her job | 9 | 18.5% |
| Religious inspiration and calling | 10 | 15.4% |

Penny's (1968) study, asked the question: What are the most satisfying jobs of a student nurse? The meanings surfaced included making patients comfortable (32.3%), working with patients (15.9%), intensive care patients (14%), assisting patients to get better (10.8%), technical duties including dressings wounds (9.6%), and working with a specific type of patient e.g., maternity (13.2%) (Penny, 1968). Two thirds of students desired working with short term patients. The remaining third preferred long term patients but no definition of time frames was identified. Further meanings of 'good' were offered: seeing the positive results for their efforts, being able to cope with practical work, exams, and having knowledge of doing something worthwhile (Penny, 1968).

Good was deemed in terms of the amount and responsibility of practical work within one's training and the adequacy of their current training (McKean & Molloy, 1972). Results from McKean and Molloy's (1972) survey identified the amount of practical work was believed to be about right by the majority (n=129); whereas fewer (n=59), felt the responsibility they were given was suitable. The training felt adequate for less than half of the participants.

Contrasting meaning reflected the ‘bad’ defined as: inadequate, unacceptable, and undesirable (Onions, 1973). Bad aspects of students’ work in Penny’s (1968) study meant doing jobs that did not involve patient contact. Examples included cleaning, removing sputum vomit bowls and bedpans, working with specific types of patient such as those dying or geriatrics, and giving treatments that distress people. Additionally, findings revealed the drudgery of nursing and the cost to one’s physical and social self. In McKean and Molloy’s (1972) survey, the meaning of ‘bad’ was described by significant numbers of students as their ward responsibilities being too great and perception that their training as inadequate. This finding was reflected in Stewart’s (2013) study, wherein being a student alone on night duty was considered unacceptable.

‘Bad’ held further meaning as experiencing frustration. Frustrating experiences highlighted by students in Penny’s (1968) study were: a lack of encouragement and appreciation; absent co-operation from staff and patients; a lack of patient appreciation; curtailment of social life; and work bringing no results. Further snippets of frustration were attributed to rules and regulations concerning cap wearing as part of a nurse’s uniform (Penny, 1968). Experiences of being frustrated were highlighted by a drop in EVC in Ramsay’s (1978) study and were recounted by students as being caught between the ideals of the classroom and the realities of practice on wards.

Ideals of humanitarian care, taught by tutors in the nursing school, encouraged students to spend time talking with patients in addition to performing normal routines. This was welcomed by students; however, such interactions warranted being reprimanded for wasting time with subsequent comments on ward reports such as “wastes too much time talking to patients” (Ramsay, 1978, p.92). Married life for students was often problematic and meant frustration was experienced as tensions. A nursing participant in Ramsay’s (1978) study shared some of the tensions of being a student:

> It’s just bloody hopeless trying to work our shifts, husbands and all the house hold work. My husband helps but the cooking is left to me and most of the cleaning. I can hardly cope and when they mix the shifts up or tell us late. Hell breaks loose at home. I’d quit but we need the money. I’ve come so far, but I’d get out even now if the chance arose. (p.94)

**Being-with-other**

While not described as such, the meaning of 'good' and the 'bad' as a student rested within Heidegger's notion of being-in the-world-with-other (see p.44). Students within Penny's (1968) study, shared their positive experiences of being with qualified staff which drew on meanings from a humanistic perspective. Qualities attributed to others were, "understanding," "considerate," trusting," "accepting" and "encouraging" (Penny, p.54). Furthermore, the students thought that helping people, and patients having faith in students, was a positive experience. In Ramsay's (1978) study, higher EVC ratings emerged when students' experienced positive communication with staff. One participant said, "If all the wards were like paediatrics then many more students would stay on. The staff is friendly and helpful. There's no shouting, no screaming by senior staff; you feel part of the team" (Ramsay, p.76). When considering the notion of collegiality, findings from Stewart's (2013) study revealed the meaning of good as resting in humour with others, in the manner of practical jokes amongst staff, and in ways to lighten dark patient situations to offer relief from mundane or difficult situations. Collegiality with fellow staff and patients was also seen in celebrating events, such as Christmas and Easter, laughter and silliness, and using the time smoking a cigarette with other staff and patients while sharing convivial experiences.

Residential and communal living in the nurses' home was an experience strongly associated with enjoyable experiences with other. Stewart (2013) concurred with Penny's (1968) findings of making friends as a positive aspect of being a student. Stewart found strong friendships forged within the nurses' home developed cohesiveness as colleagues which mitigated many stressors of being a student. Students looked after each other by sharing stories and informally debriefing. Living in a nurses' home created a lifestyle for students where they were not just a face at work but an individual who lived, played, had fun, and built strong relations. While some nurses' homes maintained strict rules for students' behaviour, breaking the rules encouraged positivity through the fun and humour in thinking up, and following through on, ways of doing so.

In contrast, the 'bad' experiences were described as "battlefield experiences" (Ramsay, 1978, p.73). A participant said

> I was yelled at by the Sister in front of a ward full of patients and visitors… I was treated like a congenital idiot without human needs… It really put me off. I cried

> and cried and really, really seriously thought about resigning. (Ramsay, 1978, p. 73)

The impact of bad experiences with others meant specific behaviour was undertaken by students to avoid interaction with difficult senior staff such as, “I know when to get out of the road”; “there are places you can hide”; “you soon learn to keep your mouth shut” (Ramsay, 1978, p.76). Students in Penny’s (1968) study focused meanings of ‘bad’ experiences on the dearth of communication from seniors, except for being reprimanded for trivial matters and/or constantly being told off by sisters.

### Encountering reality

The difference between what students thought nursing would be and what they experienced revealed itself as being ‘bad’ through feelings of anxiety, insecurity, inadequacy, instability, and disappointment (Ramsay, 1978). Ramsay (1978) noted the dramatic nature of reality shock and its relationship to EVC in nursing students. Students questioned whether what they were encountering was really nursing. Ramsay attributed television shows or novels of the time conveying a reality about nursing that contributed to an early disillusionment with the job which lasted until the mid-point in the first year. One participant recalled: “I lived in fantasy land of white clad nurses and doctors in shining armour… you can imagine my surprise when it was all ‘nurse bring me a bedpan, nurse attend that drip, nurse make those beds…’ and the smell” (Ramsay, p.64). A further participant commented, “I did not realise a nurse has to be a jack of all trades but master of none ...you run fetch and carry, much harder than I thought it would be” (Ramsay, p.64); while another recounted her disappointment: “This job was nothing like I thought it would be… it is really a hard job, nothing like I anticipated” (Ramsay, p.64).

### Being taught theory

Being taught nursing theory held both ‘good’ and ‘bad’ meanings. A small number of students within Ramsay’s (1978) study commented the theory was enjoyable and rewarding. While just under a half of students in McKean and Molloy’s (1972) survey believed lectures were good preparation for ward work. In contrast, ‘bad’ experiences included theory being too easy, or too theoretical and material being uninspiring, dull, and monotonous (Ramsay, 1978); or poorly related to ward work (McKean & Molloy). The latter authors concluded from the totality of ‘bad’ responses within their survey

that: “it is very evident that the current training course which is hospital based and has a large service component, is not well received by the trainee nurse at either hospital” (McKean & Molloy, p.192).

Together, these studies provide snapshots of being a student in the late 1960s and 1970s. The negativity of apprenticeship training is clearly evident. However, this is tempered by student voices which support and value this form of training and which are missing from much of the 1970s nursing literature. To offer further horizons of the meaning of ‘good’ student experiences, I have poetically interpreted Janette Derham’s thoughts shared in the New Zealand Nursing Journal concerning her general hospital training 40 years ago.

As an apprentice I learnt on the job
My training was based on fact and sound patient care
I learnt that patient care came from books and the heart
I learnt a cup of tea was as good as a sleeping tablet for some patients
I learnt that sitting with a patient to “be” with them would relieve anxiety
I learnt patience with those who were learning
I learnt not to judge people but give them my best
I learnt the value of tidying the ward to ensure patient and staff safety
I learnt how to do a top to toe evaluation of my patient while doing a bed bath
I learnt every patient on the ward was my responsibility not just the ones I was assigned to
I learnt the value of the team
I learnt the value of truth and honesty if I made a mistake.
(Derham, 2018, p.5)

**1970s – A Changing New Zealand**

In the second part of this chapter, the meaning of being a student is gleaned through the historical horizons of New Zealand society and culture in the 1970s. Smythe and Spence (2012), drawing on Gadamer, argued that successful engagement with the act of understanding requires both a consciousness of one’s historical horizon and an appreciation of its effect. Following on from the 1960s, described by King (1988) as the watershed years when the momentum of change in public attitudes to many traditions and beliefs concerning New Zealand as ‘God’s Own Country’ were on a scale that came

close to revolution, the 1970s saw the continuation of change. The impact of societal trends including feminism, Māori seeking to be Māori, and the increasing diversity of New Zealand's population is explored in relation to the nursing profession, nurses, and students. Societal change is also often described as being good or bad, or elements of both. Thus, I explore these changes in terms of good, bad, or both; and the impact on the nursing profession.

**The Impact of Feminism**

The feminist movement demanded changes to fundamental societal structures that limited women's lives to mostly wives and mothers by restructuring society in fairer and better ways to allow women to forge their own identities. The movement demanded equal access with men to education, employment and remuneration, political, legal, and ethical decision making. With nursing continuing to experience the inequalities of a segregated female workforce, through a lack of power over decision-making within both the wider health field and everyday practice, some nurses began to appreciate how the movement was 'good'; that is, able to benefit them. These nurses had come to understand that improvements in the status of nursing were inextricably related to the goals expressed by those in the women's movement. Gender discrimination through education, employment opportunities and remuneration, coupled with the low status and subservience of nurses, paralleled the status of most women. The positive contribution of feminism to the profession, although consensus was far from absolute, was its re-view of the impact of the strongly traditional world of nursing and views of womanhood instilled in student nurses as professionalism (Chinn & Wheeler, 1985; Hoffmann, 1991).

Gage and Hornblow (2007) argued that because registration of nursing in New Zealand had remained under the direct control of medicine, it became the model of professionalism for other health occupations and controlled access to scientific knowledge. Delacour (1991) and Bradshaw (2001) further argued that powerful medical and female gender discourses negatively constructed nurses' identity including passivity, docility, servitude, obedience, and subservience. These authors claimed nursing had become an adjunct to the medical profession with emphasis on the physical acquisition of skills and little or no justification for their utilisation in the care of patients. These claims, coupled with the broad social failure to understand what nurses do, were evidenced by the proposed 1975 Nurse of the Year Competition sponsored by

the Dunedin Lions Club. The the winner would be decided by poise, personality, and nursing skills. Wills and Grant (1974) argued such competions ensured the historical positioning of nursing as secondary to doctors  which mostly continued throughout the 1970s.

A feminist discourse surfaced the negativity of the nurse's role by arguing their autonomy had been subverted and diverted by doctors (Scott Heide, 1973). The overarching theme when reviewing doctor nurse relationships within acute hospitals in the 1960s-70s was one of super ordination/subordination. The legitimised and monopolised role of doctors to diagnose and prescribe treatment compounded nurses' subordination. This was no more evident than in the role of the nurse framed within the passive description of 'following doctors orders' with the added expectation 'and do not question' (Group & Roberts, 2001). The primacy of doctors' superior position relegated much of a nurse's role to one of 'takers' of doctors' orders and working for doctors as their helper rather than working for the patient (Bates, 1970; Kalisch & Kalisch, 1984; Street, 1992). This handmaiden role was particularly visible on doctors' ward rounds where nurses were relegated to the side lines, allocated a role as note taker, getting the patient ready for examination, and being reduced to listening with input by request only.

To gain some control over their subordinated role, nurses used inclusionary strategies to become part of the dominant group in patient decision-making. One such strategy, labelled by Stein (1967, 1968), was the doctor-nurse game. This referred to an elegant façade of cooperation and one which Scott Heide (1973) claimed that every nurse of the 1970s knew. The game required nurses to have developed the art of making important recommendations concerning patient care to a doctor in a manner that appeared to be the doctor's idea, thereby subjugating their knowledge. An important rule of this game was that disagreement must be avoided at all costs. Writing in the New Zealand feminist magazine *Broadsheet* about her registered nursing role within AHB, Griffith (1975) stated, "the Dr must never be annoyed; they must never be aware of the nurse as anyone other than a recipient of their orders and woe betide the nurse who openly queries a doctor's orders" (p.20).

The positive benefit for nurses, when embracing this strategy, was having a voice in patient care. The negative impact, centred on the wider social and political impact of perpetuating subservience in the nurse by instilling fear of independent action, including

diagnostic decisions; stifling open dialogue; and promoting anti-intellectualism (Scott Hyde, 1973; Stein, 1968). Stein (1967) further argued that students quickly embraced the game, learning doctors have substantially more knowledge than them and utmost respect was required. It was a precarious and confusing situation for 1970s students who were being taught to have a stronger sense of responsibility for patient care; yet, the only way to enact this, for the sake of the patient, was often to take part in 'the game'. At the same time, nursing was purpoting, "one of the collective assets of the profession means nurses are no longer willing to be regarded merely as the handmaiden of the physician" (Miller, 1972, p.25-26).

Subordination was a 'double-edged sword' for students. Nurses within their ranks perpetuated subordination. Students were exposed to senior nursing staff who used humiliating and oppressive power over them (Ramsay, 1978). Jones (1973) shared: "students worked hard only to be attacked by a senior for a minor breach of etiquette, attacked more often or not in front of a patient, and trained staff sat on their backsides and supervised students rather than worked" (p.12). Furthermore, feminist, Germaine Greer (1970), asserted that nurses tolerated the most arrantly maternal behaviour from matrons who were often without respect and demanded absolute obedience. Greer contended that because the majority of nurses were female and indoctrinated into their place within the hierarchical structure, many nurses combined the expected submissive female role with that of a disciplined nursing role. The impact was to produce a group of women who were content to be 'told' and who were readily intimidated by their superiors if they spoke out of turn; rather than to intelligently participate in decisions affecting their profession (Greer, 1970; Willsher, 2014). The paradox of such claims was that, in other aspects of the nursing profession, nurses were becoming more vocal. The feminist discourse began to positively influence the profession's demands for better conditions of service and remuneration (O'Connor, 2010).

The Equal Pay Act 1972 gave New Zealand women the right to equal pay when doing a similar job as their male counterparts, but many worked in female occupations such as nursing with lower rates of pay. Feminism was a key driver in challenging the traditional notion of dedication before nurses' welfare. The 1970s saw a growing attitude of militancy never previously expressed by the professional body of New Zealand Nurses Association (NZNA) regarding nurses' conditions of employment. This was helped by the 1973 president of the NZNA, Margaret Beazley, who was

refreshingly free of NZNA's negative prejudices concerning industrial action (O'Connor, 2010). Both Abel-Smith (1977), writing on the history of general nursing in England and Wales, and Castle (1987) concerning Australia, argued the Nightingale syndrome ensured nurses remained mostly silent about working conditions and remuneration. Reasons given were discipline by matrons, loyalty to their group and their hospital, and the heritage of a spirit of uncomplaining. Explicitly, Castle considered "nurses had difficulty in seeing themselves as workers and that ideals of service dedication and vocation were an obfuscating ideology which inhibited a realisation of their material circumstances" (p.15-16). In contrast, Beazley strongly believed that the welfare of the patient must come first but that the welfare of nurses should not trail behind that of the patient. Unwritten conventions such as unpaid overtime, unchallenged for many years, were now political and industrial points of contention.

### Educating girls

Feminism critiqued schooling and tertiary educational systems for the overt and covert ways which corralled women into specifically gendered curricula and careers. Education systems were seen to broaden the horizons of boys while moulding and confining those of girls, leaving those who were strong enough to do their own thing (Skippon, 1977). Within most state schools, girls were guided toward traditional and mostly poorly paid and low status careers. Feminism challenged the limited subject and career options and educational aspirations for women, resulting in increasing numbers of female school leavers graduating from tertiary and university programmes. Interestingly, writing in 1965, Salmon was cognisant of the impact on nursing recruitment related to a change in girls' educational aspirations. Aside from university education, Salmon (1983a) claimed,

> in New Zealand until recently we had many outstanding girls entering nursing because there were few choices of careers available to them. Today the situation is different, and there are interesting opportunities for senior students leaving school if they do not wish to attend university. (p. 46)

Salmon alluded to the positivity of higher educated girls entering nursing while suggesting there would be fewer in this category due to the impact of feminism affording a greater range of careers and jobs open to females.

Essential to the feminist movement was access to childcare, the ability to control women's fertility with free contraception and abortion, and the call to end violence to women. The reassessment of women's traditional roles and status as mother and wife, while inspiring and positive for many, frightened and created negativity for others, as traditional views of women in society began to unravel.

### Working women

While some women had always had little choice but to supplement the family income, the 1970s saw married women returning to the workforce in ever increasing numbers. In 1969 the Department of Health noted there was a growth of 31.9% women in the workforce. Between 1961 and 1969, there were twice as many males in the same time frame (Labour and Employment Gazette, 1969). Married women working were described as a minor social revolution; this resulted in changes in attitudes towards sex roles and relationships between men and women (Orr, 1975). Orr (1975) did, however, point out that 1970s society continued to hold reservations concerning women with preschool children and returning to work. Nevertheless, child care centres were emerging in response to working mothers despite these reservations showing a growing acceptance of child care being provided by other (once deemed shocking).

Penny's (1968) research showed that marriage was the goal for most nurses as perceived by senior students. Yet, societal perceptions of working mothers, influenced by feminism and combined with continual nursing shortages both within New Zealand and internationally (Filshie, 1985), resulted in nursing becoming more flexible in attitudes toward married nurses and work hours. With participation limited by family responsibilities, the profession positively embraced these nurses by offering 6pm to 11pm shifts to accommodate those with children, alongside instigating back to nursing programmes. This, in part, had the impact of improving students' experiences through easing the shortage of registered nurse available for students' supervision.

### Taking control of fertility

With most students being female and single on entry to the profession, the feminist drive for control over women's fertility was a significant issue, both personally and professionally. Access to free contraception and abortion, challenges to the medicalisation of child birth and women friendly health services underpinned feminist

demands for change. The number of students leaving training programmes due to unplanned pregnancies is not known, but Hopkins (1973) identified pregnancies as a student welfare issue. Married women with the financial means had access to oral contraception since the early 1960s. Unmarried women and teenagers did not. With the significance of chastity being a requirement to be a good and proper woman prior to marriage challenged by many, access to oral contraception by unmarried women was a significant issue in the 1970s. In 1966, the New Zealand Medical Association deemed it unacceptable, on moral grounds, to prescribe the pill to unmarried women. Moreau (1997) claimed that access remained dependent on individual doctors. By the 1970s, this moral stance was being challenged on many fronts (Moreau ibid.).

The 1970s saw family planning clinics increase in number (Auckland had 12 in 1976) and, more importantly, they did not differentiate between married and unmarried women. Along with supportive general practitioners, access to specialised contraception was easier (Glasgow, 1976). However, with easier accessibility, came the expectation that contraception was now a wholly female endeavour and women were further blamed for unwanted pregnancies (Bates, 1976). Furthermore, Moreau (1997) claimed pregnant girls were now considered to be stupid rather than bad.

Attitudes and access to abortion were changing. In the first half of the1970s, the only way to get a safe abortion for New Zealand women with early unwanted pregnancies was to travel to Australia. When a second-year student in Ramsay's (1978) study found herself pregnant in 1974, she assumed she would need to resign; however, with family support, she had a termination in Australia and continued nursing. It was not until 1974 that a private abortion clinic commenced in Auckland, creating fierce divisions within society concerning the merits and abhorrence of such a service. A further participant in Ramsay's study recounted an argument with a nursing sister over abortion. This student believed it should be on demand and recalled,

> Hell was I shouted down by the sister. She said I was a murderer and it's our job to save lives, not take them. I could not get a word in. Then they all got into me – it went on all week. I was pleased to leave the ward. (Ramsay, 1978, p. 113)

By 1977, the Contraception, Sterilization, and Abortion Act required Health Boards to fund lawful abortions. In consideration of religious and moral grounds, this law

contained a conscientious objection clause stating nurses were under no obligation to be involved in the termination of pregnancy or sterilisation related health services.

Family planning and abortion services were becoming accepted as part of New Zealand society, but nursing had not responded to this change when teaching students. The inadequacy of nursing's response was evident in the 1970 *Three Year General and Male Nursing Programmes Curriculum Guide*. There is no consideration of family planning as a required teaching content. This omission was eventually changed, not by the profession, but by the Department of Health in 1972 with the statement: "knowledge of nurses about all principles of family planning is increasingly important. It is essential for nurses to have this knowledge to function effectively" (p.10).

Feminism contributed new horizons of meaning about being a nurse and student. They coexisted in tension as being both 'good' or 'bad'. Feminism was one of the broader civil rights movements influencing substantial cultural shifts which challenged the 1960s myth of stability and consensus in New Zealand society. King (1988) claimed the 1970s influenced New Zealanders, especially younger adults, to become more vocal and demanding of action in social causes. The following section reviews two further social influences on the fabric of 1970s New Zealand and their impact on students; Māori renaissance and the diversification of population.

**Māori seeking to be Māori**

One founding myth, strongly challenged in the 1970s, was the belief that New Zealand was a country of paradisiacal race relations (Hill, 2009). Māori had long sought the right to be Māori. This culminated in a dramatic revival of Māori culture and morale, described as the Māori renaissance (King, 1998). Throughout the 1970s, there was strengthening of Māori assertion with a rise in radical urban groups fighting for equality with Pākehā at all levels of public policy. Attention was focused on the class and social-racial discrepancies for Māori and past grievances, especially related to their land; however, nursing continued to primarily reflect Western values and social patterns, dismissing those of Māori.

Beginning in the 1960s, the 1970s saw a continual decline in Māori health largely due to poor housing, unemployment, and low incomes (Timu-Parata, 2009). Life for many Māori deteriorated with increasing urbanisation leaving a traditional kainga (village)

and life resulting in increasing poor health, alcohol consumption, and psychiatric admissions (O'Connor, 2010). Salmon (1983b) claimed that the nurse living and practicing in New Zealand was a member of an economically and socially responsible society which aimed to develop the person; thus, avoiding the waste of human potentiality. Nursing's response, as a whole in the 1970s, was to inadequately understand the cultural needs of Māori. Spence (2001) claimed the cultural models of care emerging from North America in the early 1970s were perceived to have little practical relevance in New Zealand by nurses whose education had been confined by an apprenticeship.

Ramsay (1978), an educationalist, recruited both student teachers and 1970s nursing students from a School of Nursing for a three-year longitudinal study (1973-1975). There were 6 Māori nursing students out of a cohort of 115. Two completed the course. Three Māori lecturers were appointed to the Waikato Teachers College in 1975 and formed a nucleus of strong support for Māori students with a dramatic decline in Māori leaving teachers college (Ramsay). Yet, the AHB provided no such support for Māori students.

The Department of Māori and Island Affairs (1970) attempted to increase Māori and Pacifica student numbers by running an introductory course for men and women of Māori and Pacific Island descent to boost their qualifications for entry into general nursing. However, for the most part, 1970s health services were oriented towards meeting the needs of the middle class and delivered by nurses who, themselves, were middle class. This ensured little recognition of the needs of Māori within 1970s nursing related literature. Yet, nurses were dealing with the impact of a declining Māori health status. Some consideration of Māori health care needs was found in reviews on Plunket nursing. With the Māori population steadily growing within South Auckland, these nurses saw the everyday impact of their situation, arguing for much stronger, culturally relevant support for Māori mothers. Bryder (1998) recalled urban Māori women in South Auckland, in the late 1960s, expressing their feelings of Plunket services as "very much a Pākehā thing" (p.72).

O'Connor (2010) claimed that nursing in the 1970s had only begun to realise that the cultural practices of Māori were a neglected piece of the health jigsaw. Reviewing the New Zealand Nursing Journal 1970-1979, three lonely voices pertain to the significance

of Māori cultural practices. Assistant Matron Mrs Van Melzen (1972), asked if anyone was interested in Māoritanga? She considered there a need for those with a Māori background, like herself, to learn about their history and culture; although this should be left to the individual not forced on nurses. Ian Matheson (1973), a student nurse, considered the problems associated with nursing Māori whose illness is understood within their culture but treated by methods of another. Wellington Plunket nurse, Mary Anne O'Brien (1976), stressed the importance of cultural practices of Māori being understood and warned that if this was not done, nursing services would be avoided or ignored, and health teaching would fall on deaf ears. While the literature reveals little regarding the significance of understanding Māori as Māori, one participant in my study, who trained at the AHB Middlemore hospital which served the growing Māori population within South Auckland, recalled several wards sisters' cognisance with Māori values and traditions. These sisters appreciated that ignoring Māori cultural practices had significant negative consequences.

### A diversifying population

The need for nurses to be culturally responsive was important not only for Māori. New Zealand's population reached 3 million people in the 1970s and continued to diversify, necessitating the need for the first Race Relations Conciliator appointed in 1975. By the end of the decade, there were 60,000 Pacific Islanders many of whom had settled in the inner suburbs of Auckland and South Auckland (King, 1998). Yet, consideration of the importance of Pacific cross-cultural understanding was not acknowledged in the New Zealand Nursing Journal until 1979 by a research officer in the Health Department (Kinloch, 1979). Furthermore, the mostly Pākehā nurses were also meeting Chinese, Indian, and Vietnamese patients who were now part of the population (King, 1998). The inadequacies of nurses encountering diversity emerged in the following epilogue published in 1976 from an unknown Cook Island mother of eight residing in New Zealand:

> I don't like nurse-
> She hard-
> We give her smile but she no smile
> Me Cook Islander.
> Pākehā nurse hard – She not help- Me not like her
> She not sit on my chairs – she stands and counts files
> She does not show a face to us – She never talks to us

Just weighs baby and goes.

We like people to talk and be friendly to us – like you. (Salmond, 1976, p.28)

**Summary**

The meaning of being a student in the 1970s and the influences on training in this time are shaped by historical influences which, as Gadamer and Heidegger remind, are ever present. I have offered horizons of understanding from known research of general nursing students pertinent to the 1970s explicating meanings of the 'good' and the 'bad.' I further considered the 1970s societal context by reviewing the impact of changes and their influences on shaping the nursing profession as whole, and nurses individually, revealing further meanings of 'good' and 'bad.' While these studies and social trends offer insights of what was experienced, the ontological perspective is limited. My study aims to bring this lived experience perspective to light. Further, I will consider how both 'good' and 'bad' experiences seem to have shaped each person in their ongoing journey through life. The following chapter turns to the ontological hermeneutics of Gadamer and Heidegger which are the foundation for this study.

# Chapter Four: Philosophical Foundations

> Alice, 'it's a poor sort of memory that only works backwards' the queen remarked. (Carroll, 1871)

## Introduction

This chapter explores the philosophical foundations of the study which Koch (1994) claims is "the necessary starting point of inquiry"(p.827). Hermeneutic phenomenology, as informed by Martin Heidegger [1889-1976] and Hans-Georg Gadamer [1900-2002], underpins this study. Phenomenology, hermeneutics, and the key philosophical notions of Heidegger and Gadamer used within this study are described. Finally, I justify why this methodology was chosen as the philosophical foundation for this study.

## Phenomenology

Phenomenology is a way to access the everyday world we live and experience, to make the phenomenon in question appear in a clear, meaningful, and understandable way (van Manen, 2014). The word phenomenon refers to situations and events as they are understood by a person pre-reflectively, in their most original meaning. This is before any theorising or interpretation and is famously described by Heidegger (1962/2016) as, "that which shows itself in itself" (p.31). To guard against the common inclination to understand personal everyday experiences in a taken for granted manner, phenomenologists ask: What is a particular lived experience like? (van Manen, 2017). We seldom think about everyday experiences as we live them; yet, Heidegger (1962/2016) argued, it is within the everyday that the meaningfulness character of the concrete of life is carried. The task of phenomenological research is to uncover and reveal ordinary everyday meaning. Through exploring similar and differing experiences, phenomenology posits that it is possible to find common understanding about "what makes a thing what is and without which it would not be what *it* is" (van Manen, 1990, p.17). Yet, Heidegger warned, when revealing everyday phenomena there may be a covering over, a hiddenness, or a disguise. Therefore, the meaning of being a 1970s general nursing student is likely to be veiled under layers.

## Hermeneutic phenomenology

Hermeneutic phenomenology, espoused by Heidegger and Gadamer, underpins this study. It offers both a rich description of the everyday of being a 1970s student and the meaning of these experiences 40 years hence. For ease of writing, I will refer to the hermeneutic phenomenology informed by Heidegger and Gadamer as hermeneutics because I am primarily interpreting texts.

Beginning with Heidegger, then Gadamer, these philosophers argued hermeneutics is a universally human phenomenon because interpreting a text is no different from interpreting the world in which we live–be it the meaning of life or everyday objects and events. Hermeneutics is a term that has a long history going back to classical antiquity. Etymologically, the word is derived from the Greek verb hermeneuen to interpret and from the noun hermenia or interpretation (Pascoe, 1996). For the Greeks, interpretation was the clarification and explication of subtle sacred messages and signs. Hermes, as the messenger for the Gods, interpreted the wishes of the deities making their desires known to mere mortals. Following the Reformation in the 16th century, Protestant theology sought a strategy to make the ways of God known to man and resurrected this idea. The aim was to understand scripture in a more systematic and less allegorical fashion by devising hermeneutica, the art of interpretation, with philosophers fashioning rules for the correct interpretation of biblical, legal, and classical texts (Lawn, 2006). In the 18th and 19th centuries, hermeneutical theorists broadened the scope from that of purely biblical texts by developing rules for effective interpretative practice applicable to any subject; thereby, instigating a more inclusive application.

In the 20th century, Heidegger and Gadamer reshaped hermeneutic thinking away from the study of epistemology to that of ontology–the study of being. Against the excess of positivist human science and the pursuit of method, Heidegger is credited with liberating hermeneutics from the search for a method similar to that of natural sciences. Gadamer built on the work of Heidegger and, together, their writings redefined understanding, giving rise to the notion that meaning of our lives is ontological and derived through trying to understand one's self and others through 'being' in the world of pre-existing meaning and language. Heidegger and Gadamer argued that human beings always have some common pre-understandings of the world and this is what makes understanding possible (Polkinghorne, 2000). At times, the congruence between these philosophers makes a precisely arranged

format for outlining hermeneutic notions difficult because some meanings are attributable to both men.

## The Hermeneutic of Martin Heidegger

### The meaning of 'being'

On receiving a Doctor of Philosophy in 1914 from the University of Freiburg, Heidegger focussed his work on the existential nature of being human. His existential philosophy polarised those who read his sentinel work, "*Being and Time*," first published in 1926 (translated in English in 1962). He was considered either as a kind of mystic or ranting existentialist espousing dubious doctrines, or of being an intellectual power and one of the important thinkers of the 20th century (Gelven, 1970, p.xv). The basis of his hermeneutic philosophy lies within the question, "what is the meaning of being?" He argued that understanding of being is through Dasein, a German word which defies an exact English counterpart but is roughly translated as 'being in the world in context' (Regan, 2012). Heidegger portrayed Dasein as entities with an understanding of their own Dasein. Dasein's purposeful activity lies in their ability to question and focus on the meaning of existence by exploring being in the world as, 'being with others' (Horrigan-Kelly, Millar, & Dowling, 2016).

Thus, the central tenet of Heidegger's hermeneutic is that understanding emerges from 'being' in the world; wherein there is an indissoluble unity between person and the world (Koch, 1995). Everything we talk about, everything we have in view, everything towards which we comport ourselves in any way is being; what we are is being and so is how we are (Heidegger, 1962/2016). Furthermore, because we are never alone in the world, the meaning of Dasein rests in the context of 'being-with-others'. This inextricable relationship shapes possible ways in which we care for and about things; that is, what matters to each of us. Emphasised by hyphens, human understanding resides within experience of being-in-the-world and the meaningful relationships created. It is unison between the students and the world of 1970s general nurse training in New Zealand which forms the basis of the findings of this research.

### The notion of every-dayness

The kind of Being that is closest to Dasein is considered within the horizon of average every-dayness (Heidegger, 1962/2016) and, while it is not always this, it is, 'as a rule.'

The notion of every-dayness refers to "the mode of being, the attitude toward reality, which typifies our 'normal' participation in the life-world" (Thompson, 1983, p.67). Our everyday daily life is one of being bound to routines, habits, the customary and the necessary. Heidegger (1962/2016) asserted that in every-dayness we live unreflectively which brings an ease and complacency while conforming to standards of behaviour deemed suitable within a context. Hermeneutic philosophy focuses on unlocking the forgetfulness of this everyday 'being' because Heidegger (1957/1987) asserted every-dayness closes and hides this away. It was the description of participants' everyday experiences that I needed to gather through stories to uncover the meaning of being a 1970s general student.

### Authenticity and inauthenticity

Heidegger (1962/2016) attributed modes of authenticity and inauthenticity to Dasein and described these in terms of light. Authenticity relates to the *Lumen Naturale* – the lighting-up of Being as a clearing; whereas, inauthenticity covers the light of Being in its subjection to the 'foresightness' of the 'they'. As a concept, authenticity can be traced back to Greek philosophy and is often depicted as "to thine own self be true" in Shakespeare's Hamlet (Act 1, Scene iii) (Avolio & Garner, 2005). Heidegger asserted that Dasein can choose to be authentic in the sense of being attuned to one's own experiences and having a sense of one's own self when choosing possibilities of being. He ascribed authenticity to one's resoluteness because this brings the self-right into its current concernful being and its own potentiality of being.

Students' experiences rested within the authentic and inauthentic self. Heidegger (1962/2016) argued that most people, in their every-dayness, fail to choose an authentic self but rather go about their lives overlooking possibilities of being authentic. They live inauthentically. Heidegger stressed inauthenticity does not signify any lesser or 'lower' degree of Being. Rather, even on its fullest concentration, Dasein can be characterised by inauthenticity; for example, when busy, excited, interested, and/or when ready for enjoyment. Thus, Heidegger considered irresoluteness as the form of being the inauthentic 'they-self'.

### Who are 'they'

Heidegger viewed every-dayness principally as a limitation of being; that is, an inauthenticity of being because we draw on the possibility of being from what is

prescribed and decided on by others (King, 1964). Every-dayness leaves individuals renouncing responsibility for choice in all but the most trivial matters and seeking refuge in the anonymous 'they'. Heidegger's notion of 'they' denotes 'other' but no particular person, and is thus difficult to pin down. The 'they' is alongside everywhere.

> The authority of 'they' lies in the averageness with which it prescribes what can and may be ventured, it keeps watch over everything exceptional that thrusts itself to the fore everything that is primordial gets glossed over as something that has long been known. (Heidegger, 1962/2016, p.128)

In their inconspicuousness, 'they' exercise a dictatorship so that no one can be held responsible (King, 1964). The notion of they-self is significant in this study because the power of 'they' dictates ways of being a student; thus, students became the 'they-self'. What 'they' said to 1970s students may be tracked to an individual, but going back further in time any authorship fades into anonymity. While 'they' remained hidden in students' lives, the power of 'they' did not. 'They', for example, said students were ready to undertake night duty alone after one year of training thus sanctioning students being thrown into the unknown.

### Being thrown

We are, as Heidegger argued and is supported by Gadamer, 'thrown' into the world, of past and pre-given ways of thinking. Furthermore, we continue to be thrown into newness throughout our lives. In thrownness, we always find ourselves somewhere amidst meaning and this can be sudden and unexpected. Heidegger's notion of thrownness was first made known to me through the 1971 song "*Riders on the Storm*" by the musical rock music group The Doors. The song commences with the lyrics, "into his house we are born; into this world we're thrown." These lyrics highlight the 'there' of being-in-the-world. The application of thrownness to this study lies in recognition that 1970s students often found themselves in situations that were part of everyday institutional life for which they were not prepared (Smythe, 2002). Thrownness disrupted the being-in-the-world-of-student-nursing and often held meaning as being frightened and overwhelmed.

Hermeneutic notions, such as those described, imbued Heidegger as a passioned and essential thinker (Young, 1997). However, his involvement with the Nazi Party and his anti-Semitic views cloud his contribution to philosophy; and association with Heidegger

has become a risky business (Babich, 2016).

### Heidegger–The Nazi Party and anti-Semitism

In 1933, Heidegger was elected to the role of Rector at the University of Freiburg; a role which lasted one year. On taking up his rectorship he joined the Nazi Party. His involvement has been termed 'notorious' (Kiesel, 2002), 'scandalous' (Sheehan, 2001) and 'horrifying' (Davidson, 1989). Although his involvement in the Nazi Party has never been denied, it is the degree and type of involvement that continues to cause debate and tension. Accusations against Heidegger include: anti-Jewish behaviour in his rectorship; requiring that Jews be dismissed from university positions; writing policy proposals for Nazi government agencies; and denouncing faculty colleagues as liberal democrats, pacifists, or anti-Nazi (Lavine, 1999). Much about these claims is contested; however, a letter Heidegger wrote in 1929 to the Baden government complaining about the Jewification of the mind (Kiesel, 2002) provides support for those who claim his behaviour was anti-Semetic.

Gadamer and McCumber (1989) drew on Gadamer's philosophical belief that meaning always arises from being in context. He reminded Heidegger's critics about the context of the German world in the mid-1930s and asked critics to consider the wave of conformism; the pressure and the ideological indoctrination; the sanctions as unforeseeable. In relation to the Nazi Party, Gadamer and McCumber categorically stated: "He [Heidegger] did not support its actions, but he accepted them" (p.429)**.** Heidegger, according to Rothman (2014), wandered into Nazism as a great philosopher thinking the Nazis agreed with him philosophically. When this was shattered, he pulled away. Nonetheless, he never apologised publicly for being a Nazi. Heidegger's anti-Semitic views have been reignited in recent years with the publication of what are termed *The Black Notebooks*, diaries that document his entire personal journey from 1931 to 1976. Amongst musings over the progression of the history of metaphysics are strong opinions about National Socialism and, starting from 1938, his severe commentary about Judaism (Escudero, 2015).

The question remains: should a great thinker like Heidegger be shown leniency (Escudero, 2015; Rothman, 2014)? I pondered this question in 2017 during a deeply moving visit to the Holocaust Memorial and Jewish Museum in Berlin. Furthermore, I still vividly recall as a junior student nurse being shown the tattooed concentration camp

numbers on the arm of a theatre orderly. The question remains unanswered; but, from my readings, I know that neither his Nazi connections nor his philosophical legacy can be ignored (Babich, 2016; Rothman, 2014; Sheehan, 2001). I have erred on the side of Young (1997) who acknowledged Heidegger's serious and compromising involvement with the Nazi movement but argued Heidegger's name labels a body of philosophy that is free of the taint of Nazism. Heidegger's philosophical legacy paved the way for hermeneutic research methods to focus on deeper understanding of the experience of humanness which has been embraced by the world, including nursing scholarship. This has enriched my professional life as nurse researcher and educator, as well as my personal life.

## The Hermeneutic of Gadamer

### Ontology and language

Gadamer studied humanities and in 1922 met Heidegger, later becoming his pupil. As a student of Heidegger, Gadamer also viewed understanding not as an act of human subjectivity but as Dasein or being in the world. Drawing on Heidegger, Gadamer posited that understanding happens through a set of pre- reflective involvements with the world. He built on the idea that interpretation is not possible without pre-understandings. His work stressed that understanding cannot be divorced from history, language, and tradition (culture). Prior understandings influence judgements and, in fact, make them possible because without these there would be no way to begin the process of understanding. Philosophical hermeneutics acknowledges that all interpretation is situated, located, a view from somewhere (Kinsella, 2006). We always see something 'as' something; therefore, understanding is "the primordial ontological character of human life itself" (Gadamer, 1975/2013, p.246).

Gadamer's philosophical hermeneutics shows the circumstances under which understanding takes place by advocating that all texts bring their own interpretation. His key contribution to philosophical hermeneutics was his claim that one's language revealed one's Being. Language and understanding are inseparable because language is the universal medium in which all understanding occurs (Gadamer, 1975/2013). We come to understand through language which possesses its own reality and power while referencing the world in which we live (Reeder, 1998). Language holds social, cultural, and historical meaning, even when what is being interpreted is not linguistic in nature.

Student photographs in the 1970s (Appendices D & E) were, for example, a mode of text used within this study. What I saw in these photographs could only be interpreted and brought to light through language.

### History and understanding

Gadamer argued understanding is essentially an historically effected event. We are expressions of history; for history does not belong to us we belong to it (Gadamer, 1975/2013). Gadamer used the term effective historical consciousness to capture this notion. We live in a pre-given world suffused in history wherein the language through which we communicate carries meanings from the past, continues to be operative in the present, and anticipates a future. Therefore, all claims concerning truth are historical in that they are framed within tradition. We accede to traditions because we do not know any different. Gadamer (1975/2013) wrote: "long before we understand ourselves through the process of self-examination, we understand ourselves in a self-evident way" (p.289) through the contextual and cultural traditions that influence the family, society, country in which we live. The following excerpt by New Zealand author Janet Frame (1983), in her book entitled '*To the is-Land*,' illustrates this view for me.

> I was born Janet Paterson Frame, with readymade parents and a sister and a brother who had already begun their store of experience, inaccessible to me except through their language and the record, always slightly different, of our mother and father, and as each member of the family was born, each, in a sense with memories on loan, began to supply the individual furnishings of each Was-Land, each Is-Land and the hopes and dreams of the Future. (p.17)

1970s student nurses engaged in the traditions surrounding them, one being the requirements of what was considered a true, therefore good, nurse. Helen Douglas (1970) a student nurse writing in the New Zealand nursing journal, described good nurses as having a bedside manner that was cheerful, friendly, and interested; while hiding any dislike for the patient. Douglas also considered good nurses must have grace, which she described as possessing the charm necessary for gentle persuasion; pride in excellence of delivery of nursing care; and be technically proficient with the ability to learn at every opportunity. Such qualities were deemed essential for a good New Zealand nurse. Otherwise she [sic] would not earn a patient's respect or trust and thus be considered a good worker rather than a good nurse. However, 1970s students were caught in a situation of radically changing traditions both in nurse training and New Zealand society.

Gadamer (1975/2013) importantly stated: “tradition is not a permanent precondition of understanding; rather we produce it ourselves inasmuch as we understand and participate in its evolution and hence determine it ourselves” (p.305). Warnke (2012) spoke of ‘escaping’ the effect which was not of one’s own making. She concurred that tradition does not hold a solidified past over us, “or rather, to the extent that the past does have a hold on us, it is a past already modified by the knowledge consecutive presents have brought to it” (Warnke, p.16). Traditions change over generations because hermeneutic thought rests in the temporal or historical nature of all understanding. Gadamer’s notion of effective historical consciousness describes how the past has a stake in the present and the future. This is an essential tenet of this study. Students’ experiences are understood through the past and present traditions of nursing and society. All successful understanding requires both a consciousness of one’s historical horizon and an appreciation or examination of its effect (Smythe & Spence, 2012). This study dwells in the effect of student training 40 years ago.

### Tradition, understanding and prejudice

Gadamer drew on Heidegger’s notion of fore-structure, a product of our situatedness in the world such as tradition, in understanding being. This guides all understanding because nothing can be seen in the absence of prejudgements (Lindberg, von Post, & Eriksson, 2013). Originating from past experience and influencing future possibility, prejudices grant people access to a world of meanings (Spence, 1999). Gadamer used the term prejudice to present Heidegger’s idea of fore-structure; however, his use of the word prejudice is a stark contrast to its contemporary meaning of bias as a hindrance to objectivity (Neilson, 2009), intolerance of, or dislike for, people of a specific race or religion (Onions, 1973). Gadamer’s use reflected a return to an older interpretation derived from breaking down the word into pre and judgement. There can be no judgments without a ‘pre’ and this will always set limits on our interpretation. Gadamer (1975/2013) wrote, “prejudice means a judgement that is rendered before all elements that determine a situation have been examined” (p.283). The significance of this notion, for my study, is that my understandings were always accessed through prejudices which, paradoxically, could both enable and constrain (Spence, 2004) understanding of the research phenomenon. Within this study, I have chosen prejudice as the term I use to convey the projection of meaning through prejudgements.

### Horizons of understanding

Closely interwoven with Gadamer's notion of prejudice is that of horizons. Horizon is a metaphor for how human beings perceive and interpret reality (Austgard, 2012). Gadamer (1975/2013) stated that, "the horizon is the range of vision that includes everything we can see from a particular vantage point from both spatial and temporal perspectives" (p.313). Although essential to our understanding, an horizon is always limited because we cannot see everything from the position we occupy. Furthermore, the conception that a person has a truly closed horizon, meaning anything outside their vantage point is blocked, is impossible because we are never chained to one position. An horizon is, therefore, "something into which we move and that moves with us" (Gadamer, 1975/2013, p.315). Through open and participatory dialogue, we extend our horizons by accommodating understandings gleaned from the other. This broadens and expands our ideas, potentially creating a new horizon, which Gadamer described as 'fusion of horizons'. Thus, understanding is always open to the possibility of being understood differently through horizons being infused with those of the other. Although new, they are not the same as the other because each began with differing prejudices. People's horizons continue to move and expand through the recognition of shared common ground they had not appreciated existed by means of the hermeneutic circle.

### Evolving understandings within the hermeneutic circle

Heidegger and Gadamer considered the hermeneutic circle a metaphor for understanding. This central hermeneutic notion describes a constant back and forth movement between a part of a text and the whole. Meaning is mediated through relating each part to the other and to the whole. Gadamer (1975/2013) stated: "a person who is trying to understand the text is always projecting. He projects meaning for the text as a whole as soon as some initial meaning emerges from the text" (p.279). New understandings are checked against those previously encountered and, in turn, these frame further understandings (Spence, 1999). This evolving process highlights the in-between of a sameness and otherness which Gadamer considered is the true locus of hermeneutics.

### Finitude and infinitude

'Truth', for both Heidegger and Gadamer, is therefore a living event. It is changing rather than stagnant and is expansive and full of possibilities (Moules, 2002). Gadamer

(1975/2013) wrote: “the discovery of the true meaning of a text… is never finished: it is in fact an infinite process… new sources of understanding are continually emerging that reveal unsuspected elements of meaning” (p.309). Our horizons cannot be cemented in place: there is no final truth. Therefore, the meanings surfaced within my study will be one version of a reality that has been influenced by my prejudices. Someone else studying the same question is likely to surface differing meanings. Yet, there may also be commonalities.

### Gadamer and the Nazi Party

Aspersions on Gadamer’s involvement with the Nazi Party have also been cast. In 2000 Richard Wolin accused Gadamer of being complicit with the Nazis. However, other scholars have rejected these assertions on the basis of rudimentary error of fact and guilt by association (Lawn, 2006; Palmer, 2002). Lawn (2006) contended that Gadamer remained in Germany during the Nazi regime working diligently, accepting modest academic positions, and keeping a low profile. He drew away from Heidegger for years, losing faith in him because of his political sidings. He did, of course, receive the philosophical impetus for his hermeneutic philosophical notions from Heidegger and gave Heidegger credit for these in his publication “*Truth and method*.” Thus, Gadamer was a follower of Heidegger’s philosophical beliefs but not his politics (Palmer, 2002).

## Why did I Choose Hermeneutic Philosophy?

The hermeneutics of Heidegger and Gadamer provided an opportunity to reveal the profoundly human experience of training to be a nurse through capturing the existential nature of being a student in the 1970s. Hermeneutics, informed by these philosophers, accommodates the temporal, culturally, and historically situated nature of understanding which is at the heart of this study. Furthermore, in choosing hermeneutics, I was, as Smythe (2005) suggested, ‘already on-the-way’ in that I have been positively shaped by hermeneutics within my work as a nursing teacher for many years. Just as the aim of this methodology is to deepen human understanding of a particular experience, the reciprocity inherent in this method spilled into my life. It has provided a more considered, thoughtful voice within my teaching role and my personal life. This is through engagement in relationships with a stronger sense of attunement and what Palmer (1998) called ‘true talk’ which has enabled exploration of a deeper meaning. Additionally, Gadamer claimed that the person who wants to understand already has a

relationship with the question of the proposed study through the culture and tradition to which he/she belongs (Austgard, 2012). I was, as identified previously, a general nursing student from 1974-1977 and have subsequently worked in nursing positions for over three decades. I had pondered the research question for years.

**Summary**

This chapter has introduced and articulated key philosophical notions of phenomenological hermeneutics as espoused by Heidegger and Gadamer which underpin this study. It justifies my choice of hermeneutics as the methodology for the research. It further explains why I included Heidegger, despite his having been in the Nazi Party and shown to have held anti-Semitic views. Having described the guiding philosophical underpinnings, the next chapter outlines the methods used to surface the meanings inherent in being a 1970s general nursing student.

# Chapter Five: The Hermeneutic Endeavour

> Hermeneutics' task is to collect the textures and contours of the life we are already living, a life that is not secured by methods we can weld to render such a life our object. (Jardine, 1992, p. 116)

## Introduction

This chapter brings hermeneutics as a philosophy to the 'how' of undertaking this study. Gadamer (1975/2013) claimed hermeneutics is not a specific method; rather, a set of fluid principles supporting the search for truth in the concealed forgetfulness of language. I will draw from notions articulated by Heidegger and Gadamer to describe the ways in which I searched and uncovered 'truths' relating to the research question. I show how integrity within the research process was upheld, beginning with ethical considerations.

## Ethical Considerations

Protecting participants is a fundamental requirement of all research with human participants. Approval for the study was granted by the AUT Ethics Committee (AUTEC) (see Appendix F). It initially supported recruitment of between 12-15 participants who completed the general nursing training in the 1970s within the AHB School of Nursing. I considered it important to have at least one male participant despite the low number who trained in this decade. Following an earnest but unsuccessful attempt to recruit a male participant, I submitted a minor amendment to the AUTEC (see Appendix G), to extend the participant recruitment criteria from those who trained at Auckland Hospital to those who trained within the AHB School of Nursing. This broadened the participant pool with the addition of two AHB training hospitals; Greenlane and Middlemore. One male participant was recruited through this change.

## Surfacing and Ongoing Engagement with My Prejudices

Heidegger and Gadamer concurred we are always in the world with prejudice. Within this study, I embraced the notion that prejudices are conditions of truth and will always be intricately woven into who I am; therefore, never absent from decisions relating to method, including data analysis. Gadamer (1975/2013) argued that a person who does not admit that he [sic] is dominated by prejudices will fail to see what manifests or

misjudge meaning when thinking and listening. I was responsible and alert in recognising my prejudices throughout the research and strove to keep these in view while appreciating we are most influenced by the ones we have no idea we possess (Moules, 2002). Uncovering my prejudices was a continuous activity enabled through journaling. The purpose of my vigilance was to provoke and surface both known and hidden prejudices, and then place these within what Binding and Tapp (2008) described as the public arena; thus, allowing engagement through exploration and reflection. Commencing this study my invidious prejudices resounded strongly. A recorded conversation, prior to collecting participant data, with my two supervisors, both of whom had trained as nurses within the AHB, assisted to surface known prejudices at the start of my study.

Articulation of my prejudices revealed a negativity toward my nursing training. I resented being told what to do, felt uncomfortable doing without thinking, working with a constant fear of being wrong, and feeling out of control due to lack of knowledge. I was disappointed by the low academic level and style of teaching of theory to my student class all of whom had university entrance, believing it was a lost opportunity to become more than I was. Yet, I was grateful for a lifelong career and the enduring strong friendships forged while training. The process of engaging with these initial prejudgements was aided by a conversation with an older retired nurse. She was incensed that I could view my training with such negativity. She called my prejudices into question and reminded me of the effect of these limiting and exposing my finite knowledge. I also sought supervisor critique of my first participant interview transcript for my prejudices dictating or controlling my data collection.

Continuing engagement with these initial prejudices bought self-awareness that, in the beginning stages of my analysis, stories surfacing stronger feelings than others were those relating to challenging the traditional nursing hierarchy or surfacing a dislike for their training. I appreciated this was another way in which my prejudices were surfacing and worked hard to focus on holding myself open to new meaning. Such commitment was further evident in a diary entry which noted social interaction with fellow students. I recognised that I was deeply listening and attuned to conversation pertaining to the positives of our training, something which I had previously tended to dismiss.

One of my supervisors provoked an example of prejudice so deep seated that I had not

considered previously regarding my attitude. This related to the negativity felt toward my training being directed toward others with little recognition of accountability for my own behaviours. Ongoing engagement with this prejudice bought an understanding that as a student I had had a choice about who I became. This cleared the way for a new understanding to emerge as is evidenced in the analysis chapter 'Becoming who one 'is'.

## Finding and Choosing Participants

Participants were required to have been a general nursing student within AHB Schools of Nursing and completed their training to become New Zealand registered general and obstetric nurses or male registered nurse in the 1970s. There was no expectation that participants had continued nursing since completion of their training. Participants needed to currently live in New Zealand and be willing to recall and discuss their experiences as a student nurse. I was also interested in the influence of these experiences contemporarily.

Fifteen participants were recruited; this number was influenced by the time constraints imposed by the nature of doctoral of health science research. Participants were identified via an intermediary to negate any obligation to participate because I may have been known, either professionally or personally, to potential participants. The intermediary, a fellow AHB general nursing student (1974-1977), sent an introductory email to her existing network asking those interested in being a participant to contact me by phone or email. Snowballing (non-probability) sampling was also used. All interested people were sent a Participant Information Sheet (see Appendix H) and Consent Form (see Appendix I) outlining the study aim, participant roles, expectations and rights. Fourteen of the 15 were selected on a first come, first served basis. As previously mentioned, I sought at least one male participant; the 15$^{th}$ participant, a male, was actively recruited through an intermediary.

### Who were the participants?

Of the 15 participants, 14 were female and 1 was male. Fourteen identified as Pākehā New Zealanders and one as Pacifica. I would have welcomed participants who identified as Māori; however, this did not eventuate. Nursing was a first-choice career for two participants, with all others choosing nursing by default. Jenny Sinclair (1995),

writing on her experience of going from schoolgirl to nurse in the 1960s, reflected the experience of many participants choosing to 'go' nursing:

First you say you will
And then you say you won't
Then you say you do
And then you say you don't
You're undecided now
So, what am I going to do! (p. 38)

Laura, a participant, shared her reasons for selecting nursing.

> *I wanted to do home science to become a home economics teacher. I was told I had to take physics and chemistry, but I had been streamed into the academic class taking French, history, biology so no physics and chemistry, so that did not work. Then I was interested in doing fashion and I was told I couldn't do that either. I didn't know what else to do really. When I was at school there were three choices teaching, nursing, or secretary. I definitely wasn't a secretary and I didn't have the patience for being a teacher so becoming a nurse meant I could leave home and a very strict father at a month after becoming 17 – so that's what I did.*

All but one participant commenced training in 1974, finishing in 1977. The remaining participant started in 1971 completing in 1975. This situated the interview stories mostly from the middle years of the 1970s decade. Participant ages ranged from 17-27 years on commencement; with the majority of participants (n=13) being 17 years of age. The qualification at entry for participants was school certificate (n=1), University Entrance (n=13), and tertiary qualification from a New Zealand university (n=1). At the time of their interview, six were working in nursing positions, four in either part or fulltime in health-related employment, and five were no longer involved in either.

I am deeply indebted to the participants for the gifting of their stories. Each was thanked for their contribution to my study and received a koha (bottle of wine or a book) for their generosity of time.

**Securing Consent and Preserving Privacy**

Participants were consenting adults. An overview of the study was provided immediately before commencing interviews. Informed consent was obtained both

verbally and in writing. I ensured participants were happy to be audio taped, explaining this helped me to listen intently. Each participant was given a pseudonym, chosen by me, as their individual unique identifier. Transcripts using pseudonyms were emailed to a transcriber who had completed a confidentiality agreement. Many participant interviews contained reference to self and 'others' with whom they worked either as fellow students, hospital staff, or patients. These had the potential to identify individuals and were removed. I continue to remain vigilant of keeping participants' privacy at all times; yet, I am aware that several participants chose to share their involvement with fellow 1970s nursing friends.

**Gaining Understanding through Participant Interviews**

The aim of hermeneutic phenomenological research is to capture and record descriptions of how the study phenomenon is experienced and accepted as truth. A single loosely structured conversation style interview with each participant was undertaken. van Manen (1984) stressed the importance of the researcher undertaking the interview process. The researcher has a first-hand opportunity to develop deeper understanding of the phenomenon under investigation because of his/her affinity and relationship with the topic. Having undertaken parts of my training within both of the hospitals in which the participants trained, I found myself called upon to help recall and/or add to parts of stories where specific information, now hazy, was deemed necessary to the detailed telling of a story. An example would be recalling a particular ward or year in which a clinical experience was scheduled.

Crowther, Ironside, Spence, and Smythe (2017) drew on the thoughts of Fiumara (1990) to understand how mood, context, and how we are listened to, influences the 'how' and 'what' of telling. The participants chose the interview setting, thereby maximising their feelings of comfort. My only requirement was the need for it to be a private conversational space conducive to audio recording. I also drew inspiration from the Māori concept of shared whakapapa which describes one's connection to one another and to things. I bought class photos, as did some of the participants, and a book about the AHB hospital schools which documented all names of completing students. Memorabilia became catalysts for recalling stories. They were visible reminders of the co-existence of past and present and were useful conversation enhancers.

Interviews were undertaken over an 8-month period. They lasted from 30 to 75 minutes,

with most being about 45 minutes in length. I was initially concerned how the 'arrival of every day talk,' especially with those whom I knew, would move toward the research phenomenon. However, once taping began, the 'mood' moved into interviewee and interviewer roles. Once I had concluded the interview, some participants would recall further experiences and, with permission, recording restarted to capture these additional thoughts.

The 'conversational' style interviews began with the same question, "Tell me about your decision to go nursing?" Interviews closed with the question, "is anything I have not asked you that you would like to share?" Heidegger stated it is within the every-dayness, that data about the question of Being resides (Gelven, 1970). I therefore focussed on tell me about the 'everyday' questions (see appendix J). An example used in the early part of an interview was: 'Tell me a story about what it was like to be a student nurse in the 1970s?' I followed this with prompts such as: What are your thoughts and feelings about this today? Hermeneutic thought purports that language is the fundamental mode of being-in-the-world and stories are given with honesty as long as there is openness by the researcher in his/her approach to the conversation (Watson & Girard, 2004). My aim was to try to open possibilities and keep them open (Gadamer, 1975/2013). For example:

*Michelle:* *You remember all sorts of things, like your first death.*

*Me:* *I would like to hear about your first.*

*Michelle:* *That was women's medical, so it was early on so there I was 17 and out on the wards for a couple of weeks, I think, oh that's right, we used to dish up the meals and put them on the nightingales for the person and there she was. I sort of looked at her and though oh perhaps not. So, she was sitting and had actually just died sitting up in her bed. It was at that stage when I discovered her well past the time to do CPR or anything like that. I can remember I must have felt for her pulse or something and thought I am not going to go there and just ringing the bell.*

*Me:* *Can you remember being in the moment when you realised that person was dead? It's a long time ago I appreciate that.*

*Michelle:* *Actually, it didn't faze me really and that, it was kind of there and you just had to deal with it and that was that being thrown into it. I think and again that's what I say you developed some skills in just dealing with what happens some things not so good at planning but better at dealing with things.*

Every-dayness provided the meaning possible for this study; yet, I knew that experiences in the 1970s were becoming obscured and diminished by time. In earlier interviews I quickly realised that I was falling back on prepared prompts to assist the conversation flow when memory and talk seemed to fade. Reflecting on my first interview the participant said, "it's a bit hazy sometimes, all these 40 years on." The participant in my third interview was similar, "Oh my goodness I can't honestly remember but I do remember them [tutors] coming around I remember us being having some kind of assessment. You are really going back, argh."

It became evident that asking participants to recall stories from 40 years ago, in the moment, was challenging. Appreciating I had an already established background of prejudices and the way this may influence my data collection, I decided to email a selection of prompts prior to the interview to begin the thinking back process. These were frequently acknowledged as helpful by participants for jogging memory. Example prompts included:

- Can you recall a story about being on your first ward?
- Can you recall a story from your psychiatric experience?
- What do you remember about being taught theory?

I sensed, in my first interview, that the participant appeared to think there could be right or wrong responses to questions. In all further interviews, I took time to reiterate that there were no correct answers. Gadamer (1975/2013) stated: "the essence of the question is to have sense. Sense involves a sense of direction" (p.371). It was not surprising when being asked to recall stories from the 1970s that I needed to keep participants' stories orientated to their student years. 'Did this happen in your student years?' was a 'checking' question used to keep on track. Deviations such as, "I do have some other memories of when I was a staff in oncology," also required a gentle nudge back to focus on student years. Following every interview, I wrote notes on my

observations and thoughts. Fleming, Gaidys, and Robb (2003) considered field notes are part of the method for gaining hermeneutic understanding; and mine included what was new to me, what surprised me, what I might would do differently next time, and any problems I encountered. This helped with ongoing tracking of my prejudices and fusing horizons.

**Further Sources of Data**

Understanding is always positioned in time, place, and culture; therefore, data collection extended beyond the participant interviews. Gathering data to support this study on New Zealand 1970s general nurses involved three processes.

1. Online searches using key words; New Zealand; nurs*; history; training. CINAHL EBSCO PubMed Scopus Google Scholar
2. Searching known sources of New Zealand historical nursing literature.
    - New Zealand National Archives where many documents were entrusted when the AHB nursing school closed. While incomplete, these included 1970s minutes of meetings by matrons, tutors, exam results (including my own), and information booklets given to nursing students
    - New Zealand National Library
    - New Zealand Nurses Organisation
    - New Zealand Nursing Council Archives
    - Two publications by New Zealand nursing historicists: Patricia Sargison (1986) *From candles to computers: A bibliography of printed sources on the history of nursing in New Zealand*; and Annette Stevenson (1994) *In search of nursing history: A literature review*.
    - Kai Tiaki New Zealand Nursing Journal from 1965-1979
    - Nursing Forum 1973-1975 (journal publication from the New Zealand Nurse Reform Society)
    - Broadsheet Magazine 1972-1979
    - 1970s nursing text books
    - The personal writing from an AHB 1970s student who diarised her training years
    - Examination of reference lists in older literature

3. Reviewing New Zealand nursing history theses.

- Master's theses: Brown (1991); Dunsford (1994); Filshie (1985); Ford (1992); King (1969); Penny (1968); Rayner (1983); Stewart (2013); Stevenson (1997)
- Doctoral theses: Papps (1998); Ramsay (1978); Williams (2000)

This information confirmed and expanded horizons of understanding of general training integral to this study. For example, official photographs revealed and confirmed the homogenous nature of students.

**Beginning Analysis**

Considered productive, rather than a solely descriptive activity (Regan, 2012), the hermeneutic analysis of texts took place through engagement with the audiotaped and transcribed data. This describes the early stages of what Gadamer (1975/2013) thought of as the re-awakening of the text. I listened to each interview in the order they occurred. Gadamer argued there is a presence of spirit evident when using language. Examples can include projecting hesitancy, anxiety, intention, and attitude (Regan, 2012) which are evident through listening and offer further understanding to the phenomenon in question. The significance of listening to interviews became apparent when one participant briefly cried in her interview. Reviewing the interview, I understood her tears to be those of relief. This was an opportunity to reveal significant feelings about lived experience in a safe environment.

The interview transcripts were 'tidied' up by removing repeated words and unnecessary filler words such as 'um.' Transcripts were then returned via email to the participants for verification and the opportunity for amendment. Through this process, one transcript was returned with minor amendments clarifying meaning and removal of a possible identifying comment. While listening to the recordings, I made notes on each transcript. I searched for initial meanings relating to the study question and any evidence of prejudice directing the interview. Congruent with Gadamerian hermeneutic thinking, each interview extended my horizons of understanding. I sought new understandings which I could bring to future interviews as prompts. One participant shared a story about not being challenged intellectually. This subsequently became a prompt for me to use other interviews where relevant. My next focus was to craft stories from the interview data.

**Crafting Stories**

Within each interview certain stories appeared to 'jump out at me' as important; however, they were seldom presented as a coherent whole. This necessitated the hermeneutic notion of recrafting to convey meaning (Crowther et al., 2017). Crowther et al. (2017) proposed working with the data by editing the story, without changing its meaning, to polish grammar, remove and add connecting words, or reordering sentences to help the flow and clarity. This process helped bring the experience of being a student into the light in readable way. The following is an example of a raw data story.

> *Well if you would say for example if it was your month for senior obstetrics you could say "god I got sent to delivery suite in stints and did this" they knew exactly what you meant it wasn't. I lived in a flat and there were between 6-8 of us and half nurses and teachers and so you would tell a story to the nurses much easier than the teachers, you could tell the teachers but it just wasn't the same in the same way that they could tell you stories that didn't feel the same for them I am sure.*

Following recrafting, this story read;

> *I lived in a flat with 6-8 of us, half nurses and the other teachers. My nursing flatmates understood. For example, if it was your month in senior obstetrics I could say, "god I got sent to delivery suite and did this." They knew exactly what I meant. Telling my story to the nurses was much easier than the teachers. You could tell the teachers, but it just wasn't the same. In the same way that teachers could tell me stories and I am sure that didn't feel the same for them.*

On other occasions, stories comprised parts spread out over several pages of verbatim transcript. Crafting these was achieved by bringing the parts together and editing them for clarity as the above example demonstrates. With all crafting of stories, I asked myself, 'Have I captured the essential experience?' by circling back to the raw data (Crowther et al., 2017). These crafted stories became integral to exploring the meaning of being a student.

**Ongoing Data Analysis – Searching for the 'Otherness'**

The participants and I bought over 40 years of fused horizons both vertically as fusions

of the past with the present and horizontally as fusions of distinct traditions (Warnke, 2012). The process of finding new understandings meant reworking, reinterpreting, and removing stories from their raw meanings. From this point on, I began probing the stories by asking questions such as 'what am I seeing and/or not seeing?' in an early attempt to capture what a story was revealing. This was instrumental in remaining open to hidden prejudices and other possible meanings. The challenge, according to Gadamer (1975/2013), is working out the hermeneutical situation by acquiring the right horizon of inquiry for the questions evoked by the encounter with tradition. My aim throughout the analysis was to listen for echoes of something that might expand possibilities of understanding (Moules, 2002) through thinking and listening to how the text was speaking (Smythe, Ironside, Sims, Swenson, & Spence, 2008). These insights often arrived at times when I was doing something quite unconnected with my study. I quickly learnt to keep notepaper and pen on hand to record these insights.

Stories appearing to have a common meaning were printed out on a particular coloured paper and placed together. Over time the piles lessened and became multi-coloured through stories being moved around as the interpreted meanings evolved. My beginning thematic analysis surfaced three themes: 'being in a training system,' 'we just did it,' and 'getting through it.' These themes illustrated the beginning position of my thinking. But they generated more questions. What was the 'it' in these themes? What was the meaning and significance ascribed to 'it'? Analysis continued by moving between the parts and the whole. Some stories stayed, some came and went, and others were rearranged as the analysis chapters were built. The process of selecting the study stories meant including all 15 participant voices. I was mindful that certain stories were more compelling than others; yet, others, previously put aside, caught my attention as the research argument gained strength.

Gelven (1970) warned that ontological inquiry places everything itself in a new light. Thus, analysis was an all-consuming process. Spence (1999, 2016) stressed the importance of reading, listening, challenging, pondering, hunting out biases, and stimulating thinking. In building my argument, I continued to engage with the data using questions such as: 'What does this mean?' 'What seems to matter most?' 'What must I not forget?' What am I not seeing or responding to?' 'Are certain interpretations being privileged over others?' (Spence, 2016). Congruent with Gadamerian thinking, the dialectical nature of these questions and answers convey a sense of tension between

that which is familiar and that which is alien. Spence's (2016) recommendations bought times of deep contemplation during which data analysis evolved through the constant cycle of writing, rewriting, and surfacing new projections.

Smythe et al. (2008) suggested that no one can tell you what to do with the data, but others can unlock doors to your thinking through dispelling the given-ness of things. My supervisors greatly assisted me to do this. I recall a time when a supervisor suggested something which 'pulled me up short.' Gadamer (1975/2013) explained this is the situation wherein meaning is not compatible with expectations. Moules (2002) considered hermeneutic analysis has a love affair with the ungiven-ness. It is always looking for the moment when something—when understanding—gets disrupted. Disrupted thinking jolted my understandings in new directions by bringing further prejudices to light, offering further questions of the data. Joining a hermeneutic philosophy reading group offered support and fresh insights during analysis. Gasquoine (1996) advocated for forums where regular conversations with fellow hermeneutic researchers can clarify issues of methodology and interpretation. The reading group introduced me to the Gadamerian notion of Bildung which underpins Chapter 5. Two 1970s nursing friends became a testing barometer for my thinking. Hermeneutic meanings must resonate with the intended audience in that they must be compelling, powerful, and convincing (Angen, 2000). After reading my work, these friends began to join the conversation because memories were rekindled. Their experience resonated with my projected writing, thus offering confirmation that the interpretations were warranted.

Dwelling with the data required patience. I often intuitively leapt too far or not enough in my thinking. Stages of my analysis were experienced as 'getting it' and 'not getting it.' Some days I felt stuck in my thinking and other days my writing progressed with ease. I held tightly to knowing that I needed to trust the process (Smythe et al., 2008). Becoming immersed in the hermeneutic circle of understanding, I worked between data as a whole and parts through extensive reading, re-reading, reflection, and writing. I thought deeply about what I was seeing in the data and what this could possibly mean; while asking myself how my prejudices were positively and negatively influencing my growing understandings. Seeing further meaning, stories were re-written, swapped around, eliminated and/or retrieved. The work of others, through the use of literature and supervisory support, was essential to my evolving understanding because they provided

windows through which to look and see differently. New literature was constantly sought and, at times, previously sourced library books were requested again. The process of interpreting, reinterpreting, and fusing my understandings with previously considered material strengthened my deepening understanding.

Analysis also involved what Rich (2001) described as "a generosity to me" (p.75). Looking back on past writings, Rich stated: "It's hard to look back to the limits of my understanding a year, five years ago—how did I look without seeing, hear without listening? It can be difficult to be generous to earlier selves" (p.75). Rich's thoughts reflected my experience (see Appendix K); however, I accepted this as an essential part of the hermeneutic process of unfolding. My early writing focussed more on telling a story. Eventually this began shifting to surfacing the ontological meaning of being a student in the 1970s.Through the reflexive nature of hermeneutic analysis, I began to see what Moules (2002) shared in regard to your own truth: 'it's always there'. Throughout the analysis chapters I strove to show 'what was there' by preserving the participants' voices and integrating my own understandings. Settling on the final thematic presentation of findings was a process of intense thinking and deliberation.

**Bringing Analysis to a Close**

Analysis within hermeneutic research has the potential to continue indefinitely because all understanding is temporal. Gadamer (1975/2013) emphatically stated that "it would be a poor hermeneuticist who thought he could have, or had to have, the last word" (p. 603). So how did I come to my end? Smythe et al. (2008) wrote of arriving at a felt sense of one's understanding as being true. My understandings of being a student nurse in the 1970s–meanings 40 years on–resonated deeply as a way of knowing this was how it is. I felt a strong and intense knowing that my interpretations were justified because misgivings and uncertainties along the way were silenced and my truth felt complete.

Gadamer argued that truth is an event of meaning never 'the' truth. Moules (2002) posited, "truth shows the eventfulness of a topic. It occurs in keeping something open, in not thinking that something is known, for when we think we already know, we stop paying attention to what comes to meet us" (p. 11). While I settled on my truth, I recognise that this always remains open to new understandings by enticing continuing conversations. Furthermore, truthfulness and rigour underpin integrity and it is to this that I now turn.

## Discerning Integrity

The issue of rigour in qualitative research has been considered by numerous authors (Angen, 2000; Annells, 1996; Koch, 1994; de Witt & Ploeg, 2006). Watson and Girard (2004) argued that the term rigour holds meaning in relation to strictness, severity, and inflexibility which does not sit well with hermeneutic inquiry informed by Heidegger and Gadamer. Rather, they proposed the term integrity which has meaning as wholeness, or soundness, as congruent with hermeneutic inquiry. This congruency informed my decision to choose these authors' thinking to show integrity within my study (Watson & Girard). Wholeness implies a state of being complete and harmonious in unity. Soundness infers robustness.

### As a wholeness

Integrity in hermeneutic research resides in being who we are, suggesting a wholeness of self (Smythe et al., 2008). The close relationship between self and the text was enhanced by these authors' suggestion of listening to myself. This involved being attuned to my moods, responding to the resonance of insights and letting the thinking come through losing myself in the 'play' of thinking–play being the to and fro movement that is not tied to any goal (Gadamer, 1975/2013). Gadamer used conversation 'play' to describe the unfolding of understanding. Stepping into the play, one becomes encompassed by its dynamic nature and unpredictability; thus, I remained alert to the surprising nature of new understandings. Losing myself in 'play' was helped by temporal distance, allowing time to think deeply about how sameness and difference were surfacing in my data. It was also aided by rearranging my work life to allow periods of unencumbered thinking time without work pressures. Initially I had set time frames to have sections completed. I soon appreciated this was not helpful to an intimate understanding of data. This was a process that I found could not be hurried and I learned to 'go with the flow' of my writing, reading, and thinking.

The hermeneutic circle is a 'place' where parts and whole of being-in-the-world as a student came together by each informing the other. It involved extensive writing and re writing, circling backwards and forwards between philosophical understandings and data to intertwine both in a balanced manner. With neither part nor whole able to be understood on its own, understanding required the coming together of part and whole as a fusion of

horizons. This togetherness reflects the integrative nature of the hermeneutic circle and a further demonstration of wholeness (Watson & Girard, 2004).

A further mode of revealing wholeness included seeking and showing how others impacted the study. Smythe et al. (2008) contended it is the responsibility of the researcher to engage with those who share an interest in or have lived the phenomenon. One of the two nursing friends mentioned earlier described herself as hopeless, when remembering much of her training. She had pushed away many horrible memories in order to cope. This friend had been instrumental in testing my thinking by listening to my emerging understandings. Smythe et al. suggested that hermeneutic research should invite readers to take their own journey by listening to the call of their own thinking. My friend read the draft analysis chapters. She was surprised with her feelings of resonance and began recalling much from her 'forgettery.' Listening to this friend's response stimulated exploration of further possibilities of meaning and became an important dimension in the process of seeking integrity as wholeness.

Warnke (2011) quoted Gadamer as saying that dialogue "seek[s] its partner everywhere, just because this partner is other, and especially if the other is completely different" (p. 111). My husband, although not known to me in the 1970s, was undertaking a university degree during my training years. His interest in my study invited others to join the conversation, offering further insight through a variety of disciplines' student experiences and the hermeneutic emphasis on pondering the commonalties of human understanding (Crowther et al., 2017).

Gadamer (1975/2013) said, "to reach an understanding in dialogue is not merely a matter of putting oneself forward and successfully asserting one's own point of view but being transformed into a communion in which we do not remain what we were" (p.387). Hermeneutics thus seeks to enrich who we are. The findings of this study reveal a sense of a wholeness about the phenomenon of being nursing students in the 1970s. Having been such a student, the research process was one of self-transformation on many levels. My prejudices were put into play, horizons of understandings were challenged, reformed and fused to find wholeness through different self-understandings concerning the meaning of my training.

### As soundness

Hermeneutic research requires the researcher to "listen in a manner that seeks to understand the meaning of what is said" (Smythe et al. 2008, p.1396). I chose to undertake the data collecting interviews. My experience of being a hospital trained 1970s nurse enabled listening in manner which helped facilitate a soundness of the data by ensuring participants remained focussed on their student experiences as opposed to those in their early nursing career. Listening further involved being open to the questions and answers that arose from the analysis because to understand meaning is to understand it as the answer to a question (Gadamer, 1975/2103). Questioning was integral to the soundness of this study. I maintained robustness in my questioning of the data by both the constancy throughout the analysis process and striving to not take anything at face value. Appreciating that prejudices were integral to answers which could hide or reveal the study phenomenon, my questioning involved attention to self-checking the influences of personal prejudice to answers and the ongoing questions that these, in turn, generated.

## Summary

This chapter has described how hermeneutic notions, articulated by Heidegger and Gadamer, have informed and guided the study processes. Ways in which textual data and my own understandings were bought together in an ethical manner have been outlined. The study's integrity focussed on how wholeness and soundness were sustained throughout when endeavouring to maintain an openness to my thinking and writing.

The chapters thus far have offered foundational horizons of meaning for this study. The following is the first of three chapters presenting interpretation of the meaning of being a general student in the 1970s and 40 years hence.

## Chapter Six: Becoming Who One Is

> I become someone because of what I have been through, what I have endured in losing and gaining, in remembering and forgetting, in venture and return. (Jardine, 2006, p. 271)

In telling their stories about training as nurses, there was a bringing back of each experience to themselves wherein they raised themselves out of the regimented world of nursing, in becoming who they are. From the day students commenced their training they were, and continued to be, on a journey of becoming. To uncover and describe the experiences within students' stories of becoming, I was drawn to the hermeneutic notion of Bildung. Bildung is an ancient term with no English equivalent. Its German meaning is understood within the notions of enlightenment, reason, culture, and civilisation. The term has evolved; common contemporary understandings reflect ideas of culture, education, formation, and self-cultivation. Bildung, according to Gadamer (1975/2013), grows out of the inner process of formation and cultivation of self through the dialectic and remains in a constant state of continued Bildung. Inherent in the notion of Bildung is the transformation of self which is held as valuable in making one a better person, better grounded in ideas of being reasonable, rational, human, and moral (Nordenbo, 2002). Heidegger (1962/2016) likened Bildung to fruit as being unripe, as it "goes toward its ripeness. In this process of ripening … the fruit brings itself to ripeness, and such a bringing of itself is a characteristic of its being as a fruit" (p.243).

Immersed within the AHB 1970s training programme, steeped in nursing's tradition and culture, Bildung can be conceived as both a product and process (Fellenz, 2016; Gadamer, 1975/2013; Reichenbach, 2003; Varkoy, 2010). Bildung concerns the objective, the goal, the product. In the context of this study, students went through a rigid apprenticeship training product to become a registered nurse. The process aspect of Bildung is subjective, an individual experience that can never be fully determined. Bildung is all about transformative effects emerging from the interplay and tension between self and the nurse training world. It concerns the impact that goes forward with the nurse/person into their ongoing sense of self. Heidegger (1962/2016) stated, "in each case Dasein is mine to be one way or another. Dasein has always made some sort of decision as to the way in which it is in each case. In each case Dasein is its possibilities" (p.43).

I will use differing tenses to describe the student experiences of Bildung, and further understandings of being a student, in this, and the next two analysis chapters. The immediacy of the lived experience is written in the first tense which is ontologically congruent in terms of showing lived experiences. Then when considering meanings 40 year later, there is movement from the past to the present and future, reflecting the temporal nature of meaning in the hermeneutic paradigm.

**Going One Way or Another**

Being entangled within both training product and processes, student stories describe possibilities of becoming who one is during their transformation into a nurse. Anna sums up her experience.

> *I got though it because I loved the training. I didn't ever realise I was going to still be nursing. I wouldn't have done it differently. One of the things about our training was learning from our older part time colleagues. I learnt my craft from them. "No that's not the way we do it here dear, we do it this way." They would take you under their wing and make sure you did a good job and cared for people in the right way. You learnt how to do it. I am indebted to the skill and the wisdom of those older nurses. We did work hard to show your worth and earn your place. I learnt a huge amount, so this is the other side of that cheap labour argument. I was incredibly lucky. Every time we did a block I then went to work in that area. They can only give you certain amounts out of a book, but the wards brought it to life. I asked a lot of questions and did bits of reading behind the scenes, so I understood what was going on. I feel our training gave me a really good understanding of body and that's been one of the invaluable things. Learning along the way, I think you had to feel the pain to get the gain and still to this day believe I had a damn good training. At the time I thought I was the luckiest person alive to be doing something I really loved and getting paid for it. There is not a lot I would have changed. Probably 10 day shifts with short changes in the middle and possibly the negative attitude of the theatre staff, but I think you learn from that experience. If we had been molly coddled and looked after, would we have learnt about resilience? I learnt things about myself that I didn't know were there, about how deep you could dig and carry on and do what needed to be done. It made me a very compassionate, caring, and capable person*

> *who is resilient, and I think those are skills that have stood me well in life.* (Anna)

Anna thinks she is *the luckiest person alive*. In the process of being transformed into a nurse she has discovered something she loves and, what is more, is being paid. She feels indebted to her training process wherein she is *learning along the way* because being in the wards is *bringing it [nursing] to life*. Older part time nurses are crucial to how she feels. Their presence assists Anna's learning by creating a sense of security while tucked *under their wings*. She warmly welcomes and values these nurses who are bestowing their nursing wisdom through gently guiding and showing her their way to care for patients. They are teaching her that becoming a nurse involves learning what matters; the 'how' of patient care. The support feels just right because she is not smothered or over protected. She is experiencing difficult things which are 'toughening her up' because some things are hard and painful. Anna finds 10 day stretches and needing to earn a place of respect amongst staff, by showing her worth, challenging; yet, a necessity for her transformation. She seemingly willingly accepts the pain of being a student because she thinks without this there is *no gain* in terms of who she is.

Choosing to see her training as one full of opportunities reflects Anna's openness and commitment. She fully engages with and enhances her learning opportunities by actively absorbing as much knowledge as she can; by being curious, *asking lots of questions* and *reading behind the scenes*. Yet, becoming a nurse is also helped by being *incredibly lucky*. Unlike many students, her ward placements seamlessly meld theory and practice together. Being a student is so much easier when relevant knowledge is always fresh in her mind. Through support, self-motivation and luck, Anna actively pieces together a strong knowledge base and transforms herself into a student who understands much of why this or that is needed for patient care. In doing so, she *learns a huge amount* and, in the process, now recognises she learnt much about herself.

Reflecting back on her training experiences, Anna sees that her decision to fully engage in all its possibilities propelled her toward new self-understandings; which leaves her thinking it was *a damn good training* with *little she would change*. Anna discovered self-qualities she is grateful for because these forged a link with her future by testing the limits of her resources. She recognises her training offered her a figurative 'life shovel' helping her 'dig' down to reveal unknown capabilities such as her depth of courage

through not wanting to settle for less. In her 'digging' she also discloses an openness to the unexpected, developing trust in herself; useful because one could never predict what might unfold when persisting in doing what is necessary. Such self-knowing uncovered new and better ways of being. She values being someone with an inner strength, compassion and resilience and these self-qualities are crucial to who she is. Anna knows she's been able to draw on these to prop herself up through the 'ups and downs' of life.

Going 'her way' instilled in Anna a strong foundation for her nursing career as well as humanistic qualities to enrich her life and that of others. Practical Bildung, according to Gadamer (1975/2013), is to "fulfil one's profession wholly, in all its aspects, including overcoming the element in it that is alien to the particularity which is oneself, and making this wholly one's own" (p.12). Anna's training experiences are integral with who she is and have been an investment in her life. She is living the knowledge she gained throughout her training, especially concerning the human body. She made, and continues to make, nursing her own through a strong sense of personal and professional 'fit.'

Anna's 'way' of becoming seemed to offer few tensions as she negotiated between the training product and processes. Being motivated to learn was enhanced by helpful communication by supervising staff. Ella's experience differed and her journey involved 'going another way'.

> *I had very little continuity in my training because I was often in wards not having had that study block. I was always fearful related to inadequate knowledge and fear of doing the wrong thing because we were hauled over the coals if we had and there was no forgiveness. My fear of saying the wrong thing or someone coming along and ticking me off and criticising me meant I watched my Ps and Qs and tried to keep out of the way. I just did what I was told hoping I was doing okay. I ended up with a complete loss of confidence and a lack of self- esteem and that's been a huge part of my life by not wanting to upset anyone and being too scared to say no. I always wanted to be a people pleaser despite whatever it does to yourself. It meant I focussed more on patients and the team around me, pushing my own needs aside. It's gone right through my life until a few years ago. My marriage ended, taking away my any self-esteem and confidence I might have developed. But I do think my nursing confidence grew over the years since my training. I became very confident, not so much in me as a person, but in what I*

> *was doing for the patients. I have achieved a huge amount in nursing through my own initiatives and all my inadequacy felt through my training has faded into the background. Now I feel really confident in myself as a mature experienced nurse. My self- esteem and confidence seemed to slip away during my training and never came back for years but it has now and in enormous amounts of both, and I have done it all myself, no one putting me down or making me fearful like when I was young.* (Ella)

Heidegger posited that fear is one way we relate to the givenness of an already-there world. It can reach and yet it may not (Heidegger, 1962/2016). Ella lets fear reach and transform who she is. Her mismatched knowledge and ward allocation impact on who she is becoming through her 'way' as *always being fearful*. Fear is her constant companion and profoundly influences her sense of being. Fear of being 'hauled over the coals' means that Ella *keeps out of the way* to avoid drawing attention to herself. Fearing criticism, she minimises her chances of this happening by thinking carefully about what she says when speaking to supervising staff by watching her *Ps and Qs*. Fear is her driving and motivating force. She tries hard to do what is expected and works away quietly while constantly hoping she is *doing okay* because making a mistake means there is *no forgiveness*. Responsibility without understanding ensues as relentless anticipation of being *ticked off*. This is undermining and Ella's self-confidence and self-worth begin slipping away. She becomes hesitant, self-effacing, and is engulfed by her felt inadequacies. Thus, she waits to be told what to do, rather than risk deciding for herself. The ongoing emotional turmoil of fearfulness is impactful in that the effect is *huge.* Transforming into a nurse leaves Ella pushing aside her fledging self-confidence. Yet, she must have a degree of 'knowing' but she seems unable to see this.

Interpreting one's sense of self as 'not being good enough' exemplifies what Schneider (2012) described as the "not I" (p.309). Becoming a 'not I' does not disappear once training is completed. It remains Ella's way of becoming who she is. She continues to be her 'not good enough self' by averting attention away from herself through focussing on patients, being a good team member and pleasing people by saying what she thinks they want to hear. Gadamer (1975/2013) drawing on Hegel (1770-1830), posited that:

> since the world is remote and alien enough to affect the necessary separation of ourselves from ourselves, it contains at the same time all the exit points and

> threads of return to oneself, for becoming acquainted with it and for finding oneself again. (p.13)

Having finished her training, Ella can now be thought of as a different product; and, as a registered nurse, she slowly begins to grasp the 'threads of return' by reclaiming aspects of her self-worth. In doing so she uncovers how Bildung can unfold as a duality: the general-self and professional nurse-self. While Ella's general-self remains unconfident, her professional-self, "concerned with those elements relevant for becoming, being and practicing as a professional" (Fellenz, 2016, p.275), positively transforms. Self-confidence depends not on others but self and, through her own seemingly hard-fought initiatives, her fear of being an inadequate student fades into the background, thus releasing her to become a confident nurse. Perhaps this helps develop a modicum of self-esteem and confidence in her general-self?

Bildung, as a duality, vacillates between Ella's understanding of self gains and losses. Her professional-self reflects significant gains. She becomes a *very confident nurse*; whilst the loss of her general-self *goes right through her life until a few years ago.* It takes a marriage breakup to reveal this and one wonders if Ella holds any resentment toward her training for the end of her marriage? Yet, this seems to be the impetus for Ella retrieving a sense of wholeness in who she is. She has regained her general-self-confidence with significant success. It feels *huge* and *enormous*; thus, bringing a sense of harmony and togetherness to who she now is.

Bildung is 'yours' to be. Magrini (2006), interpreting Heidegger (1962/2016), wrote: "as opposed to moving along passively with the ebb and flow of things, [authentic] Dasein chooses itself and its own way in the world" (p.78). Anna appeared to have chosen her confident self; while Ella chose to let hers slip away to become her unconfident self. Confidence in who Anna is has remained steadfast; while Ella has had to work hard to retrieve who she is, lost as student. Within their training both encountered something new, which Gadamer (1975/2013) terms other. Bildung is a returning to self from that which is other. This perspective is explored further.

**Returning to Self**

Varkoy (2010) described the formation of Bildung through people breaking away from their everyday life, venturing away from themselves, plunging into the unknown and

encountering new experiences with what is other. How one encounters the other, shapes becoming. Sarah begins with her experience of returning to self:

> *I loved it. Managing as a third year three striper on night shift with sick babies where I was totally responsible for them. It gave me a really strong sense of responsibility and achievement. I suppose it was about making sure that you are solid enough and prepared to manage emergency situations. I never got fazed even if the ward was full of sick babies, IVs, and there was one staff nurse running between four wards. I don't know whether it was ignorance, but I felt so confident and competent doing what needed to be done to make sure those babies had their antibiotics and were fed on time. We just did it. I wasn't always the best academic student by any stretch of the imagination, but I loved the hands-on operationalisation of the role. Doing and getting things done, making things work, and changing this and that. It made me the kind of person, that is, I don't get phased. It gave me strength and made me determined to be the best I could and making sure that I achieved what I set out to do. I enjoyed the challenge and nursing at that stage gave me challenges. I think that's probably a little bit of my own personality. I mean I thrive on challenges, I never like to fail and some of those things were evident even then. It built me that way and on those things within me that I knew were probably there as a student but which I didn't really understand and know about then. It certainly gave me all the confidence because I was determined to get exactly what I wanted to do at the end of it.* (Sarah)

Sarah is a three striper[5] in charge of many sick children and is revelling in her responsibility when on night duty and mostly alone. Night duty is her *just did it* opportunity and it feels exhilarating because she has a freedom that only night duty offers. Sarah is ready to cope thanks to her *solidness*. Having seen others around her doing what is needed, she knows what to do. She copies others and unwittingly embraces and embodies being a student as doing. It seems that becoming who she is, means becoming like other nurses, thus replicating and perpetuating nursing's culture and traditions. Doing means getting tasks done on time; being well organised and making things work by changing and altering them. Focusing on doing makes her feel she is capable and a deep sense of worthiness. She has mastered the demands of being a student, even in the busiest of times. Sarah's Bildung as 'identity action' is through doing (Schneider, 2012) and she delights in purposeful doing wherein nothing fazes her.

[5]Three stripes were a uniform embellishment to depict her status as being in her third year of training

This is helped by differentiating between what matters and what does not. Her determined 'doing' means she feels totally in control, self-sufficient because she can find solutions to problems. Yet, Bildung is not just a way of knowing what to do. It is a way of being (Gadamer, 1975/2013). For Sarah, acting independently, thinking and feeling as if she knows what to do, is an affirming and encouraging experience. It brings a deep sense of self achievement and strong feelings of self-satisfaction. Her action orientated Bildung engenders a personal sense of certainness, as an inner determination to get things done, which she relies on during chaotic times.

Being left in charge to manage and deliver effective care also creates a deeper sense of self- meaning. The practical 'doing' skills embodied, even those borne from the many challenges endured, appear instrumental in her becoming who she is. Absorbed in her student-ness, perhaps at the time she did not appreciate this was a means of returning her to herself. It was hiding in the background. When reflecting on her student experiences she sees glimpses of who she truly is because what she knows about herself decades later gives her a vantage point to see they *were evident* then. Moreover, Sarah shows 'becoming' remains in a constant state of play between the past and the present because Bildung reveals how one's understandings are used in later life. Her student glimpses of self were cultivated into a clear-sighted understanding of who she is. Forty years hence, Sarah's life continues to be moulded by her determination to *just do it*. It flows through who she is as an inner strength, and unwavering commitment for success that was evident as a student. Being left in charge was a process inherent within 1970s nurse training. Night duty was an opportunity to show she had conquered and controlled what was new to become an autonomous student. For Sarah, permission to nurse independently demanded responsibility from her by accepting ownership of decisions leading her back to who she truly is. She attributes this to her onward success in life and is forever grateful.

Sarah loved the *hands on* aspect of becoming who she was. This was not the case for all. Sally shares her story.

> *I was fed up with my parents and wanted to leave home. In those days you didn't have too many choices where you could go and get paid and that's why I went nursing as opposed to university. General nursing is what I said I would do. I had failed at school and so many other things, so if I get this done I would have done something. I thought I am going to finish this off. I don't really think it damaged*

*me, but I don't think I learnt as much from it as I could have done if I had more vested interest. It was more about me than the content. If I wasn't going to like it, I wasn't going to learn, I was just going to be stroppy. It wasn't my best years. I wasn't a very good general nurse. I don't like wees and poos or blood or people being sick so there isn't a whole lot left in the hospital really. But it was my best fun times. It was great fun growing up and learning to live. I did love the whole mind thing rather than the body thing. I liked people's minds and what they thought. I loved Carrington, sitting and talking to people and understanding what was going on with their heads. Yet I was pleased I had finished and glad I did it, so I could eliminate it. It just seemed like I had done it out of stubbornness in a way. I hadn't done it out of love. Once I finished I have never been back to it again. I walked out of there and never wanted to touch any human being again. It was just totally done and dusted. I was not even slightly interested in graduation and while I would never use it again that became irrelevant. I knew I needed to get through nursing to have more freedom and that's what it gave me. Once I left I started doing things that I loved. I have never looked back. I was really proud I did psych because I loved that and because you love it you are much better at it but I just I didn't know I would love it as much as I did.* (Sally)

Sally experienced failure at school. Knowing what failure felt like and wanting something different, she opened herself up to a new experience and stepped into a nurse training programme. Committing herself means being determined to succeed in something. Yet, soon she is struggling within the programme. It is not fitting with who she is, nor is she fitting into what it is. This incompatibility is causing tensions and she knows she does not belong. The impasse is heightened by her aversion to touching and dealing with physically sick people. All together, she thinks she is not a very good student. Such self-estrangement must offer daily challenges to Sally's determination to finish. Perhaps this develops as her *stubbornness*? Moreover, being unable to fit in leaves her seeing there *isn't a whole lot left in [general] hospital nursing* for her and its hardly surprising that Sally describes her training as *not her best years in her life*.

Despite Sally's lack of motivation and negativity, she needs to stay if she wants to become successful at something. Bildung emerges as multiple tensions of back and forth play between disliking her training yet needing to complete the training requirements, and her uninhibited development (Varkoy, 2010). Responding to these

tensions is revealed as a pushing back against her training. Sally resists and seemingly rebels against engaging with new learning opportunities. She closes herself off and puts little effort into becoming a nurse. Intensified by only a modicum of vested interest, Sally combines her *not liking* and *not learning* by anticipating who she will become by drawing on earlier choosing because *she was just going to be stroppy.* Mindful of her goal to finish, Sally recognises she can only push her restiveness so far. Thus, she calculates when to reign in her stroppiness.

Getting through this training makes her pleased, perhaps proud with herself because she has stuck to it and becomes someone who succeeded. Yet, Sally's journey brings her a resolute knowing general nursing is not who she is. In becoming who one is there is always a re-constitution of that which was before. Some things die off, others are subsumed, whereas some things remain as possibility for future growth (Gilham, 2012). Sally is adamant she wants to bury her student past because she is *totally done and dusted* with this career option and sees no place for this in her future. In doing so, Sally essentially positions her training as 'other.' Yet, Bildung concerns seeking out 'other' and bringing 'other' back to self. In knowing who she is not, paradoxically Sally now understands who she is. She shows her training impacted on her in ways which led her to something that felt right. In preparing for her future as a general nurse it gave her a clear definition of that future and her identity in it. She becomes a psychiatric nurse and in doing so cultivates and re-forms her success while developing a passion and love in her life. In becoming who she is, Sally has flourished.

While Sarah loved her student journey and Sally did not, their experiences appear to be opposition but for each they were an awakening to becoming. Both acquired a capacity, a skill, and a sense of their authentic self through their training (Gadamer, 1975/2013). Each returned to self with insight into who one 'is'. Sarah's training reveals Bildung as her life construction. She found ways of being-in-the-world that are her life-scaffold, helping her get what she wants, which continues to open possibilities of further becoming. Through doing something she mostly loathed, the transformative effects on Sally were returning her to something she loved. Sarah and Sally's seemingly contrasting ways of being a student reveal a togetherness. They each sought a career that drew on their student Bildung. This transformed their relationship with self to something of which they are both extremely proud.

**Living with Unanswered Questions**

Stories thus far have given glimpses of Bildung as having temporal dimensions and without object or end (Gadamer, 1975/2103). Bildung unfolds as a process of engagement with unresolved tensions in the form of unanswered questions concerning the impact of one's training. This mode of Bildung is considered next. Ruth recounts:

> *Doing my senior obstetrics, I have this horror memory of telling this woman giving birth that she needed to be quiet because she couldn't make that much noise. I had watched other midwives saying, "You know that's not going to get you anywhere and you need to focus on what you are here for and you can't hear anybody else making that sort of noise." So, it was just following the pattern really, but God that horrendous poor woman. When I had my first child I thought of that woman and how uncouth I must have been at 19. How dare I be put in a position!* (Ruth)

Hearing the 'keep quiet message' many times Ruth understands there are noise restrictions on how loud women can be giving birth. Monitoring noise levels and castigating those who were 'too noisy' appear to be part of a midwife's role and now hers. Being trained means following others, going with the flow and seldom questioning why. Hearing yet another noisy woman, Ruth feels confident to manage this woman because she understands what to do and say. She unconsciously embraces 'others'' understandings wholeheartedly as hers, becoming what Heidegger (1962/2016) called the 'they-self'. The 'they' has its own ways in which to be; deciding what is valid and was is not. Ruth's 'they-self' parrots the midwives 'be quiet, you are far too noisy' talk. She feels pleased with herself because she is becoming an independent student by putting her new understandings into practice.

Telling a labouring woman to quieten down had faded from Ruth's memory but the pain of her own delivery brought it back abruptly. Gadamer (1975/2013) claimed by forgetting, the mind has the possibility to see everything differently; thereby opening up new understandings. This experience sheds new light on what was. That 'disobedient loud woman' is now understood as that 'poor woman' and this 'poor woman' was part of Ruth's own birth experience. The joy of her first baby being born seems to have been interrupted and tinged by her shock and anger as the mortification of what she said becomes apparent. Ruth sees the hold the past had over her as troubling because uncomfortable new understandings arise about her student-self. Rather than recalling

herself as the ‘good student’ she now sees herself as the dismissive, uncouth 19-year-old. With a hint of anger and disappointment in herself, she searches the past for answers in the hope of coming to terms with what she said.

Ruth’s Bildung is one of trying to justify and understand what she did and absolve herself from blame. Within an apprenticeship training, the apprentice commits to the assumption those teaching her come from a place of good will. Ruth highlights how Bildung is full of contradictions and constraints concerning truths she absorbed in her student experience. Moreover, it is an ongoing ‘living’ event because becoming who one is always places the notion of what is right and of value to oneself at risk. It is always full of possibilities and uncertainties because Bildung remains in the state of Bildung. She is still seeking an answer to reconcile her *how dare I be put in that position* question. But is Ruth alone in wanting an answer? Perhaps 1970s students similarly question ‘they-self’ responses?

Unresolved questions rest within Emma’s ambivalence about being a student.

> *The strong ethic in my family was you finish what you started but I really didn’t enjoy my training at all. I just wanted to get through it. There was a lack of autonomy and the expectation was to know what you were doing even when you were wholly unsupported. Maybe not wholly unsupported, but it wasn’t support that inspired you to learn. It was more learning out of fear in a culture of shame. It could have been supported learning and there wasn’t a lot of humanity or kindness. I think they could have just been nicer. I remember being envious of one student who left to go teaching and wishing I could, but I knew I wouldn’t be allowed. But there is real ambiguity for me because it makes who you are and I while didn’t enjoy doing it, it’s given me great empathy. I think that it might be one’s inherent personality, but I think it made me more caring and a very good observer of people. It did teach you to look, which I always find fascinating.* (Emma)

Emma’s training offers her little pleasure. She has feelings of disappointment; it is not what she thought it would be. She longs for her training to support and inspire her but she feels she is learning amidst a culture of fear and shame and she wants to leave. Yet she must keep how she feels mostly to herself because family conformity prevents her doing what she wants. Bildung is autonomous in its self-formation, but is irrevocably

related to its social and cultural context (Fellenz, 2016). Emma, thus, becomes accepting of what is and recreates her family's expectations over her own and is reluctantly staying. In staying, Emma uncovers how Bildung is often problematic and contested because tensions surface possibilities of being as 'coulds.' It could have been something else; the teacher training she wished for; staff could have shown more humanity and kindness toward her; it could have given her more autonomy; it could have been a training without feeling perpetually fearful. Her anticipation of what-could-be-there, but which does not wholly exist, is felt as an absence of qualities she is longing for in those supervising her. Missing what could be, Emma contains her resentment of having to stay by focussing on getting this part of her life over and remain the good family member.

Emma's training both conceals and reveals her transformation. Bildung is "an inner authority that enables us to determine for ourselves what is valuable, in order to bring about self-determined transformations of one's own value system" (Schneider, 2012, p. 310). Concealed amongst all that Emma felt was lacking in her training, she finds ways of being which matter to her. In doing so, she comes to the realisation her training was an opportunity to cultivate and strengthen who she is. Thus, she attributes her training to becoming the humanistic other orientated person she is now; empathetic and caring with an openness and curiosity about people. She has become a good observer which enriches her life through a never-ending fascination for people and their infinite expressions of humanness. Emma's openness when being in-the-world-with-other develops a strong sense of humanity which is the ultimate goal of Bildung (Schneuwly & Vollmer, 2018). Perhaps she realises she may not have become who she is had she left and gone teaching?

Nevertheless, becoming who she is continues to hold meaning as a lingering and niggling ambiguity resting in unanswered questions. She is still searching for answers from the past to settle the present and silence her 'coulds.' Yet, she has an even more meaningful question to answer; was finding her strong sense of humanity enough to mitigate doing something she did not enjoy? Within her continued searching for an answer is her openness to more than one meaning of being a student, and therein lies the positive aspect of her ambiguity the "potentiality-for-being" (Heidegger, 1962/2016, p.173). With Bildung as an ever-evolving possibility (Schneider, 2012), perhaps Emma's future could be one of settling this question.

Bildung comprises experiences which are absorbed and preserved to either forget or recall (Varkoy, 2010). Laura discloses the physical impact of her recollection.

> *At 17 or early 18 two of us got sent to Carrington mental hospital. We lived onsite which was isolating because of no cars. Stuck in Carrington we were very alone for a month, but it seemed forever, and was very difficult. The worst thing I had to do locking and unlock the doors of the padded rooms. It is a bad memory that I have shoved away to the back but sometimes it is something I see on TV that brings me back. But it was at school camps when all this food is pushed into the common buckets, it almost makes me gag because I can remember being in these big rooms at Carrington with all of the severely mentally disabled having meals and afterwards they threw all this food in the slosh bucket and it is just ugh.* (Laura)

Laura tries to banish bad memories as a student at Carrington Hospital by *shoving away* these, but she fails. They return in the present, reminding her yet again about this experience. They descend upon her unexpectedly, interrupting her television watching; but when camp food is being cleared away, she knows to expect her past has priority over her present (Farrands, 2009). Her bodily reactions unearth aspects of a bleak time in the culture of psychiatric nursing (Prebble, 2014). It seems her body is holding her captive to what she witnessed. Recalling her psychiatric experience, Annette felt it was *a nightmare and [she] hated it*. Equally, Michelle considered *what she saw happening was wrong. There were some really horrible things there.* The question such experiences raise is: in what other bodily ways might students experience the ongoing nature of becoming who one is related to challenging experiences?

Together, these students continue returning to aspects of their past to make sense of what happened. Unanswered questions reveal becoming who one is grows out of the flux of inner self-formation (Varkoy, 2010). In becoming who one is, Ruth is angry, Emma ambivalent, and Laura gags physically from her training experiences. Do 1970s students wish certain experiences were settled and forgotten forever? Or might some unanswered questions mean becoming who one is accepts there may not be answers?

**Being Thrown**

Bildung includes uncontrollable moments of change in our relationship to ourselves and to the world. Drawing from Heidegger, Smythe (1998) wrote, "our Being is our present and our present is always open to thrownness. Anytime something can happen about which we had no previous understanding thrownness takes over and is encompassed with our Being" (p.121). Michelle shared her story of being thrown into delivering a baby:

> *My senior obstetrics I can remember having to do my first delivery without the theory, it was difficult, totally wrong and really sad. I learnt giving birth was helped by being calm and quiet, so you don't stress people out but the supervising sister just spoke louder and louder if I didn't do exactly what she said. I was doing controlled cord traction. I had never heard of that and all I heard was just 'pull'. She said, "You know you need to pull harder than that, it's got to come out." I thought I was giving a gentle pull but the actual cord came off and that was not good. I remember thinking this isn't right, it was just a mess, and really horrible. I have nightmares about what the mother must have felt because, it was loud and quite stressful. It wasn't all the sister's fault because I hadn't covered that. That was one of the bad things that happened but again you survived through it and you learned to cope with whatever gets thrown at you. It was like, here you go; deliver that baby and get talked through it in a way that was not nice. But then after that you sort of get into gear and working it out. I think having to deal with that means that you felt strength of character from being young and being pushed into things that you had to deal with.* (Michelle)

Attending to the moment, Michelle is listening and deciphering instructions coming from a sister who is getting progressively louder and frustrated. Michelle hears 'pull harder.' Guessing what *pull hard* means, she pulls. The cord snaps and she finds herself in a situation that feels *totally wrong.* In the aftermath of this experience she appreciates that difficult and sad situations are already there in the world of nursing. Such knowing drives a sense of self responsibility about how she must cope in the future. Becoming who she is involves a 'springing back' to self by *getting into gear* and *working it out*.

Bildung cannot chose or direct thrownness. Gadamer (1975/2013) attributed elements of negativity as significant to experience, just as Michelle does. She thinks experiences such as this one drove her becoming; a teenager and then an adult with strength of

character to overcome adversity. Gadamer (1975/2013) argued that, “forgetting and recalling belong to the historical constitution of man and are themselves part of his history and his Bildung” (p.15). The clarity of Michelle’s recollection is very much part of who she is because she continues to live with the sadness of doing something totally wrong, even in her sleep.

One does not get to pick or chose uncontrollable moments of change or the extent to which they impact on one.

> *I worked with someone who was raped in ED. I still remember exactly what happened, exactly what time, exactly where, the colour of her skin and how she was raped. I probably wasn’t all that old, under 21 and I had lived quite a sheltered life in a way. I remember the brutality and horror of it and it profoundly affected me. It’s had a major effect on my looking after my own personal safety. I am very careful where I go and what I do. Locking doors, making sure that I am safe. It goes back to that point and often I have wondered how that poor woman has carried on the rest of her life.* (Louise)

Gadamer (1975/2013) wrote, “every profession has something about it of fate, of external necessity and asks of one to give oneself to tasks that one would not seek out as a private aim” (p.14). Louise’s task is to help look after a woman who has been raped. As a third year student, she knows the horror and brutality that disease and accidents inflict but is unfamiliar with the violence one person can wreak on another. Louise knows what rape is but, on this night shift, rape intrudes into her world becoming a moment of change, not only about who she is but about the world in which she lives. The person who was raped becomes part of who Louise now is. She clearly recalls the exact time and place it happened, the colour of the victim’s skin and the manner in which the woman was raped. Being with a rape victim for the first time, Louise begins to process what atrocities one human can do to another. She cannot escape the violence this woman brings into her life. Nor can she decide whether or how she is transformed; because Bildung just happens in response to the context (Reichenbach, 2003). Gadamer (1975/2013) insisted, “every experience has implicit horizons of before and after, and finally fuses with the continuum of the experiences present in the before and after to form a unified flow of experience” (p.246). This profound experience ruptures who Louise ‘is’. She now has a ‘before world’ and an ‘after world’.

**Being Shaped by Other**

Being a student meant always being-in-the-world-with-other. For Heidegger (1962/2016), it is impossible to be an "isolated I" (p.117). Bildung is an act of the self but happens through people around us. Forty years of being with my nursing peers brings a knowing that when other was the ward sister, those easily recalled were usually considered wonderful or horrible. Louise recalls two ward sisters who stood out from all others as being instrumental to her becoming who she is.

> *The two ward sisters of oncology were both amazing women. They really cared for people. They wanted to do the very best for a dying person. They would do whatever they could to make that person comfortable and actually talk to family ensuring they were informed and giving support when they needed it. They were influential people on me that really stand out for me because they epitomised what nursing was about. It was one of the places if I went back to nursing now that's where I would go*. (Louise)

Louise sees something in the way these oncology ward sisters care for patients that is surprising, suggesting this is new to her. They *actually talk to family.* She recognises something in their being-with that reveals their humility as feelings for patients and families as people, and a desire for their well-being. Sensing a difference and a deep resonance with these ward sisters, Louise is taken-in by such ways of being a nurse, because they *epitomise what nursing is about*. They open her eyes to ways of caring which resonates with the nurse Louise wants to be. Her self -understanding is enhanced through contact with others who are different. Their influence is such that Louise is left feeling nothing could better this because their influence was *absolute*, sparking a stronger self-awareness of the nurse she could possibly be.

These memories heightened Louise's appreciation of nursing as a humanistic caring career. Gadamer (1998/2001) spoke of new experiences which, when shared with others, provide "a really vivid experience that slumbers in each of us like a binding power" (p.536). The influence of these two sisters continues to bind and influence Louise. If she were to return to nursing in a hospital, she would go to an oncology ward. However, Ella recalls a sister who *was awful and she made you quake in your boots*. Was it the becoming that mattered, rather than the manner in which this occurred?

Ruth attributes ways of becoming who she is to the many other involved in her training experiences. She tells us:

> *Nursing training shaped me all kinds of ways. It certainly was there every step I have taken. All the work that I do now is people focused and it's very much what I learned back then. I think that there were some real gifts in my training and I am glad I did that training. I don't know what it is but when I get introduced to new nurses on to the mental health unit the staff say, 'she is one of us, and it's for me as well as them. My nursing background helps the staff identify with me which is amazing. It is that connection you make. They come and ask me questions that I can answer because of my current role. They find me easy to approach which I guess that's a gift as well. It's just the people stuff really. It's been incredible and helpful particularly with my current work through not needing to put myself in the picture, to be able to listen to other people and find ways of helping without having to insert myself in there. I watch lots of people who are great at helping but somehow it just seems to become about them. I don't think that is where I operate from so that part of nursing training shaped me. I like sitting outside people and helping from there and this works perfectly for me because my role now is getting people to the place where they need to go.* (Ruth)

Dialectical engagement is an inherent part of Bildung (Hynes, Coglan, & McCarron, 2012). Ruth recognises the importance of conversations as a student with other to becoming who she is. It taught her *people stuff*, shaping her in ways which have been *incredible and particularly helpful*. It helps her current role by being able to bring what Gadamer (1975/2013) termed 'fellow feelings'. She recognises and values that being a student now fosters *that connection you make* with staff which feels *amazing* through helping other. Her *people stuff* also impacts on her way of communicating with clients. She attributes her nursing training to being able to metaphorically *sit outside* clients, and bring a generosity of listening. This creates both a connectedness and space meaning Ruth helps clients arrive at a place they need to be. She feels this *works perfectly*. Perhaps, as a student, she did not realise her dialectic experiences were transforming in her ways that would be *there in every step she has taken* in life and would hold meaning as a gift.

With conversation of other essential to Bildung, establishing friendships was an important aspect of being a student. Friendship was fostered in a specific way through

the tradition of requiring most AHB students to live in a nurses' home for the beginning three months of their training. Yet, such a requirement seems at odds with the changes in feminist influenced social understandings of the 1970s. Perhaps drawing on knowledge gained from tradition and experience, the significance of establishing close friends to one's student journey was well recognised by nursing leaders. Thus, 'living in' continued because preservation of tradition, according to Wahlström (2010), is an act of reason. Annette and Alice share similar experiences of finding their friends in the nurses' home.

> *It was more like a total immersion with this group of people. Living in the nurses' home, I struck up an immediate friendship with the neighbours on the corridor beside me and across from me. I made some great friends. They journeyed with me to get through and these friendships have lasted 43 years. I am thrilled I am still friends with them*. (Annette)

> *Just getting to know all those other girls was amazing. I established some quite close friendships and there was one girl in particular. We had same initial of our last name, so we ended up living next door to each other in the nurses' home.* (Alice)

In the following story, Sally quickly found friends amongst other trainees whom she thought were *cool*; they, out of the many others, made her feel most at home.

> *I didn't particularly like the training, but I loved the people I did it with. What kept me going were my friends that I ended up loving. There was some really good value in our training because of the friendships formed and the lifelong support from them. We grew up together. I came from a reasonably sheltered place and what we did together was pretty mind blowing. Within the first couple of months you are seeing dying people and learning a whole lot about life. Suddenly you are growing up in a different way than other people do, and it was tough. We were kids at 17, still little yet doing tough things like looking at death, dying and cancer without anyone to talk to about apart from your mates. The sisters and the staff nurses never supported you through it. They would just send you out there to do stuff that wasn't very coaching or mentoring. I was sent to clean a guy who had just died but nobody told me that he might groan when I rolled him over. When I did, he groaned. I was absolutely petrified. It was these big experiences that nobody other than you and your nursing friends went through. We would sit*

> *around and talk about our days with a group of people that probably provided each other with more support than possibly any other time in life in many ways. We also used to talk just about stuff. It's been the same group of people and I have stayed with them forever. We still catch up like probably 8 or 9 times a year, so still intense 40 years later.* (Sally)

Within a few months of beginning her training, a 17-year-old Sally faced experiences she remembers as *mind blowing*; suggesting she is being jolted out of her previously sheltered life. Becoming who one is in relation to personal and professional knowing is confronting and confusing for Sally as a *kid* student. Grappling with her new work environment seems overwhelming. She is doing *tough things… big things…. I was petrified*. None of the senior nurses appear interested in how she is coping. It is her fellow students who provide support. Thus, becoming who Sally is emerges from the ongoing play between closeness and distance. Sally feels distant from the sisters and staff nurses. Yet, Bildung relies on conversation with other and, with seemingly little from staff, Sally's conversations with her friends help her *grow up* as a student.

Having a communal space for friends to gather and connect becomes pivotal to Sally transforming into who she is. Gadamer spoke of friendship as a form of enrichment that he regarded as uniquely human (Walhof, 2006); and van Manen (1990) claimed that talk is the concrete stuff of human discourse. He differentiated 'real' or 'true' talk from 'everyday talk'. Real talk is where Taylor (1994) included the notion of 'allowingness;' the unspoken permission to express how ones feels and be listened to. Sitting around with nursing friends is a sanctuary wherein Sally could talk about her nursing experiences. Bildung, as conversation, allows Sally's nursing world to be replayed, teased out, interrogated for her specific understandings and reworked, in the sense of bringing it under control. This 'real talk' helps Sally to be herself, and to become herself. Importantly, friends also help Sally develop a sense of belonging, camaraderie and trust. She recognises the significant and enriching influence of her student friends on becoming who she is. As Gadamer claimed (1999), "the other, the friend signifies an accession of being, self-feeling and the richness of life (p.137).

Bildung is a lifelong endeavour through a true bond as friends. Sally continues to become who she is through talking with her nursing friends. Times between get-togethers have widened but the intensity of a shared context from the past continues in

the present as one of closeness. Being a student meant nursing friends have always been there to support, have fun with, and help form ever-new perspectives on the world for Sally.

**Summary**

Drawing on the notion of Bildung, this chapter has described meanings of being a general trained nurse in the 1970s, 40 years hence. Students entered this training with an already sense of self but Bildung, as building and forming the individual student self, unfolded through experiences offering possibilities of who one could become. Decades later, being a student holds meaning as: a sense of self-enrichment professionally, personally, and/or both which are welcomed and embraced. And unresolved tensions as a continued restiveness and a sense of unfinished business. Bildung remains in a state of becoming and meanings of being a 1970s student are, therefore, always at a juncture because at any one-time this can be contradicted. Who one is continues to hold a potentiality-for-Being through a revisiting and redeveloping of one's student self. The meanings of being a 1970s student are located within the temporal structure of a former student's lifeworld and move in a metaphorical circle of experience, interpretation, and revision of learning and becoming (Warnke, 2011).

This chapter has shown that being a student offered choices in relation to becoming who one 'is'. Yet, this occurred within a student training system wherein much was predetermined. The next chapter reveals the pre-determined nature of this world and its impact on being student.

## Chapter Seven: Being in a System

> When we live in the first- hand world around us, everything comes loaded with meaning, all over the place and all the time. Everything is within the world of meaningfulness. (Sheehan, 2014, p. 254)

In the previous chapter, I have shown how being a student was experienced as an opportunity to become who one is. Becoming was shaped within the contextual influences of 1970s society and the system of nurse training. This system was a construct steeped within military and modernist scientific management principles of being a worker, the latter being the dominant organisational paradigm of the early and mid-20th century (Kinsella, 2007). Workers' ordered existence was characterised by a division of labour, hierarchy, formalised rules, and impersonality. The aim was to produce useful resources to efficiently, in this case, deliver nursing care by training students to behave, work, and think in pre-determined ways.

To uncover the student experience of being in a system, I draw on Heidegger's beliefs concerning technology. Heidegger (1977) explained, somewhat paradoxically, that "the essence of technology is by no means anything technological" (p.311). His focus was on the ways of thinking about human relationships with technology which reveal our ontological nature because technology discloses and reveals our Being. I have interpreted technology to mean the nursing training. Heidegger also introduced the term enframing (*Gestell*) as the way in which Being manifests itself within technology. Systems, he claimed, enframe us: they pull "everything together into orderability." They heap "up everything that is present into orderability" and are "thereby the assembly of this heaping up" (Heidegger, 1977, p.330). Enframing is the way of revealing that which holds sway over us. It is the mode in which everything in technology comes in to the open and makes sense to us by fitting the world into categories of understanding (Bailey, 2014, p.48). When filtered through a specific historical origin and tradition, systems demand and order language and thinking in a manner to make reality calculable. Thus, humans become beings within systems. Enframing means understanding 'this' is the way things are, and 'this' is what I must do and be, to fit into this system. Heidegger further argued that enframing sanctions human beings as

standing reserve (*Bestand*). People are challenged or set upon, regulated, and secured to unlock their energy to become standing reserve as useable resources.

As standing reserve, humans become an ordered system of items present at hand that exist as a resource for technology's control and manipulation (Bailey, 2014). When something is viewed as 'standing reserve,' it is a replaceable unit. For example, one army battalion sent out to fight has the next battalion waiting to take their place. One year's new cohort of student nurses is replaced the following year by another cohort. One student nurse off sick is replaced by another. Viewing student nurses as 'standing reserve' explains the means by which an in-training workforce efficiently delivered the work of nursing. The 'personhood' of each student is irrelevant. They are merely a means of making the hospital system function. A student nurse, like a cog in a machine, is enframed by this system in terms of how she must act. Students had little option but to embrace much of this orientation to the world of nurse training because it was the very fabric of being a student.

This chapter describes student experiences and the impact of being in a 1970s system, while becoming and being enframed as standing reserve.

**Being Enframed**

Enframing commenced on the first day of training. Fitting students into the 1970s nursing world began when putting on the required uniform. The meaning of uniform stems from the Latin word 'iniformis' meaning "only to have one form or shape," "to make look alike" (Online Etymology Dictionary). From here onwards, students dressed alike suppressing individuality and personhood (Joseph & Alex, 1972). By the early 20$^{th}$ century, nurses' uniforms reflected military influences and most were white, depicting Nightingale's legacy of nurses' purity, goodness, and innocence. White was considered clean, sanitary, and scientific. 1970s AHB students exemplified the tradition of wearing white uniforms with shoulder stripes to denote student status, white shoes, and white stockings. The experience of putting on this uniform was quite a rigmarole. Annette recalls her step by step process. Having collected her clean uniforms from the uniform room on a 'one clean for one dirty' swap basis, the stiffly starched white cotton uniform came button free and re-attaching the bachelor buttons was necessary. She begins by *putting the buttons on the damn uniform and the belt.* Attaching the buttons was time consuming and relatively laborious to insert; hence, Annette cursing *her damn*

*uniform*. As if on an assembly line, she continues by putting on the wide belt and other *gear* such as white shoes, epaulettes, name badge, and nurse's watch–the latter two also needing to be forced through the starched fabric–*and then pinning on the cap*. *When all dressed up in her gear* Annette gives way to her enframing as a shared identity because s*he feels like a nurse*. Carol also remembers feeling the effect of her uniform:

> *Just putting that uniform I felt the absolute pride, and like a different person. People looked at you with respect and awe, it was just amazing. It gave me so much confidence wearing that white uniform and cap. I felt people looked at me as if you have knowledge to help people and you do help them. We sort of lost that on the way through. I was looking after an older nurse and she said, "I used to love my uniform" and it made me think I did too, horrible as it was*. (Carol)

Carol thinks it is her uniform, rather than she, that is the source of her pride. Being visible as part of the nursing community appears to automatically bestow on her glances from the public who like seeing her uniform and trust what it represents. As she receives the public's looks of respect and awe, she appreciates these have less to do with her and more about the way nurses were viewed in the 1970s as those who help the sick. The uniform was a symbol of being someone who belonged to a profession who cared about people, making her feel proud and special. Both Annette and Carol gladly enframed themselves in this manner; yet, one aspect of their uniform, wearing a cap, was disliked by many students.

Later in the 1970s, the traditional nursing cap, a distinctive characteristic of the student uniform, no longer made sense to many nurses. Caps were touted as detracting from students' usefulness; yet, opinions on their continued use varied. Mrs Bohn, the New Zealand director of nursing in 1975, argued that nursing caps should be worn where it is necessary for the safety of the patient such as infant nurseries. She concluded it is an individual choice of each hospital board but noted caps were regarded by the majority of hospital boards as the "finishing touch to the rest of the nurse's uniform" (Bohn, 1975, p, 23).

In the 1970s the AHB caps were disposable and described by Brown et al. (1994) as "cardboard confections that never stayed in place" (p.198). Caps elicited a strong response from Michelle, who "*always hated caps.*" Anne explains further: "*it was so stupid because mine was constantly falling off. You'd bend down to do something, and*

*your cap would get caught on the bed or the blanket or the patient's arm.*" Sally's feelings were similar:

> *Mine was always coming off, and my hair falling out. I had soft hair, so it easily fell out. I had like 20 pins along the front. I was always getting yelled at. I mean, why would we have that stupid cap, you had to spend more time worrying about.* (Sally)

They fell off, got tangled in things, required constant monitoring, pushing back in place, and inventive ways to hold them in place. They were also a source for reprimand. Furthermore, they altered students' appearance. Rebecca recalls, we "*all looked dorky with our little cardboard caps*." Caps interrupted students' efficiency by making their presence known in annoying ways. For these students they reflected the power of tradition as stupidity, effort, and worry.

Wills (1976), writing about nurses' attitudes to uniforms stated: "if it does not have a functional role then it is considered undesirable, and any unqualified perpetuation of tradition is challenged" (p.5). It appears the role of tradition and culture influences accepting or rejecting one's enframing. In 1977, the AHB decided to abolish caps which Anne remembers as *the most wonderful and the most amazing thing.* Carol, however, seems less enthusiastic of being enframed in the white polyester pre-buttoned beltless, A line dress, which replaced the starched cotton uniforms also in 1977. She felt something had been lost. Likewise, Rebecca felt *when they changed to the A-line uniforms, something was lost a little in it.* Perhaps their sense of loss related to the disappearing military and religious heritage references evident on their previous uniform from which they drew pride and understanding of their enframing as belonging to the nursing profession.

Enframing was directed toward students becoming productive units in the nursing training machine or, as Heidegger described, standing reserve. Students were likened to natural resources, such as wood or coal, whereby technology sets upon these resources to unlock and challenge their potential (Heidegger, 1977). Michelle recalls her experience of being a junior student and set upon to become an efficient doer was an unfolding of understanding:

> *It was set out how it all happened. It was a bit like a machine, not in a clanking clogging sort of way. You were told where to be and what to do and you just went*

> *and did it. It was a hierarchy but it was not intimidating, that was just how it was. You knew your allocation of jobs at the different levels and generally it worked fine. You had your task orientated stuff and went around doing all the bits and pieces. There was somebody senior to go and deal with things. In a way the hierarchy was helpful because it developed that team work thing and you were shown what to do by senior students. Then you followed their lead. Some of those four stripers*[6] *and three stripers that we used to work with as juniors were fantastic. You learnt so much and I can remember it was a real team thing. It was the senior students who taught me about your strength in working together and how easy it made it when there was somebody to share the work with. I modelled myself on quite a few of the senior students or tried to.* (Michelle)

Michelle understands she is a cog in a nursing machine. It is not a clanking, clogging sort of machine; rather, one which is efficiently propelling her through a hierarchal training system wherein much is pre-determined. Fitting into this context means accepting the hierarchical and ordered context on its terms, not her own, because she knows *this is just how it is*. She is what Benner (1984) referred to as a nursing novice with little experience and limited knowledge about her role. Being *told where to be and what to do* as a junior is not intimidating. In learning how to become a standing reserve resource, she needs to know which *bits and pieces* she must attend to. Being a cog *works fine* because it provides clarity and direction. The pre-determined tasks offer predictability, fostering a sense of belonging and confidence. Becoming a useful cog meant she just *went and did it [tasks]*.

Being a junior student is thus revealed in light of Michelle's usefulness in doing practical tasks. Within the 1970s nursing world, the role of 'unlocking' new recruits was mostly that of senior students. This occurred within a nursing team, and much of Michelle's experience feels *fantastic.* She is surrounded by senior support and is being *shown what to do* and is *following seniors' lead*. She feels watched over, nurtured, and never alone because of *that team work thing.* Being set upon in this environment means *learning so much.* In return she seemingly reaps emotional rewards through her task mastery and squeezing in ways of being with patients which recognised and supported their emotional well-being. Michelle's unlocking indoctrinated her into the 1970s' prescribed world of nursing in a helpful, straightforward way. She felt safe, affirmed,

[6]A student who has passed all AHB examinations and is awaiting registration from NZNC

and a sense of camaraderie amongst the team structure which was shaping her self-identity. This ordered and meaningful structure becomes internalised by validating and affirming a training within which everything made sense; thereby, her standing reserveness. Thus, enframing becomes Michelle's future self- architecture. She strived to model herself on these unlocking experiences when it became her time to do so as a senior.

Michelle gladly accepted her enframing, but to do so required being able to be ordered and to follow orders. Students could not escape this; it held sway requiring one's thinking to accept a hierarchical authoritative structure of doing tasks. Carol's acceptance was unconditional and total:

> *I don't remember ever as a student ever thinking oh we should be doing this differently or this isn't right or I don't agree with this or anything like that. This is how it is. It kept you in your place.* (Carol)

Whereas, Anna shares parts of being a student where accepting fell short of being absolute.

> *I was pretty accepting in those days about my roster but I do remember, 'oh my god' 10 day stretches with a short change in the middle. I got a lot of those and short changes and then on to night duty. You just sucked it up got on with it, it was just part of the way of life. I hated how it impacted on my social life but at the time I had a boyfriend with a motorbike, so he was pretty flexible and would rock up afternoons to get me.* (Anna)

Students' duty rosters, organised by the ward sister, were visible expressions of being sorted and ordered to meet the work demands of a ward. Students were entitled to four days off during each two-week period. Shifts, known as duties, were clustered in stretches up to 10 days in a row with the possibility being swapped from the morning to afternoon shift or vice versa, known as a short change, during any cluster. The AHB night duty roster was 7 days long, stretching from Saturday night to the following Saturday morning. Anna recalls being *pretty accepting* of her duty roster. *Pretty*, meaning almost, reveals two specific aspects of being a student that prevent complete acceptance. The dread of getting too many 10 day stretches and hating the curtailment of her social life still lingers. Managing these dislikes is helped by an accommodating boyfriend and nursing's embedded culture of being dutiful. The notion of duty reflected

some of the military and religious origins of nursing. Students had duties to do, they were dutiful, they felt duty towards others. Duty originates from the word *duete*, meaning "obligatory service, that which ought to be done" (Online Etymology Dictionary). Anna was considered by the hierarchy as either on-duty or off-duty; on morning, afternoon, or night duty; she is placed on the duty roster. Being dutiful was influential in shaping students and played itself out in all manner of ways. Dutiful accepting was described by Anna as *just part of the way of life* and, when holding little joy, needed to be *sucked up.*

Gadamer (1975/2013) claimed, "new sources of understanding are continually emerging that reveal unsuspected elements of meaning" (p.309). After 40 years of intervening experiences, what seemed just part of Anna's student's life, requiring acceptance or management, has been transformed into a new appreciation of herself. Her expression '*oh my god*' suggests she looks back to the 1970s with 'today's eyes' and uncovers apparent shock as to how she was seemingly a captive to be sorted and ordered. She did frequent 10-day work stretches where she finished at 11pm and returned the following day on morning duty at 7am. She contemplates not only how she ever managed to keep functioning when set upon by these demands, but how she absorbed this as a natural part of being a student. Her *oh my god* may also have meaning concerning the anonymous nursing structure which permitted such rostering because the 1970s was a decade which experienced the most industrial disputes in New Zealand's history (Olssen, 2010).

Through ordering, language and thinking, enframing became a taken for granted part of being a student. However, temporal insight can, as Anna has shown, offer differing horizons of understanding. For some students, the truth and power of their enframing has changed little over the decades.

> *The Assistant Matron just bawled me out. I can't even remember what I did but I was in absolute terror of her after that and whatever it was that I had done did not warrant the way she treated me. The only other time was Sister R. That was deserved because I was taking a meal tray to a patient who had just finished using a bedpan and she bawled me out for not removing the bedpan from the side of the bed before I put the meal tray over the bed thing and I actually hadn't seen it. It wasn't a culture where you complained either you just took it on the chin.* (Ruth)

In the unlikely event Ruth's name was known, she probably just heard 'nurse' before she suffers the wrath of senior nurses loudly and harshly reprimanding her. One feels for Ruth. Being the target of being bawled out must have been mortifying. Struggling to find any reason for being 'bawled out' by the assistant matron she rejects any responsibility, but the impact leaves her in absolute terror at the possibility of further encounters. The second time this happens from a different Sister, she accepts it was wrong to take a meal tray to a patient when there was a bedpan nearby. She remains silent in both instances. Complaining about how she was spoken to is a fruitless endeavour and she accepts such communication by *taking it on the chin*. Ruth's enframed thinking ascribes meaning to her second bawling out as a deservedness. Deserving implies meaning as something was rightfully earned. Enframing as standing reserve destines to create order which we believe as truth; thus, controlling how students came to know the world of nursing (Bailey, 2014). Could enframing as standing reserve be thought of as having an invisible stronghold because Ruth remains supportive of being bawled out when making a mistake? Or does she just accept that, that was how mistakes were often dealt with?

### A Levelling Down

Coming to terms with this is how it is in their training was easier for some students than others. Rebecca thinks, *some students' personalities had it born into them that you just don't lie down and take it, but I think for most of us we did.* For the majority, it could mean levelling down aspects of who they were to fit in.

> *There must have been two or three of us junior students and we requested to learn more skills. The ward sister took us into the sluice room and I clearly recall being told that the sluice room was for junior nurses, that was where we belonged and that we were not to ask to do anything else.* (Emma)

Starting out as a junior nurse on the ward was probably exciting for Emma. It was what three months of preliminary school had prepared her for, but her excitement appears to have waned when given a limited number of low-level tasks to do. She is keen to do more and asks to do so. Asking to learn more suggests that she has yet to accept the cultural and historical influences enframing juniors as silent and obedient; wherein compliance is rewarded and challenge vilified (Stevenson, 1997). Emma assumes the request shows she is an eager student thirsty for new experiences. Being relegated to the sluice room is likely to have resulted in feelings of surprise, disappointment, and

humiliation but it may also have been a seeing-meaning moment. She probably knew that pursuing further skills was out of the question. Her request upsets the strict organisation of the way in which students' usefulness was unlocked. Furthermore, she was disrupting the efficiency of the ward routine.

Heidegger (1962/2016) spoke of "a levelling down of all possibilities of Being" (p.128). Emma is a minute part in the functioning of a training system much larger than herself and to fit in she must level down her enthusiastic expectations. Levelling down seems to mean conformity and Emma apparently surrenders her thinking and eager spirit to conform because she goes on to say: *one had to conform, you couldn't speak out, there was a clear hierarchy.* Was this the training system's insurance to protect standing reserve-ness as being ordered to, rather than encouraging thinking and questioning as ways of learning?

Sarah, provides further insight:

> *What was wrong was more about how students were treated. If you weren't sure of something you almost had to fake it, and go and find out about it to get it right. It was hard to go and say, 'I don't really understand this can you go over this with me again.' It was certainly not encouraged. If you were a thinking person or tried to be, you got you slapped down a wee bit. You weren't encouraged to question or put your sixpence worth in. You were given your tasks, assigned rooms. This was the end of it so you go and do it with no discussion. The other wrong thing was that patient care was what you did to patient. It wasn't something you did together to get the best for your patient. It was, make the bed, mitre the corners and that dust couldn't be here. That was all part of nursing duty but how you interacted with the patient wasn't.* (Sarah)

Sarah believes she had few opportunities to develop her own being and working style. Overshadowed by her orders of *go and do it*, she finds trying to use her own initiative results in being *slapped down*. Any experimentation of finding ways of being herself as a student was discouraged. Her *sixpence worth* thoughts concerning care are dismissed as irrelevant, leaving Sarah's nursing style as a stockpiling of ordered 'doing-to' experiences. Problems arose when further clarification was needed. However, with *no discussion* encouraged, it was hard to ask for help. By being a little dishonest, Sarah responds in a way that levels down. In times of not knowing she *almost has to fake it,*

until she has the opportunity *to go and find out about it to get it right*. Resorting to this way of being feels wrong.

In hindsight, Sarah sees that ordered nursing care left little room for expression of her individuality. There seemed to be an expected averageness to how she nursed. Heidegger (Dreyfus, 1991), suggested Dasein's unsettledness suppresses all difference of depth and importance. As standing reserve, Sarah had to give up her self-responsibility for nursing and be ready to serve the system through task-oriented practice. This entailed a stand-offishness and averaging down of who she was. Nursing care was shaped in ways which held little relatedness because Sarah focussed on things she had to do to patients rather than doing things with patients and staff together. In missing the experience of relatedness when being subsumed in standing reserve, Heidegger (1977) asserted that craft, in this case nursing care, would never be anything but empty busy work. Sarah seems to be annoyed by this levelling down. She wanted to express individuality, not her individualism. Being treated as standing reserve and experiencing being levelled down, discourages thinking and creativity. This seems to be what Sarah means by the other wrong in her training.

**Being Slotted In**

The NZNC outlined broad requirements concerning clinical experience. The organisation of these requirements within each student's training schedule was the role of the nursing administration in each hospital. Students were 'slotted in' to clinical settings.

> *I could wash somebody, make sure they were tidy and neat, mitre their bed corners and ensure they had fluids, but specific knowledge relating to their diagnosis and what was wrong with them I don't remember feeling knowledgeable about that. I remember being on the ENT ward, I didn't have a clue, I hadn't done a study block for it and felt out of my depth there. Also, on the orthopaedic wards I hadn't done any orthopaedics. I just remember feeling like nothing related to what I was doing because it was all so disjointed, it would come next year or a few months later so I just felt like I lacked a whole lot of knowledge right throughout my training. I felt like I was kind of chasing my tail.* (Ella)

As standing reserve, Ella is considered one of the student inventories to be slotted into the training system; but, the ordering of her clinical experience is problematic. There is

apparently little attention given to her readiness because such placement is often poorly synchronised with her theoretical learning. It feels chaotic and disjointed. Imagine arriving in an orthopaedic or ENT ward having had no theoretical preparation and listening to the nursing handover? Much of what Ella is hearing is divorced from any meaning and *she doesn't have a clue*. However, as standing reserve, she is, as Heidegger (1977) said, set upon to deliver the expected care. While Ella can busy herself with some aspects of caring for patients, she is *chasing her tail* when more specific care is demanded. No wonder she experiences feelings of being out of her depth when expected to care with limited knowledge. There is little Ella can do to change this. There was no option of choosing or rejecting one's slotted-ness, short of leaving.

Driven by the contingent conditions of meeting nursing's mandate to provide care for patients, student rostering was an accepted way of operating and only made sense in terms of an "ordered system of students' present-at-hand that existed for the professions ordering and control" (Bailey, 2014, p.49). Being slotted in was divorced from any meaning of individuality. The person allocating Ella's ward placements would never have considered the stress she was causing. Students were slot fillers, to be placed in whichever ward needed the required numbers to function. Yet, a paradox of Ella's experience is, as standing reserve, she is expected be a useful doer. The meaning of usefulness comes from Latin *utilis* "useful" meaning beneficial, profitable" and *uti* "make use of, profit by, take advantage of" (Online Etymology Dictionary). In contrast, Ella's development seems limited through *lacking a whole lot of knowledge right throughout training*. One wonders how the system profited by Ella chasing her tail.

Enframed as standing reserve, students were considered disposable and interchangeable 'resources', ready at hand to serve the system's needs and interests. Nowhere was this more visible than the colloquially referred to system of 'pooling.' This entailed students being re-directed from their allocated ward, at any time, to assist in the delivery of nursing care in another setting. Pooling was a taken for granted solution to fix staffing shortages amongst the ever-changing demands of patient care. Annette recounts her experience of being pooled.

> *I often got sent on pool somewhere, and it was very difficult because you were frequently thrown in the deep end. You might have been working in the surgical ward and you got sent to an orthopaedic ward. Suddenly you had six patients and*

*you were expected to know what to do even if you had never been there before or seen, say traction, that type of drain or how to get somebody out of bed.* (Annette)

Annette is told to leave what she was doing and pick up further nursing work in another ward. Being pooled was seldom an invitation. She is looked upon by nursing administration as an in-the-moment switchable resource. Being ordered to move, Annette, like most students, quietly 'just does it' because she has standing only on the basis of the ordering of the orderable (Heidegger, 1977). In walking from 'her' ward to another, she becomes a student who disappears into objectless-ness of standing reserve. She is reduced to a 'pair of hands;' yet, this is not easy. Difficulties arise from the unreasonable demands placed on her as she feels *thrown in the deep end*. Thus, this metaphor reveals the adverse consequences of standing reserved-ness. Annette is ill prepared to effectively manage drains, traction, and patients whom she has not seen before. What is more, being pooled usually means time is pressured for all, often meaning that advice and help are scarce. Being slotted-in is thus likely to be less than optimal for both students and patient. Could students' slotted-ness in these contexts reflect their being exploited?

Slotting students in extended beyond ward placements. A chief characteristic of standing reserve manifests through reporting (Rashotte, 2005). Student reports, known as ward reports, were written by the ward sister who slotted students into achievement and progress categories. The report was presented to the student at the end of a clinical rotation. Carol's first report is an intensely emotional experience.

*I remember on my first ward I got my ward report and thinking it would be excellent. I was always on time and just lived and breathed my nursing because I loved it. But it was average, everything was average. I remember being so disappointed and thinking, you know: what's the point? I was like, you don't even know me and I have been working here for 3 months. So, I guessed they meant nothing and even today they still don't mean anything to me. I am not interested, it's just theoretical rubbish.* (Carol)

Carol excitedly anticipates her first ward report. "Expecting... is essentially a waiting for that actualization… in expecting, one leaps from the possible and gets a foothold in the actual" (Heidegger, 1962/2106, p.337). Carol has loved, lived and breathed this, her first experience of real nursing. She is expecting to see acknowledgement of this

because she has risked her heart and soul to get to this point. However, the anticipatory joy of glowing comments is immediately dashed upon reading her report. What was, moments ago, a ward with staff who helped develop her love of nursing, now feels a place of betrayal. She is deeply hurt and struggles to make sense of it. The only explanation Carol can muster is that 'they' had never got to know her. Otherwise her enthusiasm and commitment would never have slotted her into the 'average' category. Being standing reserve does not allow for consideration of individual needs or characteristics (Heidegger, 1977). Carol experiences 'the facelessness'. She is a cog in the training system who has performed her 'cog-ness' satisfactorily. Any attention to her particular self was either too much to ask and/or, in the ward sister's busyness, all students are graded 'average.'

Carol feels this experience deeply. She is hurt and senses duplicity. It appears becoming a nurse appears to depend on conformation by others, often through feedback, because Carol has received countless reports on her nursing abilities since being a student. Each report drags her back to this exact moment and the feelings of bitterness and bottled up resentment resurface. In an act of self-protection, she rejects her ward reports as *theoretical rubbish* and walls herself off from other possibilities of what these could be revealing to her.

The physical environment also affects slotted-ness. Anne is hot and miserable while caring for a child.

> *I spent a 10 day stretch of afternoons down in the old damp, dark infectious diseases block specialling a kid with bad whooping cough. I was in the separate special room, sitting in a steam tent mostly just by myself for 8 hours a day for 10 days in a row with the boy and sometimes his mum who only spoke Samoan. You got just completely drenched, it was hot and miserable.* (Anne)

For 10 consecutive days Anne is slotted in to 'do the special[7].' Arriving each day, Anne's self gives way to accepting her captive misery as her duty. She is cut off from others in a dark damp hot setting. Feeling drenched from head to toe with no one to converse with, the 8 hours drag slowly. Surely other staff can see her hot and damp appearance day after day. Why are they not stepping in to replace Anne? Perhaps, because a person who subjects herself to the world's demands for usefulness has lost her

[7]A one nurse to one patient ratio

individuality (Nordenbo, 2002), meaning the impact of this unpleasant physical endurance on Anne is overlooked.

Being slotted into unpleasant environments students held differing challenges. The inescapable cockroaches encountered in the AHB Princess Mary Children's Hospital are an example. Ruth remembers, "*the first time I came across cockroaches they were crawling across babies faces in the night, so that was huge and to this day I cannot bear cockroaches. I can't go anywhere near them.*" Anna "*loved the kids but hated the cockroaches. Oh god I hated those cockroaches.*" They were present when Annette went for refreshments, "*At night, you would go in the kitchen to make a cup of tea and you would turn the light on and the wall would be alive with cockroaches. Just to see a whole wall move is just something.*" The meaning of 'something', in this instance, is significant for Annette. In contrast, Rebecca "*stamped on the cockroaches and ignored them. They were there and you were not going to be able to do nursing anywhere else, because where you were, was where you was.*" Rebecca apparently gets on with being a student amongst the cockroaches by stamping and/or ignoring them.

**Getting On With It**

Standing reserve was a way to achieve a flexible and efficient system of delivering nursing care, helped through partnering with the dictatorship of 'they.' 'They' decided what and how students were 'set upon' on the collective behalf of nursing. 'They,' said Louise, aged 20 and childless, could teach new mothers how to breastfeed.

> *There weren't lactation consultants then and we were 20 trying to teach women how to breastfeed. None of us had any experience, none of us had any children and here we were trying to tell people what to do. When I think back, I think oh my goodness what did we ever tell them and how did we tell them what to do? We probably did not do all that well either.* (Louise)

Louise is a ready-to-hand resource and is tasked with teaching new mothers how to breastfeed. She gets on with it by trying. Louise's trying includes telling mothers what to do and how to it. She commits herself and seems genuine in her efforts. Retrospectively, she feels uncomfortable, even embarrassed, by her skill level and lack of experience. The mix of her standing reserve-ness and the dictatorship of 'they' leave both mothers and babies vulnerable to Louise's getting on with it, but *not doing very well*.

Looking back, Louise's response to teaching mothers breastfeeding is, *oh my goodness.* Incredulity comes with temporal understanding of becoming who one is. Heidegger (1966) wrote, "releasement toward things and openness to the mystery belong together. They grant us the possibility of dwelling in the world in a totally different way" (p.55). With hindsight, she sees the inappropriateness, for both her and the mothers, of having been placed in this situation. Could trying to be helpful also hold meaning as harmful? Anna recalls:

> *I remember working in orthopaedics. We were short of staff and there was a lot of heavy orthopaedic patients. I had this patient who had fractured three limbs. Both legs and an arm were in plaster. She wanted to use a bed pan and so I rang special duty orderlies because she was a big woman and she had heavy encased legs. No one turned up. I rang twice more. The woman tells me I am going to poo in the bed, so I jumped up on the bed, put my hands underneath her, and lifted her while another student slid a pan underneath. As I was putting her down I tore all the muscles in my back. So that was a less than fortunate experience, but you just have to meet her needs. You know she was uncomfortable, we didn't have enough staff and I just had to do it and my back got better.* (Anna)

Anna follows what the system dictates by ringing orderlies for heavy lifts. However, when let down by this system, she jumps into action. Believing *she has to meet patient's needs… I just had to do it,* Anna lifts a heavy, disabled patient on her own. Through jumping in and lifting alone, standing reserve appears orientated toward Anna as a useable body-lifting resource (Malone, 2000). Being a resource in this mode is perpetuated and sustained through the embedded traditional and cultural meaning of nursing's doing one's duty as *having to*–apparently regardless of the impact on the nurse.

The persuasive powers of standing reserve and duty were always in play. Anna was then, and still now, appears enframed by being a dutiful standing reserve resource. Forty years on she still sees that what she did was right, despite being physically harmed. Acceptance of harm was seemingly "glossed over as something well known" (Heidegger, 1962/2016, p.128) because Anna's understanding of her injury, while *less than fortunate,* was just part of doing one's duty. I wonder how this experience may

have been recounted if her back injury had prevented her from pursuing her training. As standing reserve she had little significance beyond her usefulness.

**Extending Students' Usefulness**

The process of transforming students into standing reserve as a useful cog was compounded through theoretical teaching. Content was outlined by the NZNC which schools of nursing were entrusted to provide. Undertaken through a week-long block system, in the AHB School of Nursing, content focussed mainly on body systems, such as the respiratory or nervous system and their commonly associated health conditions, along with procedures students were required to undertake (Reid, 1965). This aligned with the medical model into which nursing had to fit. The experience of being taught is captured by Rebecca.

> *It was very teacherish. There was nothing innovative about it. It was a teacher in front of a blackboard and you would write your notes. I think we were thrown stuff in block to write down to listen to and to take on board to get through to get registered. Were we ever really asked to think and process in class or on the ward? Probably not. I don't know that there was ever an occasion where we were asked to just look through a problem and discuss it.* (Rebecca)

Rebecca is listening to theory content which feels as if it is being thrown at her, to write in her notes. Having 'caught' the theory, it is now up to her to *take on board* and make sense of it because there is no chance to discuss or process the information. It feels as though she is just writing notes so she can recall what she needs to pass the registering examination. This system of teaching was successful in that she *got registered* but the delivery did little to encourage Rebecca's thinking beyond recalling the taught criterion of correctness. This criterion was also uppermost when being taught clinical skills, which Anne recollects.

> *We were taught to do things rather than necessarily what was the basis behind them. Teaching was by rote which was sometimes really good because it sticks in your brain like learning your times tables at school. We were taught in very specific ways of how to do something, like doing a dressing, by opening and unpacking the dressing pack; what to do with all the bits and pieces and what to put where. I could probably still do that today without thinking too much about it because it got embedded in my relatively young brain.* (Anne)

Being taught clinical skills is repetitious learning, drilled into Anne to memorise so it *sticks in* her brain. It is a process which overlooks the theoretical rationale and because her tutors do not seem concerned with this, maybe neither is she. Her attention is directed toward ensuring her she knows what to do with *the bits and pieces*. This will allow her to undertake skills within any clinical setting to enhance her efficiency as a ready and knowledgeable resource. The impact of being taught in this way was certainly successful in its stickability. Anne thinks she could still 'do' a dressing the way she was taught. Could such success hold further impactful meaning as being a mindless form of nursing practice? What about situations when the only way of doing a skill was left wanting? Are these the situations when Anne should have been taught the deeper significance of what she is doing? She seems to be saying that her training reflected the rote way she was taught but fell short of teaching her to be critical in the sense that all knowledge is contestable and provisional. Anne's rote learning seems likely to have robbed her of the capacity to exist outside of the systems' use which Schyfter (2012) claimed happens as standing reserve.

As previously mentioned, the regulation and control of student nurses underwent dramatic changes in the 1970s. With student training inextricably embedded in service delivery, real change could only happen by radically changing the system of preparing nurses. From 1975 onwards, AHB students encountered comprehensive students from the newly established tertiary-based system of educating nurses. A new system of nurse preparation was disrupting students' understandings as standing reserve. Annette shares her experience.

> *I had finally got my third stripe so I was now allowed to drug rounds on my own. I finally felt like I was moving up that ladder in my third year and was beginning to feel more like a real nurse. But these comprehensive students arrived on the ward. They were new and only a couple of months out of their first training class and they wanted to do the drug round. They thought they could do it. I was really hacked off about that.* (Annette)

The ordering power of standing reserve lay in its perceived correctness of ranking many nursing tasks by allocating these to one of the three years of training. Annette is systematically being permitted to master the world of nursing but it felt slow and was difficult to endure. She is *finally* allowed to do the drug round after two years of *moving up that ladder*. Doing the drug round is symbolic of being firmly secured in her

standing reserve-ness because this task makes her feel as if she is becoming a *real nurse*. Familiar with her student world, she has embodied an understanding of the systems rewards and the prospect *they [first year comprehensive students] could do it* seems contemptible. Annette feels *really hacked off.* Exemplifying the human distress caused by technology (Heidegger cited in Dreyfus, 2006), Annette's anger reveals disruption of her internalised sense being ordered and rewarded as standing reserve.

Max's distress to the new comprehensive nurse is expressed in a more overall sense. He is fearful that his and other general students' futures will be marred: "*I think students were quite angst about it, in that these new student nurses would be far more qualified than us and would get all the top jobs.*" Rebecca also recalls feeling disadvantaged:.

> *What annoyed me about the tech nurses was they were taught a lot of pathology as the basis of people's complaints. The impression, rightly or wrongly, was they were put through a more intensive process requiring a lot more thinking than us.*

Her annoyance seems to dwell in the unequal theoretical teaching processes and 'thinking' opportunities between her training system and the new programme. Perhaps her annoyance reflects recognition by Rebecca that she was being trained as opposed to being educated.

Heidegger argued that identity is not experienced as arbitrary and to be played with, but as identity that will be theirs as long as that local world lasts (Dreyfus & Spinosa, 2003). Could being hacked off, feeling angst and annoyed have meaning in relation to an unravelling training system and thus reveal the vulnerability of students' identity as standing reserve? Or might the emotional responses reveal the dangers of being enframed by technology when one's being is funnelled into being an effective cog, thereby closing off other ways of being (Heidegger, 1977).

**Going Beyond**

Thus far, stories in this chapter show the notion of enframing as controlling students through coercive ordering to become a ready resource for use in the hospital system. According to Heidegger (1977) ontological danger rests within limiting one's being. Yet, at the same time, Heidegger argued it is within this danger that ways of what he terms 'saving power' from one's enframing begin to shine. Thus, students found ways

of rising above their enframing. Rebecca shares, "*having a training that delivered you to the hospital as sort of fodder for work, I at least had interaction with patients from the word go which was fantastic because that's where my love was.*" Heidegger (1977) wrote about the "attention to catching sight of what comes to presence in technology" (p.314). Despite being *the fodder for work*, Rebecca recognises and values the early contact with patients. Her love of patient interactions comes into presence through feelings which she describes as *fantastic*. Fantastic implies out-of-the-ordinary. The interactions appear to enable her to go beyond feeling useful only as fodder for the system to function. She experiences a sense of further purpose and brightness that nourishes who she is.

In the next story, it is the student's humanity that shines through.

> *There was a little baby who had been premature and we had to nurse her sitting up. She got sores on her heels so I went and bought her some sheepskin booties. You know, all of us did that sort nice stuff I suppose.* (Alice)

Alice sees a sick baby who is suffering more than is needed and, unable to walk past added suffering, Alice steps out from under her student anonymity by uncovering her humanness. She goes beyond what is required by the system and calls this doing *the nice stuff*. Heidegger (1977) considered "the growing light of saving power is here and now in the little things" (p.338). Alice suggests that rising above one's standing reserve through expressions of humanity in doing little things for patients was common amongst students; yet, the *I suppose* reveals some uncertainty

It was not only students who found ways through the enframed system to go beyond. Sisters did this was well.

> *It sounds trite, but my recollection is that sisters were universally unkind in some way as though they were envious of our youth or saw us as recruits who needed to be whipped into shape. I remember one or two sisters who were kind. One did something unheard of. I was keen on history and there was a two- part history programme [on TV] and of course in those days you couldn't tape it. I was desperate to watch the second episode and I asked this sister if I could go home and watch it and come back. She said, "Don't worry about coming back, it can be your dinner and tea break." I always remember being enormously grateful, so I left at say 7.50pm when normally my shift would have finished at 11pm.* (Emma)

Feeling desperate, Emma takes a bold and unusual step and asks for time off duty. Awaiting her answer, she felt the power of granted-ness sisters that held. Yet this sister looks past the irresistibility of ordering (Heidegger, 1977). The assertion that her answer was *unheard of*, suggests it was a rarity for Emma to be treated as an individual and this challenges her understandings. Hearing, *don't worry about coming back,* Emma catches sight of her reality that amongst many unkind sisters there were those who had what Heidegger (1977) referred to as having a "higher essence" of saving power" (p.337). These sisters found a way to retain a humanness towards students by seeing their personhood as mattering. Their humanity toward Emma reflects she was valued and embodies the sentiment of Maya Angelou's well-known quote, "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel" (Kelly, 2003, p.22).

Moments of going beyond the system could reveal more than rising above one's standing reserve. Students occasionally appeared to push this aside completely as a form of temporary relief from the power of enframing:

> *I can remember having a lot of laughs with all the ladies who were in the antenatal ward when my friend and I had an adventure one night. We had not gone to bed and we weren't well when we went to work the next morning. All the women in the antenatal ward were just so bored, they said 'sit down and tell us all about it and we will make the beds'. So, they did the whole huge long ward.* (Annette)

Annette, unwell and trying to work with no sleep, nudges her enframing aside, placing it on hold and provides care in atypical and novel manner. Encouraged by bored women, Annette sits down and tells them all about her night's antics. In doing so, she reveals her humanity in that she is less than perfect. Sharing her fun makes visible the laughter, spontaneity and creativity in being a student that is possible when one's enframing is placed to the side. Annette's experience was not everyday practice; yet, going beyond also dwelled in the everyday ordinariness of being a student.

> *I think it taught us self- reliance and resilience and a real understanding of what is important about those ward routines to know about people. Some of the tech girls who came in the early days were, "we don't want to do the temperature round;" "we don't want to wash people;" "we just want to do the drugs." It just made me realise that we had never really questioned the importance of washing*

> *and cleaning, bathing, bedpans and how much you learnt from your patient during that process. That was when patients opened up to you and talked to you about what they were really worried about and what was really hurting. You would really make a difference to them and that's what I thought was so valuable.* (Anna)

The humanity of Anna's nursing is covered over in the ordinariness of being a student. In the seemingly endless washing of patients, giving out bedpans and taking temperatures to serve technology through a task-oriented practice, humanity is always present. It is helping patients *open up … talk to you about what they were really worried about and what was really hurting.* Recognising and valuing this seems to make the drudgery of the ward routine meaningful by making a positive difference. Moreover, students were all in relationship to each other, in some way, by virtue of being immersed in the context of meaning. Enframed as standing reserve, they nevertheless still cared for each other. Michelle comments, "*senior students showed empathy and caring and I think there was a cohesiveness because we all watched out for each other. I picked up that way of working right from the start and I have always carried that through*."

**Summary**

Revealing the meaning of being a student, then and now, encompasses experiences of being in an immutable training system and immersed in what Heidegger termed enframing as standing reserve. Students were held by a system, gathered together as resources, and attuned in an enframed manner allowing their potential as resources to be 'unlocked'. Enframing was inescapable and everyone needed to adapt to its inevitability. In its everydayness, the impact on students varied. For some it became a deeply embodied sense of who they were. These students flourished in the accumulated knowledge of organisational rules, procedures, and routines, welcoming the structure and safety that these offered. It was the foundation on which to base their ongoing world of nursing and who one became. For others, it was the opposite. The impersonality of standing reserve was experienced as loss of self when having to fit into the system. Feeling there was little need or opportunity to find one's own way to become a nurse resides as sense of a lost opportunity. However, the system provided ways of rising above one's standing reserved-ness. Many students rose above their imposed averageness. They found ways of getting around the system to be who one is by bringing a sense of individualised care to patients and each other. The impact of the

system’s enframing on students was both enabling and limiting through ways of conforming and not conforming, lived all-at-once. Whether helpful or a hindrance to becoming who is, the system of enframing colours both their looking back and looking forward.

There are hints that the experience of being in this training system was seldom straight forward. Getting through necessitated ways of learning how to cope with the inherent vulnerability of being a student. This aspect of being a student is explored next.

# Chapter Eight: Getting Through

We become wise by adversity. (Seneca)

## Introduction

Getting through the 1970s general training required getting through moments of vulnerability. This chapter describes the experiences of getting through moments of vulnerability. Vulnerability is a human condition. By the mere fact that we have body, mind, and spirit, we are vulnerable (Daniels, 1998). The student experience of being vulnerable was one of encountering initial moments of unpredictability or thrownness, along with a knowing vulnerable moments were already waiting in practice and mostly unavoidable. While being vulnerable could only be determined by each student, moments were shaped by personal, historical and culturised prejudices, and experienced within situations such as a horrible duty, unwanted weekend work, or being left alone on night duty. Being vulnerable impacted on students in professional and personal ways, and the term 'getting through' is used to describe the many ways students coped by pulling themselves up, and rising above the situation and/or its mood. Getting through is explored through the themes of protecting oneself, uncovering, rearranging, and sustaining each other.

## Protecting Oneself

Protection is the act of protecting; the fact or condition of being protected from harm or danger (Onions, 1973). Protecting is defensive preparing. To protect themselves and cope with being vulnerable, students had to first be aware of their vulnerability because one always feels vulnerable in relation to something. Past experience told the following student he was already vulnerable.

> *On night shifts running a ward, I don't mind admitting that I had on occasions got an IV bottle[8], opened the window and tipped some out if the drip was running late because if you had one drip that was behind, this one-night sister would be on your back all night. I think students did things like that to cover up. Making up recording, fluid charts and things to make it look good. I can remember fluid charts were always inspected before you went to lunch by the ward sister*. (Max)

[8]Intravenous fluid bottle

Knowing moments of vulnerability are inevitable, when a particular sister is supervising him, Max needs to do something to protect himself from the constant criticism of not achieving that which feels impossible. He has learnt he must *look good* by having all his tasks completed and on time when inspections by superiors were imminent. Looking good intensified when running a ward and managing patients' IV fluids on night duty. IV therapy could be temperamental, prone to extravasation, going ahead of or behind time, or just stopping for no apparent reason. Monitoring 'drips' at night is complicated further by dimmed lighting and efforts to avoid waking patients; but should Max not keep the drips to time, he anticipates having a sister *being on his back all night*. Responses to feeling vulnerable are part of the student experience and the pressure of intense scrutiny and perfection eventually overcomes Max. To get through such moments he resorts to removing anything the sister can complain about by ensuring the 'drips' look good, thereby so does he.

Hermeneutic thought contends one cannot understand ways of students protecting themselves to get through vulnerable moments, without considering the context. In this context, relationally and positionally mediated moments of vulnerability are central to Max's protecting self. Unable to escape the grasp of historically influenced prejudices, Max's understanding of his place in the hierarchy leaves him certain he is incapable of effecting a different way of relating to the sister. Max copes with the sister by covering up. Understanding something means understanding on the background of something else because "we must already have a horizon in order to transpose ourselves into a situation" (Gadamer, 1975/2013, p.305). Max's getting through highlights choice as flexible, but always responding to one's consciousness of the effect of history. Could the situated nature of Max's understanding be some sort of justification for his actions? While his way through involves deception, seemingly this reflects Max's understanding of his powerlessness in the overbearing hierarchical student-sister relationship. Yet, relationships begin with self, and happen to self, but by their very nature are about being with others (Smythe, 1998). Moreover, exploring Max's getting through strategy prompts the question, did he think up this protecting plan by himself or had more senior students showed him their 'tricks?'

Max's nursing world was affected through the tradition of hierarchical and relationally mediated vulnerable moments. His vulnerability to being reprimanded discloses his

meaning of protecting oneself as *making things up to look good*. This recognises the stresses inherent in being a student, and what was important in the moment. He wanted to safeguard himself from being reproached and resorted to 'covering up tricks.' Max believes he was not alone in using this strategy to get through situations which made students appear in a bad light. Was 'looking good,' therefore, a necessity of getting through? It raises questions concerning unintentional student learning. He suggests this occurred in various modes, revealing parts of a nursing training referred to as the hidden curriculum which ran subtly alongside or underneath the formal curriculum (Chen, 2015). By 'looking good,' Max shows how the hidden curriculum protected oneself through its cushioning effect amongst a sometimes inflexible and intolerant environment. Evidently, getting through in this manner required mutual dependence on fellow students to keep such strategies covered over.

The meaning of protecting oneself as looking good was an intermittent strategy of getting through. Responding to an initial moment of vulnerability, protecting oneself could become an experience lived over and over.

> *Being rotated around was continual so you had new situations and each ward was different and starting a new ward was stressful. I can remember just thinking you have just got to give it three weeks and by that stage you would have learnt where everything was, you would have got the people kind of under you. It gave you that thing of just keep plodding through. You know you are going to get through it. It may not be easy, but you get through and come out the other end. So, it does give you confidence that you will be able cope. Perhaps that's just me but you learn, you just go quietly, and you just work out what you can do to get there in the end. So that is probably why the hospital training suited me or why I adapted. That's how you did it, you just bite things off a small bit at a time, you get there in the end. It's given me that strength, internal confidence and quiet confidence. I am generally willing to try something new and have done a fair few different things after nursing. I try not to barge in without finding out what to do and it's just knowing that you can generally find things out and that you get there in the end.* (Michelle)

Michelle quickly learns being-in-the-world-of-nursing is one of constant ward changes leaving her with a 'not at home feeling.' New staff, different ways of doing things and illnesses, she possibly has not seen before, await her in every move. Michelle realises she has to lessen her vulnerability to the stress constant change is causing her if she is to

get though and become a registered nurse. This means managing the myriad of vulnerable moments she knows are coming; therefore, she purposefully derives strategies for her self-protection. Strategies come from a place of knowing self. They come about as a result of who one is and where we are headed. Michelle develops a practical and methodical know-how strategy transferable to any ward setting. For her, it is a no fuss strategy of *just keeping plodding through*.

'Plodding through' becomes her workable way of being-in-the-world-of-practice, her means to the end. It consists of being cautious, knowing her limits, and taking tentative steps. Michelle broadens her 'plodding strategy' by adding further 'getting through' steps. First, she takes stock of the whole situation. Following, she bites off small *bits* one at a time, thereby organising a manageable working way to proceed. Next, she ensures she knows what to do before barging in on patients. Her 'plodding through' is helped by being compassionate to herself through reassuring self-talk. Protecting oneself reveals a sense of ontological security as order and continuity. Michelle refers to this as having *people kind of under*, perhaps implying a degree of comfort in feeling a legitimate part of the team. Her plodding strategy creates a degree of certainty within each new setting and, when used repeatedly, brings further certainty in that she will indeed *get there in the end*. Organising and directing herself, Michelle sticks religiously to this strategy because *that's how you did it* to create a smoother pathway of getting through.

Michelle actively and deliberately faces her vulnerability, and protecting herself is an ongoing and cumulative adapting experience. Through implementing her strategy, she brings each recent ward experience into the next. Through integrating *bits* of knowing she adapts to the uncertainty of her training by containing her stress, which in turn helps create certainty. Her iterative and dynamic way of protecting self characterises the notion of the hermeneutic circle, the part whole dynamic as past and present ward experiences. *Bits* became the past to make a present whole. Through this back and forward interplay, the meaning of protecting oneself fuses together as being in control. The effect is transforming. She develops an internal and quiet confidence as being a core part of who she is. By drawing on past accomplishments Michelle becomes a competent student with a sense of belonging and a growing belief in her own capacity to get through in any ward setting. These beliefs leave a lasting legacy of self-confidence coping with new situations. Her strategy forged in response to the impact of constant

change as a student is still very much part of who she is. Michelle has remained willing to try new and different things in her life and sees this continuing in her future.

There was no one way of protecting oneself. Rather, the ways reflected who students were as people. Michelle's plan expressed her quiet *not to barge in manner* and a commitment to meet her vulnerable moments to get through. Further exploration of protecting oneself tells a different, yet in some ways similar, way of getting through. The student in the next story walks away from vulnerable moments. However, like Michelle, her strategy is deliberate and focussed, requiring one's ongoing attention.

> *I might have been one of the only students who didn't give an injection until I had been there for over a year. When I passed that barrier everyone was just 'oh my god have you only just given your first injection.' I just didn't want to do it. I feared doing it, just not wanting to hurt people more than anything else. Avoidance was quite easy, you just walked the other way. You know something is about to happen and you can just sort of manage to avoid it. I actively avoided doing it until I was on a ward with my good friend who dragged me along and said, 'you are doing it.' We seemed to work together a lot and I suppose she knew the times when I managed to actively avoid most things and while never telling her, she knew I did not enjoy being a student. I think in the end I actually wasn't bad at it because I did it fast.* (Laura)

Injections were a common part of nursing practice in the 1970s and giving one's first injection was a rite of passage that was easily recalled by most students. Doing the first was 'big news,' something shared with fellow students as soon as possible. While most considered their first injection a nerve-racking experience, it was a skill eagerly sought. For Laura, however, it was a fearful task. The procedure was taught as if one was throwing a dart and referred to in terms of 'having a shot' or 'stab,' suggesting violence or assault on another which seemingly leaves Laura *not wanting to hurt people*. She is anxious at the thought of inflicting pain, perhaps thinking if she hurt patients they could turn against her. Anticipating giving injections create moments of vulnerability for Laura. Rather than fighting her way through, what matters most is protecting herself by giving up and secretly surrendering to her fear. This strategy is easier than struggling through a barrier which feels too big for Laura to overcome. However, getting through vulnerable moments has a flow on effect. Protecting herself by hiding her fear has practical implications and there are seemingly limited options to do so. Knowing

vulnerable moments are there and waiting in practice, Laura makes a calculated decision that walking away is her best strategy. Protecting oneself becomes an acute and heightened level of responsiveness to knowing when injections will be required. Such awareness needs to accompany her into the next vulnerable moment that she will face.

Over time, protecting oneself becomes part of who she is, even to the point of being easy. Yet, protecting self has layers of meaning. Walking away alleviates a vulnerable moment, only to set in motion the next. Thus, Laura is caught in a circular strategy of getting through. Perhaps her confidence, along with her sheer relief when successful, leaves her feeling there is no need to consider other ways of responding? I wonder how she imagined the tensions inherent in protecting herself would play out over the long term. Did she arrive at each duty wondering if today is the day protecting herself may mean something entirely different? Maybe this added further struggles to finding any enjoyment in being a student.

Developing a slick and a well-practised strategy of protecting oneself makes it difficult for others to see Laura's vulnerability. Heidegger (1962/2016) claimed when one's knowing oneself gets lost in such ways as hiding oneself away, or putting on a disguise, there is a need to follow special routes in order to protect what is hidden. It takes an understanding friend and peer to recognise Laura's vulnerability and help her find a way through. This friend takes charge and makes Laura do it by pushing Laura beyond her understanding of now. Thus, getting through for Laura holds meaning as creating barriers and bonds. Perhaps, trust in one's peers was a key factor in helping students getting through vulnerable moments, especially for those who did not enjoy their training.

Students participated in all manner of situations which created vulnerable moments. Something that stood out in many interviews was recalling experiences told with strong emotion of being left alone and in charge on night duty in the early stages of their training. Carol, probably aged 17 at the time, is one student who shared such a story.

> *I remember being on my own in the children's ward doing my first nights at the end of my first year and having a whole ward to care for. The only other staff was a hospital aide working in her school holidays. A kid had arrested that day and we had about 30 other kids to look after. So, I put this kid in the middle of the corridor [so that I could watch it] and said to the hospital aide 'if I yell, go and*

*make the emergency phone call.' Fortunately, the kid kept breathing and lived. It was just mind boggling when I was there on my own, I had no skills to manage that anxiety, so I just sucked it up really and didn't even acknowledge it and didn't even think, shit I am really scared. It was just like okay, get on with it. I remember praying that the children would still be alive at the end of my shift. I coped and managed yet deep, deep down I am going ohh. I think a lot of my nursing training I was terrified and really scared but I just sucked it up. I think keeping it in, the just taking it, taking it, taking it and only when something major happened did I acknowledge, oh I am not coping and this was really bad because I ended up having an anxiety disorder later in life. I have wondered how many others of us ended up with anxiety issues or addiction problems or some sort of problem because of that extreme anxiety, you know the sink or swim situations we were in. I never thought I was an anxious person at all but I later found out I was, so you look back and you think did that training feed this? That would be the disadvantage of our training but then the fact is I am still nursing, and I cope well with crisis and nothing really throws me and that's all because of that training.* (Carol)

Carol is facing the realities of an overwhelming expectation inherent in the nursing culture. She is in charge of 30 sick children as a 'junior' at night with only an inexperienced helper. This is 'mind boggling' for Carol. Not only is night duty new to her but hearing a child had arrested that day adds significantly to the anxiety of being in charge of someone so sick, let alone the many other children. This vulnerable moment is layered with emotion. She is terrified, really scared, and has a sinking feeling. Realising the onus is on her to *get on with it* because 'they' said she could do this, there is no time to dwell on how she feels. She needs to protect herself from how she feels to *swim* through this. Protecting held meaning in the 14th century in relation to bracing or making firm one's armour (Online Etymology Dictionary). Bracing is firming up a way to go forward, so Carol buries her anxiety. Yet, she does so unknowingly. Carol is unaware of her getting through strategy. Furthermore, she did not know fear and anxiety are kindred phenomena (Gadamer, 1975/2013).

Carol knows that the child matters most and uses her initiative when making planning decisions. She works out that it will be much easier if she can see and hear this child's breathing and swiftly moves the child to the corridor (a most unusual practice), giving

her assistant very clear instructions of what to do in an emergency. She is stretching her nursing knowing to the limit through her pragmatic and innovative use of what few resources she has, but this is still not enough. She needs something extra. She prays and asks for divine intervention to safeguard her from anyone dying on her duty. This was not Carol's only terrifying experience. There had been many more. That the emotional impact of such experiences is constant is evident in the words: *taking it* and *taking it* when referring to her protecting strategies of suppressing and forgetting. This enables her *get on with it* until something major happened in her life. At that time, and much to her surprise, Carol's capacity for coping unravels. She discovers that, *deep down* she *was going ohh* as her already-there anxiety made its presence felt. She further discovers that protecting oneself needs a different strategy in her ongoing life.

Gadamer termed experience that is ongoing and cumulative as *Erfahrung* (Holroyd, 2007).

> *Erfahrung*, carries all of the baggage of the past with it as it unfolds in time, while it also opens the opportunity to new possibilities by overturning an existing perspective, which we can then perceive was erroneous or at least narrow. (Jostedt, 2015, p.60)

Carol's looking-back-questions offer new possibilities about the meaning of protecting oneself from vulnerable moments during nursing training. Did suppressing one's feelings associated with these moments predispose students to later life health issues? Was she the only one who experienced health problems? While Erfahrung cannot change the past, it can change how we see the present and new possibilities concerning the meaning of protecting. Carol's past, present, and future are working in unison to suggest what was horribly wrong may also be right. As Reeder (1995) stated, "vulnerability as embodied presence is recognised as vital for right action in the lives on the journey of becoming a professional, wise, a compassionate nurse" (p.196).

While it is hard to leave behind the vision of Carol's horror at being aged 17 in charge of 30 sick children at night, she attributes the meaning of getting through as protecting oneself to expanding her horizons by being pushed to find coping skills. These skills she is indebted to because *nothing will really throw*. Likewise, Max thinks, "*if I could cope with training as a nurse at my hospital I could cope with anything. It taught you to problem solve and not to panic.* " Their firm belief in their ability to cope brings the

comfort of knowing they are able to organise and effect courses of action required to manage any nursing situations in the present and future. Yet, were there acceptable and unacceptable moments of vulnerability for students to get through? Who and how might this have been decided? Carol's story concerns being in the vulnerable moment where one either 'sinks or swims.' She was not alone. Ella recalls, "*I remember being in charge of a busy surgical ward as a new 2 striper. I was overwhelmed, incredibly anxious and just out of my depth.*" Ruth remembers, "*being terrified at the time of babies in the premie unit. That was really scary what the hell they were doing letting student nurses anywhere near them.*" What were students protecting-oneself strategies in such situations? This study focuses on those who completed their training. It is possible that the 'unsuccessful protecting oneself' experiences contributed to the high wastage of 1970s students related to the stressors of nursing the seriously ill and the pressures of work while on duty (Brown et al., 1994; Carpenter, 1971).

In the following story, protecting oneself is shown as shielding. Shielding emerges from the noun shield, a broad piece of armour carried apart from the body, usually on the left arm, to defend oneself from the arrows and swords of the enemy in war (Online Etymology Dictionary). This is Sally's experience**.**

> *I remember the burns unit in Princess Mary the kids screaming and screaming. Honestly, every day I couldn't stand it. You would go in there and give the kids pain relief, but they would just scream as you took the skin off them from their burns. I just couldn't deal with it anymore, it honestly made me feel physically sick and with sympathy for them because I just couldn't stand seeing kids in that much pain. I remember going and seeing a senior nurse and saying I couldn't deal with it anymore. She told me to grow up and go back there, stick it out kind of thing. So, I learnt you are not going to get any support or help even though you tried to deal with it, so I just took lots of time off sick.* (Sally)

Going on duty in this ward is deeply distressing. For the next eight hours Sally cannot escape witnessing the pain and suffering of children with burns. She also knows she can be the one inflicting pain and causing a child to scream as she is debriding dead burnt skin. Working with these children, Sally experiences an all-consuming demand on her empathy and sorrow which is overwhelming. Havel (1988) wrote, "the vulnerability of another person touches us not only because in it we recognise our own vulnerability but the voice of Being reaches us more powerfully from vulnerability than from anything

else" (p.324). Sally must confront her own fragility. She feels physically sick, emotionally overcome, and struggles to cope with the burden of caring. She is exhausted.

Sally's  getting though vulnerable moments arise from her openness to being affected by the suffering of others. These moments multiply through the weeks leaving her swamped by emotion. Trying to make it more bearable feels impossible; she cannot numb how she feels. She recognises this is becoming detrimental to her well-being but she has no further personal resources to draw on. Getting through, in this instance, means admitting this clinical situation is emotionally too much. Arriving at a point where she is unable to go on, Sally  sees an obligation to protect herself by being brave enough to seek help from a senior nurse. Being brave reveals a sense of Sally's authenticity because to recognise vulnerability is to recognise humanness (Daniels, 1998). In this situation the humanness is her own.

In protecting herself, Sally reaches out for help from a senior nurse with a preconception of receiving understanding and support. However, in choosing this way through, Sally unwittingly risks experiencing further vulnerable moments by communicating how she feels. Ways through vulnerable moments are always influenced by underlying prejudices from one's historical and cultural roots. Being told to *grow up*, *go back* and *stick it out* is offered as advice with the intention that this will help Sally to 'toughen up.' However, this rebuffs Sally's deeply upsetting feelings and dismisses the humanity of the situation. Gadamer (1975/2013) reminded that if only one person is conversing then there is no dialogue and therefore little room for a fusion of horizons. Without understanding from her colleague, Sally feels abandoned, profoundly disappointed and protecting oneself changes significantly in meaning. Furthermore, because understanding is the basis for further understanding, she now chooses  to get through by shielding herself through separation and avoidance strategies such as taking frequent days off in order to protect herself.

Sally reveals the suffering students were exposed to; yet, shielding herself by keeping her vulnerability hidden renders this invisible. In choosing this mode of protecting oneself, Sally remains true to herself but managing one's emotions was, and is, crucial to becoming a nurse. Protecting herself in this manner seemingly stops her developing skills to deal effectively with significant emotional challenges. I am left thinking, might

Sally's way through have differed had she had access to a trained counsellor as was requested by AHB nursing management in the 1970s?[9] Perhaps, if understood differently, protecting oneself through Sally's openness to her vulnerability may have become a crucial part of who she was as a nurse. This could have enhanced patient care because vulnerability can be healing when there is an opportunity to express one's needs and be valued just as one is (Erskine, 2013).

The experience of the next student was one of needing to be on guard. The noun 'guard' emerged from the Old French *garder* meaning 'to keep, maintain, preserve, and protect.' As early as the 15th century the term held meaning as 'one who keeps watch, a body of soldiers' (Online Etymology Dictionary).

> *I remember being groped by a doctor. It was on my bum. I was 18, or 19. It wasn't something I had any experience of and I did nothing because I didn't really know about it at the time. I felt uncomfortable and never allowed myself to be in that position with him again. I can remember many years later when I was a registered nurse, he came and did some work when I was in the ICU. By then I felt more comfortable in myself and more confident and I had probably aged, and he probably wasn't interested in me anymore.* (Annette)

Feeling someone grab at your uniform covered bottom is an unwelcome surprise for Annette. She knew which doctor the hand had belonged to but, at 18 or 19 years of age, she could not name what was happening despite clearly feeling uncomfortable. She does not have the confidence, position, or the language to confront what has happened. So, nothing is said, either in the moment or afterwards. She is a student nurse and he is a doctor and, in 1975, gender, status, and hierarchical differences are unlikely to be on her side, something that both parties seemed to understand. However, Annette recognises this moment of vulnerability could happen again and knows that she, not the doctor, must change. Getting through thus means being on guard. Guarding is watching and a watchfulness becomes part of being a student. It is a watchfulness of hope that this will not happen again. It is also mindful watching to this doctor's comings and goings, ensuring Annette is beyond reach of his hands.

[9]AHB School of Nursing Tutor meeting minutes July 1972: Held at Archives New Zealand, Mangere Auckland, New Zealand

Such moments of vulnerability may have been brief but ways through can be lasting and recompensing. Annette has never forgotten how this doctor made her feel. Vulnerable moments begin, come to be and stand for themselves. She looks back at this experience as a personal point of reference. It is a moment from which Annette can plot her growing self-confidence. It seems important to Annette to recognise this was a 'letting her see moment.' It reveals how far she has moved to becoming a confident person, comfortable with who she is. She may not have been awakened to such understanding if not for this experience.

While the getting through this vulnerable moment was testing, what was learned seems to offer a positivity to being vulnerable. Annette's experience, and the previous stories, reveals glimpses of the idea that getting through can be a way of uncovering our humanness and who one is (Daniels, 1998). This is explored in the theme uncovering.

**Uncovering**

Uncovering is a way of being-in the word (Heidegger, 1962/2016). Within vulnerable moments, uncovering is always the uncovered-ness of something which was forgotten, lost, neglected, or hidden which helped getting through. Some students' recollection of their training was described through positive expressions of emotion. In previous chapters, students have shared: 'I loved it' or 'I loved every minute.' Yet within such feelings rested moments of being vulnerable. Just as falling in love with another person holds vulnerabilities of being rejected and susceptibility to being hurt, so does it hold the possibility of opening oneself up to sharing inner most thoughts to find warmth and companionship (Heaslip, Hean, & Parker, 2018). Similar vulnerabilities resonate as true for Carol, a student who loved her training.

> *At the end of our first-year students did their first lot of nights. It was the first time I wanted to leave nursing because I couldn't sleep. I was just about suicidal by the end of the 7th night. I remember standing there thinking I can't do this. I can't be a nurse. I wanted to leave and then I thought I have to have a solution. I think I just took sleeping tablets. I stayed because I had loved it so much.* (Carol)

Carol vividly remembers her first roster of night duty. Being ill-prepared for sleeplessness is an unravelling experience for Carol. She is suffering and defeated to the point she is *just about suicidal*. Being utterly distraught is clouding what she cherishes causing forgetfulness. Without clarity of vision, understanding what appears to be a

choice of forgetfulness, is not possible (Reeder, 1995). With Carol's love of nursing forgotten in her misery, she is unable to see a way through her sleeplessness and thinks her only option is giving nursing away and leaving. Yet, something stops her from doing so. Carol shows uncovering as a climbing out from under her forgetfulness and retrieving what she *loved so much*. Her love of nursing gives her strength to rise above her despair, and offers further meaning to uncovering as the realisation she has *to have a solution*.

Loving their training could not protect students from being humanly vulnerable on repeated occasions throughout their training. It could, however, provide a new horizon of understanding to get through *I can't do this* situations. Furthermore, students' vulnerable moments may have been a catalyst to search for and uncover the meaning of their training as to who one is. Could uncovering have held meaning as cementing their commitment and fortitude to complete? The following story offers further possibilities of this being a student truth:

> *I found it very stressful and I had so many sick days off that I got sent back six months in my training. I did have an active social life as well so probably a bit of both. I had to do another 6 months training. I didn't mind doing that at all because I absolutely felt that I could have done with more experience because I didn't feel adequately trained or experienced. I felt like I was a lackey pretty much the whole time because it was task orientated all the time and I think that 6 months for me was a bit of a blessing really***.** (Ella)

Ella does not believe her training is preparing her adequately. She feels more like a lackey or servant than a potential nurse. Her moments of vulnerability lie in her feeling a sense of inadequacy which she attributes to a training that is compromising her development. Ella copes by taking time off but this extends the length of her training. Her way of getting through was filtered through lived experiences in the here and now, and occurring at a time when, as a teenager, she perhaps had little foresight of the future impact. Being sent back may not have been anticipated when calling in sick but when the consequences become known, Ella is forced to take stock of what she has done and who she is.

Gadamer (1975/2013) claimed that the truth of experience always implies an orientation toward new experience. Being sent back must have been disappointing for Ella but

nothing can be done to stop this from happening. Reflecting on how she got to this point, Ella's story is one of getting through as uncovering an openness toward what has to be. Openness brings to light Ella's sincerity, courage, and receptivity to seeing this not as a failure but as something to value. Openness, in turn, becomes a further mode of uncovering as seeing the bigger picture mattered in this situation. She sees this delay in becoming a nurse, as *a bit of a blessing*. Ella looks forward to becoming a more confident future nurse and embraces the extra time.

Uncovering can also describe something to be goaded out from hiding and, once uncovered, must be defended to ensure it remains uncovered (Heidegger, 1962/2016).

> *I got into trouble with a professor who was lecturing us about his opinions of abortion which were quite severe. I spoke up in class that I didn't support what he was saying. One of my friends recently told me she just stood there with horror on her face as I was speaking because no one challenged him, he was a god, like no one challenged him. I probably didn't challenge him particularly articulately, but he wasn't being very articulate with us either. He had shown us a picture of an 8-month baby and told us it was an aborted foetus which was just rubbish. He said he used to murder babies but now he doesn't. I thought he was disgusting but any time you kind of put your head up you got into trouble and this time I was sent to see the matron. You know he was an absolute prick and the matron immediately took his side. Later she brought my family in, just either you are a big person, or you are not. My dad was a GP and knew this professor. Dad told the matron he was awful as well and she surprisingly said in this meeting that she thought he was too. At least it was some support from them, but it just didn't feel like I was supported.* (Sally)

Listening to the professor, described as a god of his speciality whom no one challenges, Sally is certain what she is hearing is biased and untrue. With her anger stewing and deepening, a moment in time arises when she is unable to contain her reaction. She seemingly has no choice other than to speak up, thus overriding any concern for being the 'good student.' Heidegger (1977) suggested that when we encounter major conflicts, we change not only what we do, but who we are. We uncover a different self. In this story, Sally no longer complies with "the stillness or silence of agreement" (Gadamer, 2007, p.6) typical 1970s nursing tradition and becomes a different self. By *putting her head up* in this public space Sally becomes a student able to voice her opinion; one who

is prepared to confront tradition. In claiming what matters she makes the "lightening jump from inauthenticity to her authentic self" (Dreyfus, 1991, p.321). Perhaps what Sally did not appreciate or even care about at the time was that uncovering one's authentic self in certain contexts was not always the easiest way of getting through. Stepping outside expected behavioural boundaries, Sally exposes herself to the negative prejudices that accompany speaking up, leaving her viewed as defiant and troublesome by the hierarchy.

Uncovering, once revealed, must be defended and assure itself of remaining uncovered (Heidegger, 1962/2016). Sally defends and strengthens her uncovered authentic self by remaining unwavering and unapologetic for speaking up. However, she is not considered an adult but rather a child needing parental control. The matter needed the intervention of someone the matron considered an adult, Sally's father, a doctor himself. During the meeting, the matron was drawn to admit the professor was 'awful' although she did not go as far as to admit Sally was right. Her 'speaking up' was still a matter of concern. One wonders how this story may have been different if Sally's father had been lower in the social hierarchy. While Sally is annoyed her parents are summoned, they bring additional meaning to the uncovering. She witnesses the games nurses play amongst the tensions of power differences depending on the status of the person with whom they are talking.

Sally recognised the influence of tradition and took on the responsibility of challenging its implications. In doing so, perhaps she was also uncovering how many nursing traditions appeared to be at odds with 1970s changing societal expectations, where known moulds of conformity were unravelling (King, 1988). Yet, uncovering one's true self is fundamental to flourishing in life (Edgar & Pattison, 2016). Did Sally see this experience as one of flourishing? Perhaps not then but possibly now.

Sally's story reveals hints of disappointment amidst her anger. Disappointment also underpins the following student's experience.

> *I was doing my third-year senior maternity, oh my God. I think if there was any a time, I was going to give up nursing it was then. I think the ward sister in delivery suite just disliked students. She made students feel (a) worthless, (b) once we had done our duties of checking every single delivery room, we weren't even allowed to sit down and have a break, read, or do your assignments. She and the other*

*registered staff sat in the office and smoked if it wasn't busy. We weren't allowed in. It got to a point where my group of students got together. I said, "right, I am going to go and talk to the matron about it because this is just hopeless, not good enough, it's horrible and we all hate it." So that's what I did. The matron was from the veil brigade and was someone we were really scared of but as the student nurse representative I went and made an appointment to see her. She said, "what do you want?" It was like well "we are very unhappy with the way we are being treated in delivery suite." Her reply was "really." I told her we were dreadfully unhappy and why. She was good about it. She put in some changes. We were allowed to use the down time effectively rather than walk around and pretend you were busy. We were now allowed to do assignments and read. Someone had to go, so I said I would. I think my sense of injustice was there and I have always been the one with a bit of bravado to do stuff.* (Sarah)

Delivery suite was unique in that there were times when there were no women in labour; in other words, there was nothing to be done. Known ways of being a subservient student seem to have gone to the extreme in these periods of no work. Seeing staff sitting and smoking, occupying the only office space, while students were not allowed to read, do assignment work or sit down, not only astonishes but accentuates Sarah's palpable disappointment and anger. She struggles to find meaning and purpose when having to hide away to find somewhere to sit or pretend to be busy. It all feels so demeaning to Sarah's sense of self leaving her plummeting to the lowest point in her training. Finding herself at this point, she contemplates the only option was to give it up.

Vulnerable moments take hold when there is a perceived challenge to self-integrity with a corresponding uncertainty about the ability to respond (Batchelor, 2006). Sarah seems to believe there was little use telling this staff of the hate she felt. Her dispiritedness feels crushing. She cannot take any more. In getting the students together she seems to uncover a 'who we are' in the midst of her vulnerability. Sarah is resolute this cannot continue. Strong feelings of injustice and the feeling of being pushed beyond her limits stops her from being biddable and compliant. Heidegger (1962/2016) considered "resoluteness brings the self-right into its current concernful being and becomes the 'conscience' of others" (p.344). Sarah's concern reached the point that she decides she must end this struggle, even if it sullies her reputation as a good student. She steps

forward, risking moments of vulnerability by facing a *scary veil-brigade matron* on behalf of them all.

Uncovering resoluteness by standing up for self and fellow students Sarah was, as Heidegger (1962/2016) claimed, summoned from the lostness of her own selfhood. Being there amongst concern for the present and future uncovers the leader hidden within Sarah. Nevertheless, uncovering it and keeping it uncovered required determination and courage helped by her *bit of bravado to do stuff*. Was standing up as a leader therefore left to chance? Without Sarah, might the others have just struggled on? Short of the 'Sarahs' in the student body, might this mode of vulnerability remain hidden by its acceptance, preserving less risky, and more secure ways for students even in horrible situations? Uncovering was not always an affirming experience. Did fellow students recognise the added risks of vulnerability for students who uncovered problems within the training system for the betterment of all? Getting through vulnerable moments, while not always having a desired outcome, was, and remains, a process of ontological discovery.

**Rearranging**

Rearranging implies putting things together in a particular way. The theme of rearranging shows students' ways of getting through experiences when training schedules prevent the pursuit of what mattered in the moment. This mode of getting through moments of vulnerability reflected students' age, interest, passion, and inclinations at the time.

> *There were three choices: teaching, nursing, or being secretary. I wasn't a secretary and I didn't have the patience to be a teacher. So, I became a nurse because I could leave home and my very strict parents a month after turning 17. I can remember it not being a brilliant time that's for sure and thinking I don't enjoy this but what else can I do. I would have liked to go to university but the only subject I enjoyed was history, but what was I going to do with history and how am I going to fund myself to do it because we were paid a little bit. You start something you finish something, but I was a reluctant student, still am. I just did it because I wanted to finish it basically. At a reunion one of my class shared that nursing had always been what she had wanted to do, it was her passion and her life, and I am thinking, I never felt like that. I muddled my way through. I think I just lived for the days off. If you managed to get a weekend off that was great.*

> *Going to see the roster I used to look to see if I had any weekends off. I think that was the main thing, having a weekend off or going, oh god, I am working that weekend again. Ten day stretches I quite enjoyed, and I didn't mind because we got four days off including the weekend. But I could never do 7 nights because I don't sleep during the day. I had so many sick days off and they were always Friday or Saturday nights. Well you are 17, 18, 19, 20 and you want to go out and have fun on a Saturday night. You are meeting boys and I don't know if they necessarily understand you must work Saturday night if you are going to a party. Often, I would ring up and say I had something wrong. I don't think I ever got told off they just probably went, 'oh god' or they probably already knew that if I was on those shifts they would need to roster someone else.* (Laura)

A 17-year-old, Laura settles on nursing as a career through default but finds it is not for her. Muddling and struggling through her reluctance, Laura looks for ways to get through this difficult time in her life. With little enjoyment for nursing and knowing her heart is not really in it, she calls on what she is passionate about. This is the freedom nursing gives her to socialise without parental control. She lives for her days off, especially weekends, where she embraces and delights in her teenage fun. It seems the anticipation-of, and her days off, helped her tolerate the work of being a student. Nonetheless, student duty rosters were unpredictable. Laura was vulnerable to not completing her training because rosters could take away what mattered most to Laura in terms of getting through.

With weekend days off being the key to Laura finishing her training, she sees she must manage her *oh god* moments of vulnerability. She finds her way through by drawing on what matters now. This is having ready access to boys and parties. 'They' do not appreciate this, so Laura rearranges her duty roster by adding more days off. It requires a strategy, known as 'throwing a sickie'. This was a well-entrenched method used when confronted with a roster that interfered with important events. It was used as a last resort by most students (Brown et al., 1994). With seemingly little personal investment beyond completing her training, Laura's rearranging involves fabricating many absences. Maybe she uses one or two excuses repeatedly.

There could be a tendency to think her of ways of getting through as irresponsible. Laura lied; yet, relied on the students who did turn up for weekend work. Perhaps this

way of getting through brings into play other associated horizons of meaning. Every generation frame notions of mattering. Laura's frequent absences seem to reveal a training system out of sync with the expectations of many 1970s teenagers as students. Could never having been *told off* reflect a degree of acceptance by nursing supervisors of weekend absence by students in the 1970s? Furthermore, might getting through her vulnerable moments reflect the disappointment she harboured about her limited career choice? A further horizon of understanding could be to consider how students were linguistically and culturally positioned in their training. Deceptions, such as 'taking a sickie,' not only revealed ways of getting through as rearranging but was also a euphemism which helped gloss over strategies that seemed necessary to get her through the training.

Rearranging as a necessity was a way of getting through barriers imposed by the nursing hierarchy:

> *I was getting married as a student at 19 and was due for holidays in November so I arranged my wedding for then. Then my annual leave was refused and so I was like, right, well I am having it. It was the first time I had ever questioned the authority of the higher powers and I ended up swapping leave with someone and having it. This was the first time I thought oh they are not going to tell me what to do. Whereas before I would never have even questioned, I would have gone okay I change all my wedding plans. I think what we went through was a very hierarchal based system and it was basically putting you in your place to refuse leave to marry*. (Carol)

A wedding has been a dream to which many women aspire. It is a big day, something into which much planning is invested. Carol goes ahead and makes bookings for her wedding day. She has annual leave due and assumes her 'right' to take that leave, especially for something as important as her wedding. Yet, to her astonishment, the leave is refused. She is deeply shocked and annoyed by the power of 'they' to say no. It seemed 'they' did not understand the huge significance of this leave. Furthermore, it felt as if 'they' were deliberately trying to undermine her right to get married, putting barriers in her way. 'They' had no right to forbid her from marrying (although that had been possible in the not too distant past), but they did seem to assume they could say "not in November". One wonders if 'they' noticed or cared? Was this really about stopping Carol, or more about neat and tidy administrative plans to cover a duty roster?

Carol's vulnerability lies in being subservient within the hierarchy. It is essential she rearrange her leave but to do so means rearranging how she thinks about the hierarchy.

We cannot just reason our way out of our prejudices, but the strength of Carol's annoyance motivates and drives her to question these. Until this point in her training, Carol had never questioned or disobeyed the power of the hierarchy. She ordinarily accepted what it demanded of her without hesitation. Experience, in the hermeneutic sense, often arises from deeply felt experiences which disrupt taken for granted aspects of Being. She recognises the hierarchy do not necessarily have the power assumed. She has rights and is determined to follow through with her plans. Pointing to Gadamer's notion of a fusion of horizons, Carol now understands power as contestable. By rearranging as working around and using others, Carol wins.

Both Laura and Carol's ways of rearranging in order to get through, depend on the support of other students who were often friends. It is this support we now turn to when listening to the last and, perhaps most important, interpretation of student voices. Within the data, the significance of nursing friends to getting through was resounding. Although friendships were considered in Chapter Five, their importance in this study warrants further attention. The final theme of getting though, considered in this chapter, is 'sustaining each other.'

**Sustaining Each Other**

Sustainment is the act of sustaining, meaning to keep going; keep up an action or process; to bear up against; to support (Onions, 1973). Getting through vulnerable moments often required being sustained by nursing friends. When asked about the meaning of friendship, Ruth and Anna explain:

> *I made a strong bunch of nursing friends. We grew up together. We all went through meet the boy, fall in love, get married. Friends supported you, when things were hard at work or when you had a really bad shift, or something awful happened that was hard to process. Friends were who you went to. Somebody to sit down with you, have a cigarette, a cup of coffee and talk you through it.* (Ruth)

> *I think that camaraderie of nursing friends was absolutely priceless and got you through those tricky moments because there was always someone there that you could shoot the breeze with.* (Anna)

Students' vulnerable moments resided amongst the hard, bad, awful, and tricky moments. They were usually unavoidable but, nonetheless, often lingered as feelings that were hard to shake off. Ruth and Anna are adamant about the importance of nursing friends in sustaining each other through their training. Being sustained was felt in terms of its personal value. Anna thinks it was *absolutely priceless*. Ruth, on the other hand, talks of sustaining as the need to process, while Anna speaks of being able *to shoot the breeze.* Sustaining was enabled by friends being plentiful and readily accessible because students mostly lived in flats or a nurses' home. Louise shares, "*I flatted with nursing mates. I always had someone at home to say this is what's happened, this is what it's like. I don't think there was ever a time I wouldn't have shared things with someone.*" Having friends readily available brings meaning to sustaining as a sense of constancy and dependability to counter the discomforts of student life during vulnerable moments.

Participants frequently described how trusted, like-minded colleagues provided a source of empathic, 'safe' support and personal affirmation. Such relationships were often described as mutually supportive and reciprocal. Louise shares, "*friends were really valuable which is why some of those things don't stick heavily with us. Friends helped each other*" share, and reflect on their vulnerable moments rather than ignoring them. Louise thinks they had a freeing function and thus prevented vulnerability from metaphorically 'sticking' to students. Paradoxically, friends lessened the impact of vulnerable moments 'sticking' by sticking together. Four decades later Michelle shares:

> *We are still together, still friends. We are different, but we have stuck by each other. It makes you accept difference even you can't agree with their political affiliations. We have some ding dong arguments but we steer past that and accept each other for who we are, so that is the upshot of living closely with people in the nurses' home.* (Michelle)

Sustaining is temporal. It continues down the decades retaining much of its beginning meaning when first starting out. Michelle and her nursing friends are still sustaining each other to get through vulnerable moments, as are Ella's; *I just kept going, through the camaraderie of my nursing pals, my girlfriends, and they are all still doing it.* There is shared understanding that friendships forged as students are there to be drawn on.

**Summary**

This chapter reveals getting through vulnerable moments as struggles and ontological rewards. Many vulnerable moments were awful, overwhelming experiences of contradiction and conflict. They were often felt as having a sameness easily understood by other students. However, such moments always held an element of relating-to-me. Understanding can only be self-understanding and ways of getting through drew on the individuality of who students were. It was a decision-making experience of choosing strategies from often limited resources to pull themselves out and withstand the challenges of being a student. Moments of vulnerability stretched meaning beyond what was, to shed new light on who the students were.

Vulnerable moments can be described as 'epoch-making' in that they determined students' future 'in the present' (Heidegger, 1962 /2016). Getting through vulnerable moments, while not always having a desired outcome, was, and remains, a source of knowing. Students learned how to cope, adapt, and draw out one's initiative while developing practice wisdom. Furthermore, by ameliorating one's vulnerable moments, knowing as Bildung, the process of becoming oneself (Gadamer, 1975/2013), was revealed. Getting through was a process of ontological self- discovery. While never forgetting experiences, which bought about one's need to get through, some of which still hold strong expressions of negative emotions, students continue to value the ontological gifts getting through offered. What seems to matter most 40 years hence, whether it be supportive friendships or a newly found sense of one's authentic self, was 'getting through' nurse training in the 1970s left its legacy. For all of the participants, this meant uncovering capacities of resilience, self-honesty, courage, and openness when having to cope in uncertain, frightening, submissive and demanding situations, back then, and thereafter. All contributed to the one blueprint for becoming who one is.

# Chapter Nine: Discussion: The 'Once' and the 'Now'

> The discipline of creation, be it to paint, compose, write, is an effort towards wholeness "We don't want to feel less when we have finished a book; we want to feel that new possibilities of being have been opened to us. (L'Engle, 2016)

## Introduction

This phenomenological hermeneutic study set out to explore meanings of being a 1970s general hospital trained nursing student in the AHB School of Nursing. This chapter brings the interrelated themes of 'becoming who one is,' 'being in a system,' and 'getting through' to reveal the meaning of the phenomenon as a whole. Being a student in the 1970s mattered to those who lived the experience, remains so today, and will do so in the future. Insights into ontological impacts of having been a 1970s nursing student are discussed. The findings of the study are related to literature and philosophical hermeneutic notions of Heidegger and Gadamer. The chapter concludes with recommendations for nursing education and further research.

## Understanding the 'Now'

Gadamer (1975/2013) argued for the importance of an openness to both past and present to meaning. Bringing the past close means overcoming the alien and building a bridge between the 'once' and 'now' where fresh insights are uncovered through a fusion of horizons. Bradshaw (2013) considered Gadamer's notion of tradition in today as, "not only a bridge between past and present but a filter that passes on interpretations and insights that have stood the test of time (p.87). Gadamer claimed the passage of time between 'now' and 'then' promotes understanding by the process of temporal distance. When feelings and phenomena associated with the experience become more distant they are understood with fresh insight (Regan, 2012). Gadamer (1975/2013) argued that temporal distance brings a clarity of meaning because "all kinds of things are filtered out that obscure the meaning; new sources of meaning of understanding are continually emerging that reveal unsuspected elements of meaning and is never fixed" (p.309). Over time a filtering process allows limited and local prejudices to die way, helping those that bring about genuine understanding to emerge clearly.

In bringing the meaning of being a 1970s student to light today, I draw on Heidegger's (1971/1975) writing about "the thing." Heidegger posed the question, what is a thing? Heidegger considered this question through the example of a handmade ceramic jug asking, 'what is the jugness of the jug' (p.172)? It is this metaphor I use to consider what is the meaning of being a 1970s general hospital trained student today? Heidegger asked us to seek meaning of things by looking beyond the form and matter of a jug as an object. The jug is not a vessel because it was made; rather, the jug had to be made because it is this holding vessel (Heidegger). Heidegger wanted us to consider that the jug's empty space, the void, is what the jug 'is' as a thing. When we fill the jug, the pouring that fills it flows into the empty jug. The emptiness, the void, is what does the vessels holding. Heidegger surmised that it is what a jug holds in the void that is fundamental to the 'thingness' of the jug.

The training system shaped the jug. It was a given, very particular, highly prescribed, rigid, and the same for all students. I visualise the 1970s student nurse 'training jug being tall and skinny but slightly wider at the base with a handle which was starting to crack. Each cohort of mostly young women was poured into this jug's void, along with the monumental societal changes in New Zealand. There was a taken for granted-ness there would be some spillage along the way; however, the 1970s jug was serving its purpose because registered nurses poured out. But in that void, 'things' happened. The graduate was not the same as the student who first entered the programme. This study has both shown and named what happened within the void, that space where experience is hidden, taken-for-granted, disregarded. It has revealed possibilities within the void of how the students lived and responded to the experience that came their way. Most students were subjected to conditions they found rewarding and tough. While relishing the 'good' things they had no choice but to cope with the 'bad.' In the coping, they grew strong, possibly courageous, and resolute (or not). In the void, Bildung 'an ontological form of enculturation' happened, which I liken to Heidegger's ripening process of fruit, mentioned in Chapter Six, offering ways into their future. What got poured out of the jug at the end was a 'nurse' version of who they were, leaving a lasting legacy by weaving a fabric of meaning throughout each nurse's life. Their training is not behind them—it is who they are today. It is always with you.

## It is Always with You

Each of the findings chapters 'becoming who one is,' 'being in a system,' and 'getting through' reveals what was poured out of the 1970s nurse training jug. What weaves these three themes together is the 'how' it is always 'with' former students.

### Knowing who one is

Integration of knowing, doing, and being is essential to one's Bildung. Unknowingly, being a student awakened one's self to oneself, as opposed to an endless recycling of the similar (Lawn, 2006). There were numerous opportunities and experiences for students to clarify who one was through figuring out their unique place in, and approach to, the world of student nursing. Some students thrived, others existed or waned, but all were pointed toward what Heidegger (1962/2016) referred to as one's authenticity. Heidegger claimed that when we fall into, and are immersed in, our everydayness there is tendency to be in our average inauthentic mode. Becoming one's own authentic self does not require some exceptional effort or discipline; rather, it entails a kind of shift in attention and engagement, a reclaiming of oneself, from the way we exist in our everyday ways of being (Sherman, 2009). Carving out a unique sense of self arose from glimpses of one's authenticity, one's truer self, when enmeshed in the everydayness of student nursing practice and/or, when being thrown into situations where what mattered took over, as one's resoluteness. Coming to know oneself helped direct students into work and lives which suited them and where they could be themselves. This knowing remains as being-in-the-world ontologically as having things they relate to, care about, and concern themselves with (Gelven, 1970). Being able to express his or her unique identity in a manner that gives meaning to life is one of the compelling needs of every human being (Christiansen, 1999). This study has shown that knowledge of one's authentic self is never static. Returning to the truthfulness of who one is and owning what matters continues to direct former students' doing and becoming.

### Enduring friendships

Friendships, forged as students, have continued. Friendship concerns being in a bond together or being at home with another or, as Gadamer considered, 'home-ness,' inhabiting a life together albeit in various degrees (Walhof, 2006). Friends are compelled together in a way which differs from other relationships that involve merely being well disposed to another, in that "a friendship cannot be summoned at will from oneself nor can it be demanded from another" (Walhof, 2006, p.576). Student

friendships persisting down the decades remain a source of self security and self-validation through the knowledge friendships begun as students are still there to get one through the good, the bad, and the mediocre times in one's life. They carry on as relationships that are steadfast, hardy, reliable, and authentic; so much so, they can survive *ding dong* arguments (Chapter Eight), revealing a respect for difference and otherness. They survive through periods of little or no contact, and regular contact. The significance of these enduring friendships is the ongoing connectedness by continuing to contribute to who one is through refreshing and expanding each other's horizons of understanding; thus, allowing one to better understand oneself (Makurova, 2016). They endure as a window and reminder of a student's past, helping shape one's present and future.

### Becoming resilient

Student stories within this study are replete with difficulties, challenges, and adversity. Such experiences were a disruption to one's student-self which was often unpleasant, sometimes painful and horrific. I was initially confused as to why these stories appeared to overshadow those concerning the good of nursing. Coming to a place of seeing the 'whole,' I appreciate the ontological significance of these stories as a re-forming of oneself; such stories had a sequel of 'but' which revealed meanings of becoming resilient. Born out of angst and turmoil of difficult experiences was a need to develop protective strategies arising from a training system which at times did not appear to care for them as carers. Students were summoned to engage in, and then cope with, the challenges and hardships they encountered, thereby becoming resilient. It was a process of acquiring a repertoire of problem-solving skills to pick oneself up and keep going. It encompassed courage, conviction, and fortitude. Becoming resilient nested in the interplay between bad experiences and good experiences. It was an ontological awakening by the mostly teenage students to aspects of whom they were, which some only had an inkling about and others were yet to appreciate. Becoming resilient prevails as a knowing they are 'better off' having trained as a nurse. The meaning of being better appears as an assurance they can cope with the stressors faced throughout life through having developed one's strengths. It is a prejudice of optimism in their lives. Interestingly, if 1970s students were stepping into a system under fire, as argued by Barber and McMillan (1970b; see Chapter 2), they leave with a knowing they can rebound from being under fire (Ryff & Singer, 2003).

Becoming resilient is closely associated with developing self-efficacy; the belief people have about their capabilities to organise and execute courses of action required to manage prospective situations (Bandura, 1997). Action reflects a person's ontology. By drawing on student accomplishments there is willingness to engage in future activities, to seek new challenges, and invest themselves in worthwhile tasks (Hamill, 2003). Becoming resilient, as self-efficiency, is revealed as an ongoing investment in who one is. It is found in ways of working in one's career today or developing humanity, self-confidence, and a willingness to try new things.

### Living through the bad and good

The 'good' of being a student lives alongside the 'bad.' Heideggerian and Gadamerian hermeneutic thought argues we cannot escape our history. Within our history is the source of who one is. While Caputo (1987) considered Gadamer wanted to "ease the difficulty in history" (p.111), Moules (2002) believed he wanted to keep difficulty in view. Moules argued Gadamer's attention to history is not about denying any legacies of tradition; conversely, it is about speaking to them, suggesting that although we may not like what tradition did to us, we must account for it, we must take it all up and own it, and we must then speak to these very influences of tradition. This study reveals the 'bad' of being a student by firmly keeping their battlefield experiences (Ramsey, 1978) or difficulties, in view. Owning the bad is shown in this study as emotional work by continuing to manage one's feelings that something is missing or incomplete in one's past relationship with their training.

For some students, the shaping was too brutal; for others, the sense of who they were was undermined through submission and dampening down or invisibility of their individuality. The bad occupies a place in who one is as a sense of unsettledness or unfinished business which wavers and gnaws away as feelings of resentment, disappointment, or the unreasonableness concerning the product and process of becoming a nurse. For AHB students from 1975, this included encounters with the new tertiary prepared students. While some filtering on the negative resides in 'that was how it was,' living the bad means one is curious, baffled, or holding onto tinges of frustration, even anger, when questions remain unanswered about why a training was this way. Alongside emotional work is the physical work needed to manage the 'bad.' Some experiences still require students to live through or actively control the physical effects of 'bad' experiences.

However, experiencing bad things also lives on as ‘good’ within students. The many hours of student clinical experience were not ‘snap shots’ of the world of nursing; they were experiences of doing, being, and becoming, shaped by patients’ suffering which asked something of students by reaching into who one is. Being a student endures as an appreciation of the opportunity to further develop the ontological capacity of one’s humanity. Furthermore, knowing the difference a humane and caring staff member, as opposed to those who were indifferent, can make in positively shaping who one becomes, was something ‘good.’ Students felt respected and mattering in a ‘sea of many.’ Humanity, shown as an openness to others in this study, is embedded in students’ lives today as the source of one’s empathy and caring for others.

Just as past meanings of the good and bad of being a student are always open to new horizons of understanding, so are the present understandings. The meanings of both slide, drift, and morph into something different. Thus, the how of ‘it is always with you’ means that living with the good and bad is always temporal and nestled amongst tensions of certainty and uncertainty.

**What this Study Offers**

This phenomenological hermeneutic study sits beside, yet separate from, other New Zealand works which have explored the world of general nursing students. It moves beyond the descriptive to the ontological, thus filling a gap in, and adding to, methodological and philosophical understanding of the New Zealand general nurse student experience. This study focused upon interpreting and revealing possibilities inherent in the void of 1970s nurse training experiences. It has surfaced taken-for-granted understandings of experience. Meaning always sits within experience. Those which are at the heart of this study were recalled from four decades back; yet, their experiences are cognisant with, and support those evident within, the known 1970s literature pertaining to general students The nurse interview data within Ramsay’s (1978) study strongly resonate with those within this story, giving credence to the memories in this study on which meaning is drawn. In addition, both Penny (1968) and Stewart (2013) added to glimpses of being a student in the 1970s and, all together, this literature reflected notions of the good and bad of being a student.

This study has interpreted 1970s students’ experiences of holding meaning as good and bad into what Gadamer termed metaphorical play. Gadamer (1975/2013) spoke of the

play of light and the play of the waves. The commonality of all play, he argued, is the to and fro movement that is not tied to any goal that would bring it to an end. Thus, Gadamer's notion of play has personal and scholastic risk by opening up the possibilities to shape new understandings (Regan, 2012). This study has taken the notions of good and bad and opened up further meanings through the ontology of the impact of students' experience on later life. It has rehabilitated and extended the meaning of the good in general training which had almost been relegated to silence in the 1960s-1970s professional push for change. It is also a revisiting of the bad, much of which supports the criticisms in New Zealand reports of this form of nurse preparation. It shows and tells how the good and bad shape who former students are today and, in doing so, it uncovers temporal influences on meaning. What was deemed bad may now be something valued within who a student is today because student experiences of support and challenge continue to be in play.

### The Past Interacting with the Present

Bildung, as the cultural horizon, remains influential within nurse education. The shape of the today's nursing jug has changed, but the void still exists. For 1970s students, finding one's own way into the future was mostly left to oneself or achieved with the help of friends. The potential for a deeper ontological understanding of oneself usually lay untapped. Guenther (2011) argued little has changed. He claimed, "outcomes and outputs of education and learning are seldom described as 'successful' in terms of identity formation" (Guenther, p.210). Authors also agree that contemporary education continues to focus more on doing than becoming because the influence that learning has on personal and social identity is largely ignored (Hartrick Doane & Brown, 2011; Sandvik, Eriksson, & Hilli, 2014; Spadoni & Stevean, 2016; Tanner, 2004; Wilcock, 1999).

Undergraduate nursing education is necessarily obliged to ensure students have achieved a required level of substantive knowledge and can apply this competently in clinical practice. However, a focus on knowledge and skills, the 'outer' aspects of being a student overshadows the importance of 'inner' aspects such as identity formation and personal transformation (Sandvik et al., 2014). Likewise, Christiansen (1999) asserted the key to occupations is not just to being a person, but a particular person. The findings of this study support attending to the ontology of the student; that is, his or her way of

becoming a nurse. Teaching and learning could provide opportunities for students to share their stories; educators could focus on mentoring as well as their instructing role.

Hartrick Doane and Brown (2011) described a turn within nursing education that would, "intentionally orient the educative process ontologically and explicitly put epistemological at the service of ontology" (p.21). Teaching and learning practices would pay attention to the void, building in strategies that will not only offer the 'what' and the 'how' but also the 'who;' wherein this 'who' is not reducible to skill, quality, or capability (Dall' Alba & Barnacle, 2015). Hartrick Doane and Brown, and Dall' Alba and Barnacle (2007) concurred that a focus on the ontological within a curriculum would permeate curriculum design, pedagogy, assessment processes, and evaluation of teaching and courses. The impact of this would lead to strengthening of individual identity by encouraging independent choice and addressing the complexities of the individual nurse. This would be more likely to encourage a sense of knowing what matters to each student enabling them to better cope with the uncertainty and unpredictability of nursing practice. The impact of a greater ontological emphasis within nursing curricula would allow educators to help students reflect on what truly matters, and one's underlying assumptions, which Tanner (2004) claimed as essential for the growth of student nurses and human beings. Perhaps this is what Nightingale was alluding to in the past when stressing nursing pupils must have a 'good' character and why she did not support determining their worth through registration.

Furthermore, Tanner (2004), Milton (2003), and Jonas-Simpson (2003) have argued that greater ontological emphasis would have a positive impact by bringing more openness and individual orientated care to student nursing teaching and practice. A curriculum with an ontological orientation would provide time for students to discover themselves, to think, reflect, and to simply exist (Wilcock, 1999), mirroring 1970s student experience of togetherness as friends.

Like soldiers on battlefield, 1970s students dealt with their emotions alone or by talking with friends and family (Novak, Epstein, & Paulsen, 1999). The idea of workforce resilience and sustainability were not on the 1970s nursing agenda, according to Walker (2013) and, while not named as such, was a quality-of-self required for getting through 1970s training. Resilience is a relatively new concept in health and arises from the heightened concern with quality, safety, and risk aversion over the last decade or so

(Walker, 2013). National and international nursing literature is replete with content concerning the current challenges of incivility within the world of nursing such as bullying and horizontal violence (Kelsey, 2017; McCamish, 2017) and the impact of excessive workloads due to austerity within the health systems (Brennan, 2017). Rather than leaving resilience building mostly up to students themselves or friends and family, as was done in the 1970s, advocacy for resilience coaching is prevalent within nursing literature (Earvolino-Ramirez, 2007; Gilmour, 2018; Jackson, Firtko, & Edenborough, 2007; Turner, 2014). Challenges are compounded when students work in busy clinical areas with under resourced and under prepared nursing staff (Cadigan, 2017). Spadoni and Stevean (2016) referred to many nursing environments as 'troubling places' to practice at the interpersonal level. Students are challenged when applying new concepts and skills in environments which necessitate the reconsideration of personal beliefs and values (Stephens, 2013).

Developing students' resilience is purported to be a buffer against negative or unhealthy workplace behaviours, and a necessity for current students' wellbeing and the future New Zealand nursing workforce. Resilience is a factor in longevity and retention of nurses in the practice environment (Thomas & Asselin 2018; Walker, 2013). With more than 40% of New Zealand nurses aged 50 years or above in 2013 (Clendon & Walker, 2013), the aging workforce means resilience building in nursing students is essential.

McAllister and McKinnon (2009) offered recommendations for developing resilience within undergraduate nursing programmes.

- Begin with identity building. The aim being to help future students understand what they stand for and believe in, to foster a strengthened sense of self.
- Allow students to surface and work on their ways of coping by exploring strengths and weaknesses to foster critical thinking skills and the ability to form self defensive strategies.
- Foster coping development by learning from other practitioners or students through sharing experiences.

Additionally, Cope, Jones, and Hendricks (2016) discussed ways of becoming resilient with which the 1970s students of my study were well versed. These included:

- Staying positive
- Valuing social support

- The ability to reflect on what happened to develop new insights whereby recognising their growth.

Becoming resilient emerges from encountering adversity. In my study, students suffered and struggled to work through the horrible, difficult, and unpredictable experiences of being thrown. They were then left to integrate such experiences into a sense of who they were. Experiencing and learning to deal with awkward practice situations in an uncertain and unpredictable world, is important for students (Barnett, 2005). For many 1970s students, this is a today's gift of their training but their key message is to care for the student, just as the nurse is expected to care for her patients.

**Friendships**

Student to student friendships mattered to the being a 1970s student. Friendships offered support and a sense of belongingness. We speak of 'our' class, we can point to class photographs (see Appendices D and E). We celebrated student milestones with events such as a graduation ball and/or class lunches. There are no longer class photographs in the School within which I work and there are few celebrations of specific events that involve the whole student cohort. Classes are often large and impersonal. Students are an ever-expanding mix of cultures, with varying economic, social, spiritual, and generational backgrounds. Many students have family commitments and jobs to support themselves with little extra time to spend with peers. This study concurs with authors who claim student-to-student friendship is important to one's Bildung. Jackson et al., (2007), Roberts (2009) and Teschers (2015), argued that in an education for a profession and life, friendship is essential for thriving and, indeed, survival. For example, Roberts found when keeping student nurse friends together in clinical, their learning was enhanced. Friends develop an 'ask anything' culture whereby they are perceived as valuable sources of knowledge.

In light of the significance of friendship to student Bildung, recommendations for education and practice strategies are:

- Educators becoming more flexible in placing friends together in clinical to enable peer learning and support to take place (Roberts, 2009).
- Friendship to be a prescribed concept; a topic of critical reflection to explore the importance of friendship to their lives as nursing students now and in future careers. This could stress the interconnectedness of human beings, especially in

the globalised and virtual world in which students are living today (Teschers, 2015).

- Paying attention to ways of fostering friendships in planning the delivery of a curriculum for large classes of nursing students. Examples being: smaller core groups travelling through the programme together, and a return to get-together experiences which were once part of my educator role such as student concerts, sports days, and end of semester celebrations.

Nevertheless, while one can put strategies in place to bring students together, one cannot ensure they then become friends. Heidegger suggested:

> True comradeship only arises under the pressure of a great common danger or from the ever-growing commitment to a clearly perceived common task; it has nothing to do with the effusive abandonment of psychological inhibitions by individuals who have agreed to sleep, eat and sing under one roof. (cited in Young, 2001, p. 56)

One would not seek to return to the 'great common danger' of nurse training in the 1970s; yet, in sharing the common task of 'getting through,' these students were gifted with true comradeship which has held fast. The challenge for today's educators is to identify the common struggles and tasks which bring forth authentic relationship.

**Recommendations for Future Research**

Four key areas for further research emerge from this study. The importance of a student's ontology was an integral finding in this study. Becoming who one 'is' through their (trans) formation appears to be integral to becoming a nurse. Sandvik et al. (2014) argued understanding and becoming can be perceived as the heart of the matter in nursing education; yet, currently the literature suggests undergraduate educators have little time or a curriculum which overtly supports and allows them to focus on this aspect of 'letting learn' (Heidegger, 1968). Researching the broader area of facilitating student ontology could expand nursing education and practice to better support the development of who a student 'is' through addressing the complexities of a student's identity.

This study has shown strong nursing student-to-student friendships positively enriched the experience of being a student. Little is currently understood about the meaning of

such friendships within larger urban schools of nursing in New Zealand where student populations are diverse and influenced by the rise of on-line teaching and social media. Exploring the phenomenon of student-to-student friendship would offer a contemporary understanding of the meaning of this; how it develops and is sustained in today's student experience.

Becoming resilient seems essential for success within a nursing preparation programme and to life thereafter. Further research could usefully consider ways of growing resilience in the preparation of nurses. In particular, exploration of how New Zealand nurse educators define, teach, and develop resilience within students would impact on student wellbeing and the future workforce of New Zealand nurses. Additionally, a qualitative study capturing the phenomenon of becoming resilient within students in their final semester of study could reveal important meanings and insights; the aim being to help frame future teaching and learning by recognising potential issues faced by today's students and their ways through these.

1970s New Zealand nursing literature was replete with what was 'bad' with general hospital-based training. This study has supported many of these criticisms while also revealing what was deemed as 'good.' Exploring notions of 'good' and 'bad' of today's undergraduate nursing education from students' and educators' perspectives and could be a valuable source for reflection and future direction.

**Study Limitations**

1970s students are the custodians of meaning for this study. Selecting participants on a first come basis limited the range of years training occurred. Fourteen participants had training years clustered from 1974-1977, and for the 15$^{th}$ participant 1970-1975. This meant experiences which underpin this study derive from a specific part of the decade. Additionally, the AHB School of Nursing was the largest in Australasia. The experiences of students reflect those of being within a large organisation which may differ from those within smaller training hospitals.

This study is influenced by who am I and, as Gadamer (1975/2013) claimed in his notion of prejudice, I have been unable to escape bringing both negative and positive prejudices to the meanings surfaced in this study. I have outlined my known prejudices and made earnest attempts to limit their influence on my interpretations.

## Concluding Personal Reflections

Students' memories of past experiences, their experiences of the present, and their anticipated future experiences coalesce within this study, as did mine. Paul Ricoeur, when interviewed in 1986, claimed, "our self is vastly richer if time is considered to be a gathering moment where expectation, memory and present experience coincide" (Reagan, 1996, p.111). I began this study with strong views about the meaning of having been a 1970s general nursing student. My prejudices reflected much of the 1960s and 1970s national and international literature calling for significant changes to nurse preparation (as outlined in Chapter 2). I was disappointed in the nature of my training. My predominant memories were of feeling constantly fearful. In the 1980s, ongoing university study enabled me to delve into the critical and feminist critique of nursing and further cemented my dissatisfaction.

Undertaking this study has been a deeply reflective process wherein a filtering of my past became a confirming and revealing journey. The findings of this research have confirmed both the 'bad' aspects of being a student (outlined in Chapters 2 and 3) and the fact that I was not alone in feeling fearful. They have also revealed meanings of the 'good,' offering me a much deeper appreciation of the impact of being a student in what was reported to be an outdated and less than ideal system of nursing education. I now recognise that my strength of character, commitment to stand up for injustice, and deep commitment to patient centred care were all born from that initial training experience. Furthermore, I look back at the times in the past three decades when my role was to support student nurses in clinical practice and see afresh where my 'care' for their vulnerability had its genesis.

## Conclusion

Hermeneutics pursues thinking. "Thinking is reflecting on something that one knows. It is a movement of thought to and fro, a being moved to and fro by thought, by possibilities, offers, doubts and new questions" (Gadamer, 1994, p.183). This study offers plausible meanings of the experience of being a 1970s general hospital trained nursing student. It does not provide definitive answers and other researchers and participants may offer additional meaning. The aim, as Gadamer claimed, is to keep the conversations open and thus to extend and deepen one's understandings. This study positions 1970s students firmly within the academic nursing literature and offers a

reflection on the past to help shape contemporary nursing education. In conclusion, I draw on one participant's words: "*I am still really proud of being a hospital trained nurse. I am quite a novelty to the young tech students. They say, 'oh we love hearing your stories about your training.' We are part of history as far as they are concerned*" (Carol).

I wonder what they love and find difficult.

## References


Abel-Smith, B. (1977). *A history of the nursing profession*. London, UK: Heinemann Educational Books.

Analysis of the work force by sex and occupational status. (1969). *Labour and Employment Gazette, 19*(3), 24-25.

Andrew, T. (1972). Male nurses. *Kai Tiaki: The New Zealand Nursing Journal, May,* 15-16.

Angen, M. (2000). Evaluating interpretive inquiry. Reviewing the validity debate and opening the dialogue. *Qualitative Health Research, 10*(3), 378-395. doi: 10.1177/104973230001000308

Annells, M. (1996). Hermeneutic phenomenology: Philosophical perspectives and current use in nursing research. *Journal of Advanced Nursing, 23*(4), 705-713. doi:10.1111/j.1365-2648.1996.tb00041.x

Auckland Hospital Board. (1971). *Information on general nursing*. Auckland, New Zealand: Author.

Auckland Hospital Board. (1972/1974). *Conditions of employment. Government regulations affecting all student nurses and staff of Auckland School of Nursing*. Auckland, New Zealand: Author.

Auckland Hospital Board. (1972/1978). *Nursing staff information and guidance booklet.* Auckland, New Zealand: Author.

Auckland Hospital Board. (1974). *School of Nursing handbook.* Auckland, New Zealand: Author.

Austgard, K. (2012). Doing it the Gadamerian way - using philosophical hermeneutics as a methodological approach in nursing science. *Scandinavian Journal of*

*Caring Science*s, *26*(4), 829-834. doi:10.1111829834-/j.1471-6712.2012.00993.x

Avolio, B. J., & Gardner, W. L. (2005) Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*, *16*, 315-338. doi:10.1016/j.leaqua.2005.03.001

Babich, B. (2016). Heidegger's Jews: Inclusion/exclusion and Heidegger's anti-Semitism. *Journal of British Society for Phenomenology*, *47*(2), 133-156. doi:10.1080/00071773.2016.1139927

Bailey, J. I. (2014). Enframing the flesh: Heidegger, transhumanism, and the body as "Standing Reserve." *Journal of Evolution & Technology*, *24*(2), 44-62.

Bailey, P., & Tilley, S. (2002). Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing*, *38*(6), 574-583. doi:10.1046/j.1365-2648.2000.02224.x

Baker, C., Guest, E., Jorgenson, L., Crosby, K., & Boyd, J. (2012). *Ties that bind: The evolution of education for professional nursing in Canada from the 17th to the 21st century.* Canada: Canadian Association of Schools of Nursing.

Baly, M. (1986). *Florence nightingale and the nursing legacy*. Kent, UK: Croom Helm.

Bandura, A. (1977). *Self-efficacy. The exercise of self-control.* New York, NY: W.H. Freeman and Company.

Barber, P., & McMillan, R. (1970a). I.C.N statement on nursing education, nursing practice and service and the social and economic welfare of nurses. *Kai Tiaki: New Zealand Nursing Journal*, *Apr*, 6-8.

Barber, P., & McMillan, R. (1970b). System under fire. *Kai Tiaki: New Zealand Nursing Journal*, *Oct*, 4.

Barnett, R. (2005). Recapturing the Universal in the University. *Educational Philosophy and Theory*, *37*(6), 371-379. doi:10.1111/j.1469-5812.2005.00158.x

Batchelor, C. (2006).Vulnerable voices: An examination of the concept of vulnerability in relation to student voice. *Educational Philosophy and Theory, 38*(6), 788-800. doi:10.1111/j.1469-5812.2006.00231.x

Bates, B. (1970). Doctor and nurse: Changing roles and relations. *The New England Journal of Medicine, 283*(3), 129-134.

Bates, R. (1976). "Just take a pill everyday". *Broadsheet, 40*, 22-25.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.

Bessant, J. (1992). Good women and good nurses: Conflicting identities in the Victorian nurses' strike 1985–86. *Labour History, 63*, 155-73. doi:10.2307/27509144

Binding, L., & Tapp, D. (2008). Human understanding in dialogue: Gadamer's recovery of the genuine, *Nursing Philosophy*, *9*(2), 121-30. doi:10.1111/j.1466-769X.2007.00338.x.

Bohn. (1975). To cap or not to cap? *New Zealand Hospital, 27*(1), 23.

Boyd, E. (1972). And nurse training. *Kai Tiaki: The New Zealand Nursing Journal, Jul*, 12-15.

Boyd, E. (1973). A look at the Briggs report. *Kai Tiaki: The New Zealand Nursing Journal, Jun*, 27-32.

Bradshaw, A. (2001). *The nurse apprentice, 1860-1977*. Aldershot, UK: Ashgate.

Bradshaw, A. (2013). Gadamer's two horizons: Listening to the voices in nursing history. *Nursing Inquiry, 20*(1), 82-92. doi:10.1111/j.1440-1800.2011.00584.x

Brennan, E. J. (2017). Towards wellbeing and resilience in nursing. *British Journal of Nursing, 26*(1),43-47. doi:10.12968/bjon.2017.26.1.43

Brown, M. (1991). *The Auckland School of Nursing 1883-1990: The rise and fall* (Unpublished Master's thesis). University of Auckland, Auckland, New Zealand.

Brown, M., Masters, D., & Smith, B. (1994). *Nurses of Auckland: The history of the general nursing programme in the Auckland School of Nursing.* Auckland, New Zealand: Authors.

Brunner, L., Emmerson, C., Ferguson L., & Suddarth, D. (1970). *Text book of medical surgical nursing* (2nd ed). New York, NY: Lippincott.

Bryder, L. (1998). *Not just weighing babies. Plunket in Auckland, 1908-1998*. Auckland, New Zealand: Pyramid Press.

Burgess, M. E. (1984). *Nursing in New Zealand society*. Auckland, New Zealand: Longman Paul Limited.

Burton, T. (1970). Why educate? *Kai Tiaki: The New Zealand Nursing Journal*, *Apr*, 4-5.

Cadigan, K. (2017). *Supporting the struggling nursing student in clinical practice* (Unpublished Master's thesis). University of Canterbury, Christchurch, New Zealand.

Caputo, J. (1987). *Radical hermeneutics: Repetition, deconstruction, and the hermeneutic project.* Indianapolis, IN: Indiana University Press.

Carroll, L. (1871). *Through the looking glass and what Alice found there.* Retrieved from http://birrell.org/andrew/alice/lGlass.pdf

Carpenter, H. (1971). *An improved system of nursing education for New Zealand.* Wellington, New Zealand: Department of Health.

Calasso, R, (1993). The marriage of Cadmus and harmony (T. Parks Trans.). New York, NY: Knopf.

Castle, J. (1987). The development of professional nursing in New South Wales, Australia. In C. Maggs (Ed.), *Nursing history: The state of the art* (pp. 9-32). London, UK: Croom Helm.

Chen, R. (2015). Do as we say or so as we do? Examining the hidden curriculum in nursing education. *Canadian Journal of Nursing Research, 47*(3), 7-17.

Cherrington, A. (1984). Transfer of nursing education. *Kai Tiaki: The New Zealand Nursing Journal, 77*(11), 10-13.

Chinn, P. L., & Wheeler, C. (1985). Feminism and nursing. *Nursing Outlook, 33*(2), 74-77.

Chittick, R. (1969). University education for nurses. *Kai Tiaki: The New Zealand Nursing Journal, Oct*, 5-7.

Christensen. J. (1973). Shaping the course at Wellington. *Kai Tiaki: The New Zealand Nursing Journal, Apr*, 28-29.

Christiansen, C. H. (1999). Defining lives: Occupation as identity: An essay on competence, coherence and the creation of meaning. *American Journal of Occupational Therapy,* 53, 547-558. doi:10.5014/ajot.53.6.547

Clendon, J., & Walker, L. (2013). The health of nurses aged over 50 in New Zealand. *Contemporary Nurse, 45*(1), 85-94. doi:10.5172/conu.2013.45.1.85

Cope, V., Jones, B., & Hendricks, J. (2016). Why nurses chose to remain in the workforce: Portraits of resilience. *Collegian*, 23, 87-95. doi:10.1016/j.colegn.2014.12.001

Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2017). Crafting stories in hermeneutic phenomenology research: A methodological device. *Qualitative Health Research, 27*(6), 826-835. doi:10.1177/1049732316656161

Dall'Alba, G., & Barnacle, R. (2007). An ontological turn for higher education, *Studies in Higher Education, 32*(6), 679-691. doi:10.1080/03075070701685130

Dall'Alba, G., & Barnacle, R. (2015). Exploring knowing/being through discordant professional practice. *Educational Philosophy and Theory*, *47*(13-14), 1452-1464. doi:10.1080/00131857.2014.947562

Daniels, L. (1998). Vulnerability as a key to authenticity. *Journal of Nursing Scholarship, 30*(2), 191-192. doi:10.1111/j.1547-5069.1998.tb01279.x

Dann, C. (1985). *Up from under: Women and liberation in New Zealand 1970-1985.* Wellington, New Zealand: Allen & Unwin Port Nicholson Press.

Davidson, A. (1989). Symposium on Heidegger and Nazism. Questions concerning Heidegger; opening the debate. *Critical Inquiry*, *15*(2), 407-426. doi:10.1086/448490

De Witt, L., & Ploeg, J. (2006). Critical appraisal of rigour in interpretive phenomenological nursing research. *Journal of Advanced Nursing*, 55(2), 215-229. doi:10.1111/j.1365-2648.2006.03898.x

Dearden, R. (1985). Education and training. *Westminster Studies in Education, 7*, 57-66.

Delacour, S. (1991). The construction of nursing: Ideology discourse and representation. In G. Gray & R. Pratt (Eds.), *Towards a discipline of nursing* (pp. 413-33). Melbourne, Australia: Churchill Livingston.

Department of Education. (1969). *Vocational guidance service*. Wellington, New Zealand: Author.

Department of Health. (1969). *A review of hospital and related services in New Zealand.* Wellington, New Zealand: Author.

Department of Health. (1972). *Guidelines for hospitals schools of nursing.* Wellington, New Zealand: Author.

Department of Health. (1976). *Guidelines for hospitals schools of nursing. Revised*. Wellington, New Zealand: Author.

Department of Health. (1988). *Nursing education in transition 1973-1988. The Department of Health's perspective*. Wellington, New Zealand: Workforce Development Group Department of Health.

Department of Māori and Island Affairs. (1970). *General nursing: An introductory course*. Wellington, New Zealand: Author.

Derham, J. (2018). Please do not view my training as a flaw. *Kai Tiaki: The New Zealand Nursing Journal*, *24*(1), 5.

Douglas, H. (1970). Qualities of the true nurse. *Kai Tiaki: The New Zealand Nursing Journal, Jan*, 18-19.

Dreyfus, H. (1991). *Being-in-the-world: A commentary on Heidegger's Being and Time, division I*. Cambridge, MA: MIT Press.

Dreyfus, H. (2006). Nihilism, art technology and politics. In C. Guignon (Ed.), *The Cambridge companion to Heidegger* (pp. 345-372). Cambridge, UK: Cambridge University Press.

Dreyfus, H., & Spinosa, C. (2003). Further reflections on Heidegger, technology, and the everyday. *Bulletin of Science, Technology & Society, 23*(5), 339-349. doi:10.1177/0270467603259868

Dunsford, D. (1994). *The privilege to serve others: The working conditions of general nurses in Auckland Public Hospitals 1908-1950* (Unpublished Master's thesis). University of Auckland, Auckland, New Zealand.

Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. *Nursing Forum*, *42*(2), 73-82. doi:10.1111/j.1744-6198.2007.00070.x

Edgar, A., & Pattison, S. (2016). Flourishing in health care. *Health Care Anal, 24*, 161-173. doi:10.1007/s10728-016-0315-5

Emms, S. (2005). *The modern journeyman: Influences and controls of apprentice style learning in culinary education* (Unpublished Master's thesis). Auckland University of Technology, Auckland, New Zealand.

Erskine, R. (2013). Vulnerability, authenticity and intersubjective contact: Philosophical principles of integrative psychotherapy. *International Journal of Integrative Psychotherapy*, *4*(2) 1-9.

Escudero, J. A. (2015). Heidegger's black notebooks and the question of anti-seminism. *Gatherings: The Heidegger Circle Annual*, 5, 21-49.

Farrands, R. (2009). Opening to the world through the lived body: Relating theory and practice in organisation consulting. *International Journal of Action Research, 5*(1), 114-143. doi:10.1688/1861-9916_ijar_2009_01_farrands

Fellenz, R. (2016). Forming the professional self: Bildung and the ontological perspective on professional education and development. *Educational Philosophy and Theory*, *48*(3), 267-283. doi:10.1080/00131857.2015.1006161

Filshie, K. (1985). *Nursing education in New Zealand 1960-1973: The struggle to attain professional status for the New Zealand nurse* (Unpublished Masters' thesis). Canterbury University, Christchurch, New Zealand.

Fieldhouse, A. (1973). Preparation of teachers. *Kai Tiaki: The New Zealand Nursing Journal*, *Feb*, 28-29.

Fleming, V., Gaidys, U., & Robb, Y. (2003). Hermeneutic research in nursing: Developing a Gadamerian-based research method. *Nursing Inquiry, 10*(2), 113-20. doi:10.1046/j.1440-1800.2003.00163.x

Ford, S. (1992). Professionalism and industrial relations: The New Zealand Nurse's Association in the 1960's ( Unpublished Master's thesis). Canterbury University, Christchurch, New Zealand.

Frame, J. (1983). *To the is-land*. London, UK: The Women's Press Limited.

French, P. (2001). Nursing registration: A time to celebrate? *Kai Tiaki: Nursing Journal of New Zealand*, *7*, 17-19.

Fiumara, G. ( 1990). *The otherside of language: A philosophy of listening*. New York: Routledge.

Gadamer, H. G. (1975/2013). *Truth and method* (J. Weinsheimer & D. Marshall Trans.). London, UK: Bloomsbury.

Gadamer, H. G. (1994). *Heidegger's ways.* New York, NY: State University of New York Press.

Gadamer, H. G. (1999). Friendship and self knowledge: Reflections on the role of friendship in Greek ethics. In H. G. Gadamer (Ed.), *Hermeneutics, ethics and religion* (pp. 128-141). New Haven, CT: Yale University Press.

Gadamer, H. G. (1998/2001). Education is self-education. *Journal of Philosophy of Education, 35*(4), 529-537. doi:10.1111/1467-9752.00243

Gadamer, H. G., & McCumber, J. (1989). Back from Syracuse? HG Gadamer. *Critical Inquiry*, *15*(2), 427-430.

Gadamer, H. G. (2007). *The Gadamer reader: A bouquet of the later writings.* Evanston, IL: Northwestern University Press.

Gage, J., & Hornblow, A. (2007). Development of the New Zealand nursing workforce: Historical themes and current changes. *Nursing Inquiry*, *14*(4), 330-334. doi:10.1111/j.1440-1800.2007.00380.x

Gasquoine, S. (1996). *Constant vigilance: The lived experience of mothering a hospitalised child* (Unpublished Master's thesis). Massey University, Palmerston North, New Zealand.

Gelven, M. (1970). *A commentary on Heidegger's Being and Time*. London, UK: Harper & Row.

Gilham, C. (2012). Talking to one another in education: The importance of Bildung and tact. *Disability Studies Quarterly, 32*(1), 1-10. doi:10.18061/dsq.v32i1.3029

Gilmour, C. (2018). Tackling bullying. *Kai Tiaki: The New Zealand Nursing Journal, 24*(1), 33.

Glasgow, L. (1976). Family planning on a shoestring. *Broadsheet*, 38, 22-23.

Godden, J. (2007). Reflections on history's evidence base. *Nursing Inquiry, 14*(4), 265. doi:10.1111/j.1440-1800.2007.00383.x

Greer, G. (1970). *The female eunuch*. Aylesbury, UK: Hazel Watson & Viney.

Griffith, R. (1975). Following in Florence's footsteps. *Broadsheet, 20*, 30-32.

Group, M., & Roberts, J. (2001). *Nursing, physician control and the medical monopoly*. Bloomington, IN: Indiana University Press.

Guile, D., & Young, M. (1998). Apprenticeship as a conceptual basis for a social theory of learning. *Journal of Vocational Educational and Training, 50*(2), 173-192. doi:10.1080/13636829800200044

Guenther, J. (2011). Vocational learning in the frame of a developing identity. In R. Catts, I. Falk, & R. Wallace (Eds.), *Vocational learning in the frame of a developing identity* (pp. 205-216. New York, NY: Springer. doi: 10.1007/978-94-007-1539-4_13

Hamill, S. (2003). Resilience and self-efficacy. The importance of efficacy beliefs and coping mechanisms in resilient adolescents. *Colgate University Journal of Sciences, 35*, 115-146.

Hartrick Doane, G., & Brown, H. (2011). Recontextualising learning in nursing education: Taking the ontological turn. *Journal of Nursing Education*, *50*(1) 21-26. doi:10.3928/01484834-20101130-01

Havel, V. (1988). *Letters to Olga*. New York, NY: Alfred A. Knopf.

Heaslip, V., Hean, S., & Parker, J. (2018). The etemic of Gypsy Roma traveller community vulnerability: It is time to rethinking our understanding of vulnerability. *Journal of Clinical Nursing, 27*(17-18), 3426-3434. doi:10.1111/jocn.13499

Heidegger, M. (1957/1987). *An introduction to metaphysics* (R. Manhein Trans.). New Haven, CT: Yale University Press.

Heidegger, M. (1962/2016). *Being and time. A translation of Sein and Zeit* (J. Macquarrie & E. Robinson Trans.). Oxford, UK: Blackwell Publishing.

Heidegger, M. (1966). *Discourse on thinking* (J. M. Anderson & E. Freud Trans.). New York, NY: Harper & Row.

Heidegger, M. (1968). What is called thinking? (J. Gray Trans.). New York, NY: Harper & Row.

Heidegger, M. (1971/1975). The thing (A. Hofstader Trans.). In G. Gray (Ed.), *Poetry, language thought* (pp.165-182). New York, NY: Harper Row.

Heidegger, M. (1977). The question of technology. In D. Krell (Ed.), *Martin Heidegger basic writings* (pp. 307-342). San Francisco, CA: Harper Collins.

Hill, R. (2009). *Maori and the State: Crown-Maori relations in New Zealand/Aotearoa 1950-2000.* Wellington, New Zealand: Victoria University Press.

Hoffmann, F. (1991). Feminism and nursing. *NWSA Journal, 3*(1), 53-69.

Hopkins, M. (1973). Counselling service. *Kai Tiaki: New Zealand Nursing Journal, Nov,* 16-17.

Holroyd, A. E. (2007). Interpretive hermeneutic phenomenology: Clarifying understanding. *Indo-Pacific Journal of Phenomenology, 7*(2), 1-12.

Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. *International Journal of Qualitative Methods, Jan-Dec,* 1-8. doi: 10.1177/1609406916680634

Horsburgh, M. (1987). *Graduate nurse's adjustment to initial employment* (Unpublished Master's thesis). University of Auckland, Auckland, New Zealand.

"Hospital Boards' Policy". (1972). *Kai Tiaki: New Zealand Nursing Journal, Jul,* 24-25.

Hynes, G., Coglan, D., & McCarron, M. (2012). Developing practice in health care: The contribution of Bildung to negotiating the tensions among practical, professional and organisational knowledge. *International Journal of Action Research, 8*(2), 159-184. doi:10.1688/1861-9916_IJAR_2012_02_Hynes

Jackson, D., Firtko, A., & Edenborough, M. (2007). Personal resilience as a strategy for surviving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing, 60*(1), 1-9. doi:10.1111/j.1365-2648.2007,04412.x

Jacobson, M. (1966). Effective and ineffective behaviour of teachers of nursing as determined by their students. *Nursing Research, 15*(3), 218-224.

Jardine, D. (1992). Reflections on education, hermeneutics, and ambiguity: Hermeneutics as a restoring of life to its original difficulty. In W. F. Pinar & W. M. Reynolds (Eds.), *Understanding curriculum as phenomenological and deconstructed text* (pp. 116-130). New York, NY: Teachers College Press.

Jardine, D. W. (2006). Unable to return to the God's that made them. In D. Jardine, S. Friesen & P. Clifford (Eds.), *Curriculum of abundance* (pp. 267-78). New York, NY: Routledge.

Jonas-Simpson, C. (2003). The experience of being listened to: A human becoming study with music. *Nursing Science Quarterly,16*(3), 232-238. doi:10.1177/0894318403252452

Jones, G. (1973). Nursing and discipline. *New Zealand Nurses Forum, 1*(3), 12.

Joseph, N., & Alex, N. (1972). The uniform: A sociological perspective. *American Journal of Sociology,* 77(*4*), 719-730.

Jostedt, M. (2015). Jane Addams and Hans-Georg Gadamer: Learning to listen with the other. *Dissertations*. Paper 1130. https://core.ac.uk/download/pdf/60581176.pdf

Kalisch, A., & Kalisch, B. **(**1984**)**. Sex-role stereotyping of nurses and physicians on prime-time television: A dichotomy of occupational portrayals. *Sex Roles, 10*(7/8), 533-553. doi:10.1007/BF00287262

Kelly, B. (2003). *Words worth repeating: More than 5,000 classic and contemporary quotes.* Grand Rapids, MI: Kregel Publications.

Kelsey, R. (2017). Nursing's bullying culture. *Kai Tiaki: The New Zealand Nursing Journal, 23*(5), 32-33.

Kiesel, T. (2002). *Heidegger's way of thought.* New York, NY: Continuum.

King, M. H. (1964). *Heidegger's philosophy. A guide to his basic thought*. New York, NY: Macmillan Company.

King, M. (1988). *After the war: New Zealand since 1945.* Auckland, New Zealand: Wilson Horton.

Kinlock, P. (1979). Cross cultural communication in New Zealand: Samoans and nurses in action. *Kai Tiaki: The New Zealand Nursing Journal, Apr*, 19-22.

Kinross, N. (1984). Nursing education in New Zealand: A developmental perspective. *International Journal of Nursing Studies, 21*(3), 193-199.

Kinsella, E. A. (2006). Hermeneutics and critical hermeneutics: Exploring possibilities within the art of interpretation. *Forum: Qualitative Social Research, 7*(3), 1-16. doi:10.17169/fqs-7.3.145.

Kinsella, W. (2007). Heidegger and being at the Hanford reservation: Standing reserve and environmental communication theory. *Environmental Communication*, *1*(2), 194-217. doi:10.1080/17524030701642728

Koch, T. (1994). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing, 19*(5), 976-986. doi:10.1111/j.1365-2648.1994.tb01177.x

Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, *21,* 827-836. doi:10.1046/j.1365-2648.1995.21050827

Krell, D. F. (Ed). (1993). *Martin Heidegger basic writings . Ten key essays*. San Franciso, USA: Harper Collins.

Laity, B. (1973). The Nursing Council. *The New Zealand Nursing Journal*, *Nov*, 14-15.

Lavine, T. ( 1999). Martin Heidegger: Between good and evil. S*ociety*, Sept/Oct, 82-86.

Lawn, C. (2006). *Gadamer: A guide for the perplexed*. London, UK: Continuum.

L'Engle, M. (2016). *Walking on water. Reflections on faith and art.* New York, NY: Penguin Random House.

Lindberg, S., von Post, I., & Eriksson, K. (2013). Hermeneutics and human interplay: A clinical caring science research method. *International Journal of Qualitative Methods, 12,* 99-112. doi:10.1177/160940691301200145.

Magrini, J. (2006). "Anxiety" in Heidegger's Being and Time: The harbinger of authenticity. *Philosophy Scholarship, 15,* 77-86. https://dc.cod.edu/philosophypub/15

Makurova, A. (2016). Gadamer on friendship and solidarity: The increase in being in communal human life. *Russian Sociological Review*, 15(4), 146-161. doi:10.17323/1728-192X-2016-4-146-161

Malone, R. (2000). Dimensions of vulnerability in emergency nurse's narratives. *Advances in Nursing Science, 23*(1), 1-11.

Manchester, A. (2015). Preserving nursing history. *Kai Tiaki: The New Zealand Nursing Journal, 21*(3), 38.

Matheson, I. (1973). Cultural barriers. *Kai Tiaki: The New Zealand Nursing Journal, Jul*, 17-20.

McAllister, M., & McKinnon, J. (2009). The importance of teaching and learning resilience in the health disciplines: A critical review of the literature. *Nurse Education Today, 29*(4), 371-379. doi:10.1016/j.nedt.2008.10.011

McCamish, J. (2017). Awareness of bullying. *The Dissector, 45*(2), 6.

McCutchan, A. (1971). The student: A discovery. *Kai Tiaki: The New Zealand Nursing Journal, Nov*, 10-11.

McKean, W., & Molloy, R. (1972). Kai Tiaki: The trainee nurses' view. *New Zealand Medical Journal, 75*, 191-193.

Miller, K. M. (1972). Technical institute training. *Kai Tiaki: The New Zealand Nursing Journal, Mar*, 12-14.

Miller, N. R. (1978). *The problems experienced by graduates of student based comprehensive programmes as they provide nursing care in general hospitals* (Unpublished Master's thesis). University of Auckland, Auckland, New Zealand.

Milton, C. L. (2003). A graduate curriculum guided by human becoming: Journey with the possible. *Nursing Science Quarterly, 16*(3), 214-218. doi:10.1177/0894318403255349

Moreau, D. (1997). *Living with the pill: Oral contraceptive use in New Zealand, 1960–1975* (Unpublished Master's thesis). University of Auckland, Auckland, New Zealand.

Moules, N. (2002). Hermeneutic inquiry: Paying heed to history and Hermes: An ancestral, substantive, and methodological tale. *International Journal of Qualitative Methods, 1*(3), 1-21. doi:10.1177/160940690200100301

Murray, N. (2001). *A history of apprenticeship in New Zealand* (Unpublished Master's thesis). Lincoln University, Christchurch, New Zealand.

Nanson, E. (1972). A blueprint for nursing education in New Zealand. *The New Zealand Medical Journal, 75*, 187-190.

Nanson, J. (1974). A student's view of education. *Kai Tiaki: The New Zealand Nursing Journal, Dec,* 27-28.

Neilson, C. (2009). *Part I: An introduction to Hans George Gadamer*. Retrieved from http://percaritatem.com/2011/02/02/part-iii-toward-an-archaeologico-hermeneutical-fusion/

Nordenbo, S. E. (2002). Bildung and the thinking of Bildung. *Journal of the Philosophy of Education, 36,* 341-352. doi:10.1111/1467-9752.00280

Novack, D. H., Epstein, R. M., & Paulsen, R. H. (1999). Toward creating physician-healers: Fostering medical students' self-awareness, personal growth, and well-being. *Academic Medicine, 74,* 516-520.

*Nurses Act 1971. New Zealand Statutes.* Wellington, New Zealand: Government Printer.

*Nurses and Midwives Act 1925/1945.* Wellington, New Zealand: Government Printer.

Nurses and Midwives Board. (1970). *Three-year general and male nursing programmes: Curriculum guide.* Wellington, New Zealand: Nurses and Midwife Board.

*Nurses Registration Act 1901*. Wellington, New Zealand: Government Printer.

O'Brien, M. A. (1976). Good health - the by-product of an untrammelled ethos? *Kai Tiaki: The New Zealand Nursing Journal, Mar*, 10-12.

O'Connor, M. E. (2010). *Freed to care, proud to nurse: 100 years of the New Zealand Nurses Organisation*. Wellington, New Zealand: Steele Roberts.

O'Dowd, A. (2008). *Nursing in the 1970's: You are here to do the work, so get on with it'*. Retrieved from https://www.nursingtimes.net/

Olssen, E. (2010). *Unions and employee organisations - unions after 1960*. Te Ara- the Encyclopaedia of New Zealand. Retrieved from www. TeAra.govt.nz/en/unions-and-employee-organisations /page 7

Onions, C. (Ed.). (1973). *The Shorter Oxford English dictionary* (3rd ed.). Oxford, UK: Clarendon Press.

*Online Etymology Dictionary*. (2000). Retrieved from https://www.etymonline.com

Orbell, B. (1971). The Achilles' heel. *Kai Tiaki: The New Zealand Nursing Journal, Mar*, 4.

Orr, E. (1975). Progress toward equal opportunity. *Labour & Employment Gazette, 25*(1), 5-7.

Palmer, P. (1988). *The courage to teach*. San Francisco, CA: Jossey-Bass.

Palmer, R. (2002). A response to Richard Wolin on Gadamer and the Nazis. *International Journal of Philosophical Studies, 14*(4), 467-482. doi:10.1080/09672550210167432

Papps, E. (1998). *Knowledge, power, and nursing education in New Zealand: A critical analysis of the construction of the nursing identity* (Unpublished Doctoral thesis). Otago University, Dunedin, New Zealand.

Papps, E., & Kilpatrick, J. (2002). Nursing education in New Zealand-past, present and future. In E. Papps (Ed.), *Nursing in New Zealand: Critical issues: Different perspectives* (pp. 1-8). Auckland, New Zealand: Pearson Education.

Pascoe, E. (1996). The value to nursing research of Gadamer's hermeneutical philosophy. *Journal of Advanced Nursing, 24*, 1309-1314. doi:10.1111/j.1365-2648.1996.tb01039.x

Penny, M. (1968). *The student nurse in New Zealand: An exploration in role perception* (Unpublished Master's thesis). Canterbury University, Christchurch, New Zealand.

Perry, J. (1985). *Theory and practice in the induction of five graduate nurses: A reflective critique* (Unpublished Master's thesis). Massey University, Palmerston North, New Zealand.

Piercey, C. (2002). *Nurse education in Western Australia from 1962-1975: A historical perspective of influences and changes* (Unpublished Doctoral thesis). Curtin University of Technology, Perth, Australia.

Polkinghorne, D. (2000). Psychological inquiry and the pragmatic and hermeneutic traditions. *Theory & Psychology, 10*(4), 453-479. doi:10.1177/0959354300104002

Pratt, D. (1992). Conceptions of teaching. *Adult Education Quarterly, 42*(4), 203-220. doi:10.1177/074171369204200401

Prebble, K. (2014). We did our best to be loving and caring: Mental health nurses reflect on the past. *International Journal of Mental Health Nursing, 23*(1), 1-45. doi: 10.1111/inm.12104

Ramsay, P. (1978). *The vocational commitment of student nurses and student teacher*. (Unpublished Doctoral thesis). Waikato University, Hamilton, New Zealand.

Rashotte, J. (2005). Knowing the nurse practitioner: Dominant discourses shaping our horizons. *Nursing Philosophy, 6*(1), 51-62. doi:10.1111/j.1466-769X.2004.00199.x.

Rayner, B. (1983). *Constancy and difference in the dimensions and elements of nursing practice 1901-1981* (Unpublished Master's thesis). Massey University, Palmerston North, New Zealand.

Reagan, C. (1996). *Paul Ricoeur: His life and his work*. Chicago, IL: University of Chicago.

Regan, P. (2012). Hans-Georg Gadamer's philosophical hermeneutics: Concepts of reading, understanding and interpretation. *Research in Hermeneutic, Phenomenology, and Practical Philosophy, 9*(2), 286-303.

Reeder, F. (1995). Passages through the heart: A hermeneutic of choice. In A. Omery, C. E. Kasper, & G. G. Page (Eds.), *In search of nursing science* (pp. 194-204). London, UK: Sage.

Reeder, F. (1998). *Hermeneutics*. New York, NY: National League of Nursing.

Reichenbach, R. (2003). Beyond sovereignty: The twofold subversion of Bildung. *Educational Philosophy and Theory, 35*(2), 201-209. doi:10.1111/1469-5812.00019

Reid, A. E. (1965). *Report to the University Grants Committee on nursing education in New Zealand*. Wellington, New Zealand: University Grants Committee: Whitcome & Tombs.

Rich, A. (2001). *Arts of the possible*. New York, NY: W.W. Norton & Co.

Roberts, D. (2009). Friendships fosters learning: The importance of friendships in clinical practice. *Nurse Education in Practice, 9*(6) 367-371.doi:10.1016/j.nepr.2008.10.016

Rothman, J. (2014). Is Heidegger Contaminated by Nazism? *The New Yorker,* April 28, 2014. Retrieved from https://www.newyorker

Ryff, C., & Singer, B. (2003). Flourishing under fire: Resilience as a prototype of challenged thriving. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (pp. 15-36). Washington, DC: American Psychological Association. doi:10.1037/10594-001

Salmon, E. B. (1983a). Tarantara. In E. B. Salmon (Ed.), *A profession in transition: Issues in nursing in New Zealand over two decades, 1961-1981* (pp. 44-46). Wellington, New Zealand: C. L. Bailey Nursing Education Trust.

Salmon, E. B (1983b). The nurse-an ethical and political being. In E. B. Salmon (Ed.), *A profession in transition: Issues in nursing in New Zealand over two decades, 1961-1981* (pp. 96-102). Wellington, New Zealand: C. L. Bailey Nursing Education Trust.

Salmond, G. (1976). Inequality of health care. *Kai Tiaki: The New Zealand Nursing Journal, Jan*, 23-28.

Sandvik, A-H., Eriksson, K., & Hilli, Y. (2015). Understanding and becoming-the heart of the matter in nurse education. *Scandinavian Journal of Caring Sciences, 29*, 62-72. doi:10.1111/scs.12128

Sargison, P. (1986). *From candles to computers: A bibliography of printed sources of the history of nursing in New Zealand.* Wellington, New Zealand: New Zealand Nursing Education and Research Foundation.

Sargison, P. (2001). *"Essentially a woman's work." A history of general nursing in New Zealand, 1830-1930* (Unpublished Doctoral thesis). Otago University, Dunedin, New Zealand.

Schneider, K. (2012).The subject-object transformations and ‘Bildung’. *Educational Philosophy and Theory, 44*(3), 302-311. doi:10.1111/j.1469-5812.2010.00696.x

Schneuwly, B., & Vollmer, H. J. (2018). Bildung and subject didactics: Exploring a classical concept for building new insights. *European Educational Research Journal, 17*(1), 37-50. doi:10.1177/1474904117696096

Schyfter, P. (2012). Standing reserves of function: A Heideggerian reading of synthetic biology. *Philosophy and Technology, 25*(2), 199-219. doi:10.1007/s13347-011-0053-4

Scott Heide, W. (1973). Nursing and women’s liberation a parallel. *American Journal of Nursing, 72*(5), 824-827.

Seneca, L. A. Timeless wisdom from the world’s most controversial stoic. https://fs.blog/seneca/

Shadbolt, Y. (1983). Nursing education – a major shift. *Kai Tiaki: The New Zealand Nursing Journal, 76*(1), 6-9.

Sheehan, T. (2001). A paradigm shift in Heidegger research. *Continental Philosophy Review*, 34, 183-202. doi:10.1023/A:1017568025461

Sheehan, T. (2014). What, after all, was Heidegger about? *Continental Philosophy Review, 47*(3-4), 249-274. doi:10.1007/s11007-014-9302-4

Sherman, G. (2009). Martin Heidegger’s concept of authenticity: A philosophical contribution to students’ affairs theory. *Journal of College and Character, 10*(7), 1-8. doi:10.2202/1940-1639.1440

Sinclair, J. (1995). From school girl to nurse 1960s. *Nursing Praxis, 10*(1), 38-40.

Skippon, N. (1977). The sad life of and hard times of high school women. *Broadsheet, 54*, 20-23.

Smythe, E. (1998). *Being safe in childbirth: A hermeneutic interpretation of the narratives of women and practitioners* (Unpublished Doctoral thesis). Massey University, Palmerston North, New Zealand.

Smythe, E. (2002). The violence of everyday in health care. In N. Dieklemann (Ed.), *In first do no harm: Power, oppression and violence in health care* (pp. 164-203). Madison, WN: University of Wisconsin Press.

Smythe, E. (2005). The thinking of research. In P. Ironside (Ed.), *Beyond method* (pp. 223-258). Madison, WN: University of Wisconsin Press.

Smythe, E., Ironside, P., Sims, S., Swenson, M., & Spence, D. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies, 45,* 1389-1397. doi:10.1016/j.ijnurstu.2007.09.005

Smythe, E., & Spence, D. (2012). Re-viewing literature in hermeneutic research. *International Journal of Qualitative Methods, 11*(1), 12-23. doi:10.1177/160940691201100102

Spadoni, M., & Stevean, P. (2016). Relational inquiry - Attending to the spirit of nursing students. *Religions, 7*(34). doi:10.3390/rel7030034

Spence, D. (1999). *Prejudice, paradox and possibility: Nursing a person from a culture other than one's own* (Unpublished Doctoral thesis). Massey University, Palmerston North, New Zealand. Do I need this

Spence, D. (2001). The evolving meaning of culture in New Zealand nursing, *17*(3), 51-59.

Spence, D. (2004). Prejudice paradox and possibility: the experience of nursing people from cultures other than one's own. In K. Kavanagh & V. Knowlden (Eds.), *Many voices: Towards caring culture in healthcare and healing* (pp.140-180). Madison, WI: University of Wisconsin Press.

Spence, D. (2016). Supervising for robust hermeneutic phenomenology: Reflexive engagement within horizons of understanding. *Qualitative Health Research,* 1-7. doi:10.1177/1049732316637824

Stein, L. (1967). The doctor-nurse game. *Archives of General Psychiatry, 16*(6), 699-703.

Stein, L. (1968). The doctor-nurse game. *American Journal of Nursing, Jan*, 101-105.

Stephens, T. (2013). Nursing student resilience: A concept clarification. *Nursing Forum, 48*(2), 125-133. doi:10.1111/nuf.12015

Stevenson, A. (1994). *In search of New Zealand nursing history: A literature review*. Wellington Polytechnic: School of Nursing, Health and Environmental Studies.

Stevenson, A. (1997). *Realities and rhetoric: General hospital nursing in New Zealand 1945 to 1960* (Unpublished Master's thesis). Victoria University, Wellington, New Zealand.

Stewart, J. (2013). *Stories of yesterday. Reflections on collegiality: Capturing the essence of nurses working with nurses* (Unpublished Master's thesis). Eastern Institute of Technology, Hawke's Bay, New Zealand.

Stewart, J., Floyd, S., Thompson, S., & Caldwell, S. (2015). The way we were. Collegiality in the '70s and '80s. *Kai Tiaki Research, 6*(1), 4-9.

Street, A. (1992). *Inside nursing: A critical ethnography of clinical nursing practice.* Albany, NY: State University of NY Press.

Tanner, C. (2004). The meaning of curriculum content to be covered or stories to be heard? *Journal of Nursing Education, 43*(1), 3-4. doi:10.3928/01484834-20040101-04

Taylor**,** B. J. (1994). *Being human: Ordinariness in nursing*. Melbourne, Australia: Churchill Livingstone.

Taylor, A. J., Small, D. K., White, J. E., Hall, P. E., & Fenwick, P. R. (1981). *An evaluation of nursing courses in technical institutes.* Wellington, New Zealand: Department of Education.

Teschers, C. (2015). The role of friendship and partnership in an education for life. *Knowledge Cultures: A Multi Disciplinary Journal, 3*(5), 92-101.

Thomas, L. J., & Asselin, M. (2018). Promoting resilience among nursing students in clinical education. *Nurse Education in Practice, 28,* 231-234. doi:10.1016/j.nepr.2017.10. 001

Thompson, C. (1983). Authenticity and everydayness. *Marilyn Zurmuehlin Working Papers in Art Education, 2,* 67-70. doi:10.17077/2326-7070.1050

Timu-Parata, C. (2009). May the dreams of the past be the reality: Reflections on the Māori health journey. *Whitireia Nursing Journal, 16,* 38-46.

Turner, S. (2014). The resilient nurse. An emerging concept. *Nurse Leader, 12*(6), 71-73. doi:10.1016/j.mnl.2014.03.013

Van Melzen, C. (1972), Interested in Māortianga? *Kai Tiaki: The New Zealand Nursing Journal,* Jan, 15.

van Manen, M. (1984). Practicing phenomenological writing. *Phenomenology & Practice, 2,* 36-69.

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Canada: State University of New York Press.

van Manen, M. (2014). *Phenomenology of practice. Meaning-giving methods in phenomenological research and writing.* Walnut Creek, CA: Left Coast Press.

van Manen, M. (2017). Phenomenology in its original sense. *Qualitative Health Research*, *27*(6), 810-825. doi:10.1177/1049732317699381

Varkoy, O. (2010). The concept of “Bildung”. *Philosophy of Music Education Review*, *18*(1), 85-96.

Wahlström, N. (2010). Do we need to talk to each other? How the concept of experience can contribute to an understanding of Bildung and democracy, *Educational Philosophy and Theory*, *42*(3), 293-309. doi:10.1111/j.1469-5812.2008.00441.x

Walhof, D. (2006). Friendship, otherness and Gadamer’s politics of solidarity. *Political Theory*, *34*(5), 569-593. doi:10.1177/0090591706290515

Walker, K. (1997). Dangerous liaisons: Thinking, doing nursing. *Collegian*, *4*(6), 8-14.

Walker, K. (2013). Building a resilient and sustainable workforce in healthcare: What might it take? *Contemporary Nurse*, *45*(1), 4-6.

Warnke, G. (2011). The hermeneutic circle verses dialogue. *The Review of Metaphysics*, *65*, 91-112.

Warnke, G. (2012). Solidarity and tradition in Gadamer’s hermeneutics. *History and Theory*, *51*(Dec), 2-22. doi:10.1111/j.1468-2303.2012.00644.x

Watson, L., & Girard, F. (2004). Establishing integrity and avoiding methodological misunderstands. *Qualitative Health Research*, *14*(6), 875-881. doi:10.1177/1049732303262603

Wilcock, A. (1999). Reflections on doing, being and becoming. *Australian Occupational Therapy Journal*, *46*(1), 248-256. doi:10.1046/j.1440-1630.1999.00174.x

Weinsheimer, J. C. (1985). *Gadamer’s hermeneutics. A reading of Truth and Method.* New Haven and London: Yale University Press.

Wildman, S., & Hewison, A. (2009). Rediscovering a history of nursing management: From Nightingale to the modern matron. *International Journal of Nursing Studies*, *46*, 1650-1661. doi.10.1016/j.ijnurstu.2009.06.008

Williams, B. G. (2000). *The primacy of the nurse in New Zealand 1960s-1990s: Attitudes beliefs and responses over time* (Unpublished Doctoral thesis). Victoria University of Wellington, Wellington, New Zealand.

Wills, D. (1973). *The education of nurses*. Auckland, New Zealand: Nurses Reform Association Nursing Forum: Abco Press.

Wills, D. (1974). Tutor shortage. *Nursing Forum, Jan/Feb*, 5.

Wills, D. (1976). Nurses attitudes to uniforms. *Nursing Forum, June/July*, 5-6.

Wills, D., & Grant, A. (1974). Nurse of the year. *New Zealand Nursing Forum, 1*(5), 3.

Willsher, K. (2014). Nursing the moral distress: Professional development for empowered caring. *Reflective Practice: International and Multidisciplinary Perspectives , 16*(1), 1-9. doi:10.1080/14623943.2014.944131

Winch, C. (1995). Education needs training. *Oxford Review of Education, 21*(3), 315-325. doi:10.1080/0305498950210305

Wolf, Z. R. (2008). Nurses' stories: Discovering essential nursing. *Medical Surgical Nursing*, *17*(5), 324-329.

Young, J. (1997). *Heidegger, philosophy, Nazism.* Cambridge UK: Cambridge University Press.

Young, J. (2001). *Heidegger's philosophy of art.* Cambridge, UK: Cambridge University Press.

# Appendices

## Appendix A: Specific Aims

THREE-YEAR GENERAL AND MALE NURSING CURRICULUM GUIDE

Introduction

A school of nursing provides learning experiences which will enable the students to develop knowledge, understanding, attitudes, and skills which can be translated into effective nursing practice.

This curriculum guide for a 3-year general and a 3-year male nursing programme has been planned to assist the student to:

Understand the principles of personal and community health and their place in the promotion of health and the prevention of disease.

Understand the dynamics of human behaviour and recognise behaviour which deviates from normal.

*General:* Understand the needs of parents and children in order to practise competent obstetric and paediatric nursing.

*Male:* Understand the needs of parents and children in order to practise paediatric nursing and emergency obstetric care.

Understand principles of treatment and develop the skills required to care for patients in hospitals and in their homes.

Develop the ability to assess the needs of individual patients and their families and plan appropriate patient care.

Acquire the foundations for advanced preparation in special fields of nursing.

Develop the capacity for critical self-appraisal; define and work towards acceptable personal and professional goals; accept responsibility for leadership; become a responsible citizen and professional nurse.

3

## OUTLINE OF THE CURRICULUM GUIDE

### Human Growth and Development

Genetics.
Embryology.
Physical growth and the process of ageing.
Anatomy and physiology.
Nutrition.
Behaviour and its normal variations.

### Health and the Community

Sociology.
Microbiology.
Health education.
Personal, family, and occupational health.
Community services—Health.
Social.
International health.

### Health and Illness

Basic needs for health.
Cause of illness.
Disease processes.
Clinical manifestations.
Therapy (including pharmacology and principles of diet therapy).

### Nursing Studies

Fundamentals of nursing.
Public health nursing.
Obstetric/paediatric nursing.
Medical/surgical nursing.
Psychiatric nursing.
Disaster nursing.
Planning for patient care.
Problem solving in nursing.
Medico-legal aspects of nursing.
Principles of administration and teaching applied to nursing.
Professional responsibilities and trends.

## Appendix B: Nursing Council Training Transcript

P.O. Box 6240,
Wellington,

**NURSING COUNCIL OF NEW ZEALAND** N.C. 20

| | | | |
|---|---|---|---|
| School of Nursing: | Auckland Hospital Board | Total hospital beds used for clinical experience: | 2516 |
| Address: | P.O. Box 5546<br>AUCKLAND. | Average no. occupied beds: | 1937.4 |

**STUDENT'S FINAL RECORD – 3 YEAR GENERAL NURSING/MALE NURSING PROGRAMME**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Surname: JOHNS | First Names: SUSAN ROSEMARY | | | | | | |
| Date of Birth: 24/ 7/56 | Examination Results | | Theory | | | Practical | |
| | | | Med. | Surg. | Obs. | Gen. | Obs. |
| Educational standard on entry: University Entrance | Hospital Final Marks/ Grade (provide key for grades under comments) | Date | Nrsg. | Nrsg. | Nrsg. | Nrsg. | Nrsg. |
| | | March 1977 | P<br>60 | P<br>63 | P<br>61 | P | P |
| Date of Entry: 29/ 4/74. | | | | | | | |
| Date of Completion: 26/5/1977 | State Examination | May 1977 | P | P | P | | |

**THEORY**

| Subject | Hours | Subject | Hours |
|---|---|---|---|
| Accident, emergency, and disaster Nursing | 20 | Nutrition and Diet Therapy | 27 |
| Administration and teaching | 12 | Obstetric and Neonatal Nursing | 99 |
| Anatomy and Physiology | 100 | Paediatric Nursing | 46 |
| Fundamentals of Nursing – includes: | 260 | Patterns of Human Behaviour | 38 |
| Planning for patient care | | Pharmacology | 45 |
| Problem solving in nursing | | Physical aspects of growth and process of ageing | 28 |
| Geriatric Nursing | 12 | Professional responsibilities and trends – includes: | 37 |
| Medical and Surgical Nursing (general) | 223 | Medico-legal aspects of nursing | |
| Medical and Surgical Nursing (specialities) | 100 | Psychiatric Nursing | 12 |
| Microbiology | 24 | Public Health Nursing – includes: | 58 |
| | | Personal Family and Occupational Health | |
| | | Health Education | |
| | | Community Services | |
| | | International Health | |
| | | Sociology | 15 |

Theory – Total minimum hours recommended = 918
Actual hours given = 1156

Tumble

## CLINICAL EXPERIENCE

| Required Subject | Hours |
|---|---|
| Administration & Teaching | 160 |
| Accident & Emergency Nursing | 168 |
| * Genito-urinary Nursing | |
| Medical Nursing | 984 |
| Operating Theatre Nursing | 176 |
| Obstetric Nursing | 584 |
| * Obstetric Nursing – Emergency | |
| Paediatric Nursing | 488 |
| Surgical Nursing | 1152 |

| Subject | Hours |
|---|---|
| Community Nursing at least two of: | |
| District Nursing | 72 |
| Family Study | |
| Home Visit Follow Up | |
| Infant Welfare Nursing | |
| Occupational Health Nursing | |
| Other Community Health Services | |
| Out patients' Services | 80 |
| Public Health Nursing | |
| * Venereal Diseases Clinic | |

* Male Nurses Curriculum

| Optional, at least two of: | Hours |
|---|---|
| Diet Department | |
| Genito-urinary Nursing | |
| Geriatric Nursing | |
| Gynaecological Nursing | |
| Intensive Care Nursing | |

| | Hours |
|---|---|
| Operating Theatre Nursing | |
| Ophthalmic, Ear, Nose & Throat Nursing | 160 |
| Orthopaedic Nursing | 168 |
| Psychiatric Nursing | 160 |
| Psychopaedic Nursing | |
| Public Health Nursing | |

Clinical Experience – Total minimum hours recommended = 3264
Actual hours given = 4352

NOTE: Student programme based on 5 day, 40 hour week.

Comments relating to concession on previous training, transfer, extended programme and grade key etc.

Sick leave 26 days
Special leave 2 days

Transferred from Middlemore Hospital 18/11/74
Permission granted for nurse to sit examination short of time
Marks 50 and over = pass.

Signed: E. M. Mellar
Head of School of Nursing

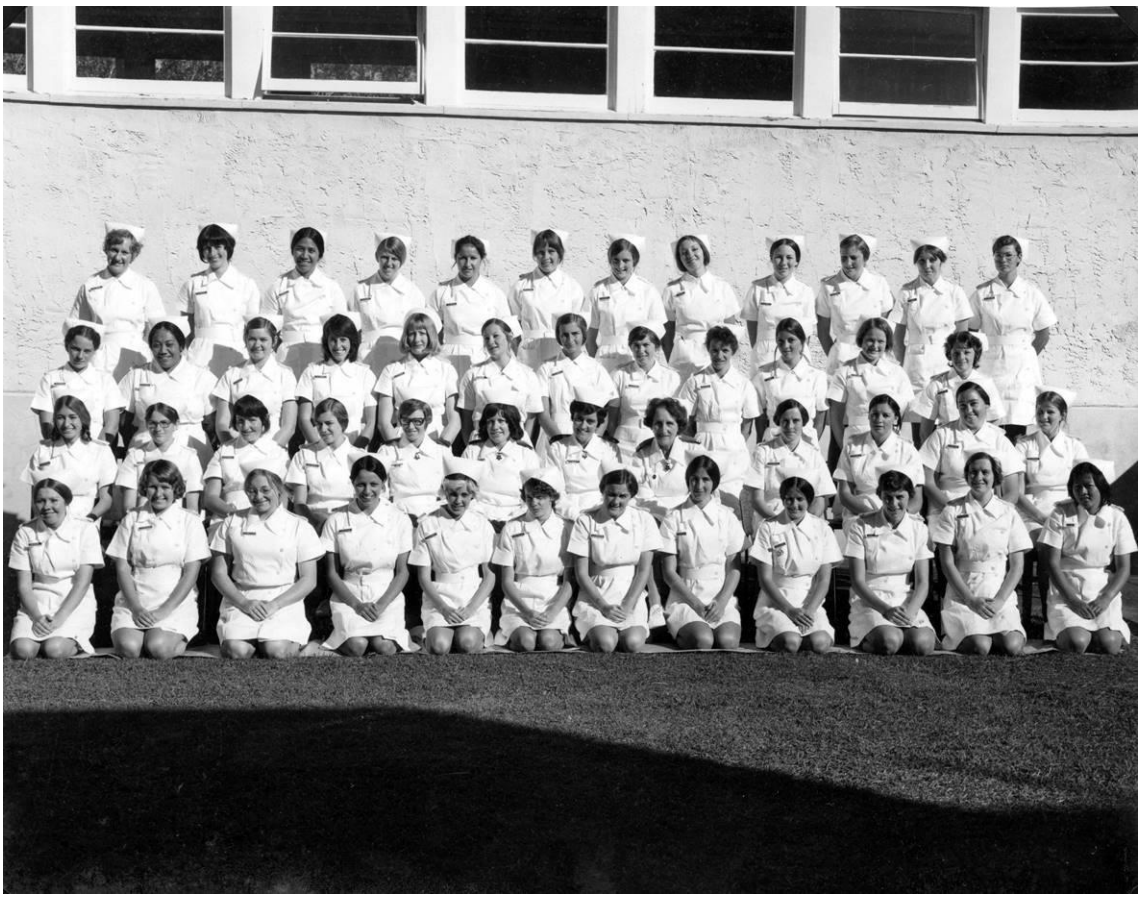
Date: 16 / 5 / 1977

## Appendix C: Simple Dressing

Technique of a simple dressing

| Equipment | Key Points | Detailed Procedure | Reasons |
|---|---|---|---|
| Disposable basic pack in bag, containing:- | Prepare patient | | |
| 1 pack cover used as the sterile field | | Refer sheet of Basic Principles | |
| 1 combine dressing<br>Gauze swabs<br>Wool swabs | Wash hands<br>Put on mask | | |
| 1 guard | Collect equipment | | |
| 1 bowl for lotion | | | |
| 3 pairs disposable forceps | | | |
| Lotions as required | | | |
| Extra bag if stainless steel instruments are used. | | | |
| Supplementary packs as necessary. e.g. extra forcep if gauze is applied. | Take equipment to bedside | | |
| | Set out equipment | Tear open top of bag and shake pack onto trolley surface. | |
| Equipment to strap wound<br>Elastoplast<br>Adhesive plaster<br>Sellotape<br>Tape<br>Earsticks<br>Compound Tincture of Benzoin<br>Safety pins<br>Ether and bowl<br>Extra wool swabs<br>Scissors | | Attach this bag to side of trolley nearest patient. | Use as a waste bag |
| | | Open pack using fingers spreading the trolley cover. | To form the sterile area |
| | | Place any extras on sterile trolley cover. Attach extra instrument bag to side of trolley | |
| | | Empty forceps from forcep bag to sterile area and discard bag. With one pair of forceps place bowl in position on front of sterile area. Place forcep on the edge of the sterile area nearest patient. | To carry out technique methodically. |
| | | Pour out required solution (use supplementary bowl pack if second bowl required). | |

## Appendix D: Photograph 1: April 1974 Middlemore Hospital



## Appendix E: Photograph 2: May 1977 Auckland Hospital

## Appendix F: AUTEC Approval

**AUTEC Secretariat**

Auckland University of Technology
D-88, WU406 Level 4 WU Building City Campus
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

23 February 2017

Deb Spence
Faculty of Health and Environmental Sciences

Dear Deb

Ethics Application: 17/36 **Being a hospital trained nursing student in the 1970's: Meaning forty years hence**

Thank you for submitting your application for ethical review. I am pleased to confirm that the Auckland University of Technology Ethics Committee (AUTEC) has approved your ethics application for three years until 20 February 2020.

*AUTEC suggests that counselling is unlikely to be required and recommends that it be removed from the Information Sheet.*

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/researchethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 20 February 2020;
- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/researchethics. This report is to be submitted either when the approval expires on 20 February 2020 or on completion of the project;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary
**Auckland University of Technology Ethics Committee**

Cc: Susan Johns; Liz Smythe

## Appendix G: AUTEC Amendment

**AUTEC Secretariat**

Auckland University of Technology
D-88, WU406 Level 4 WU Building City Campus
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

17 August 2017

Deb Spence
Faculty of Health and Environmental Sciences
Dear Deb

Re: Ethics Application: **17/36 Being a hospital trained nursing student in the 1970's: Meaning forty years hence**

Thank you for your request for approval of an amendment to your ethics application.

The minor amendment to the inclusion criteria is approved.

I remind you of the Standard Conditions of Approval.

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through http://www.aut.ac.nz/researchethics.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through http://www.aut.ac.nz/researchethics.
3. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form: http://www.aut.ac.nz/researchethics.
4. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

Please quote the application number and title on all future correspondence related to this project.

AUTEC grants ethical approval only. If you require management approval for access for your research from another institution or organisation then you are responsible for obtaining it. If the research is undertaken outside New Zealand, you need to meet all locality legal and ethical obligations and requirements.

For any enquiries please contact ethics@aut.ac.nz

Yours sincerely,

Kate O'Connor
Executive Manager
**Auckland University of Technology Ethics Committee**

Cc: Susan Johns; Liz Smythe

## Appendix H: Participant Information Sheet

Auckland University of Technology
Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999
www.aut.ac.nz

### Participant Information Sheet

**Date Information Sheet Produced**: 25 January 2017

**Project Title**: Being a general student nurse at Auckland Hospital during the 1970s: Meaning forty years hence.

**An Invitation**

My name is Susan (Sue) Johns and I trained as a general nurse at Auckland Hospital in the 1970s possibly with you. I am currently undertaking a Doctorate of Health Science which involves undertaking a research study. My study explores the meaning forty years later about being a general student nurse in the Auckland Hospital Board Schools of Nursing in the 1970s. Would you be interested in being part of my study by sharing your thoughts about our training and its influences on you.

**What is the purpose of this research?**

The purpose of my research is to explore a topic of personal interest to me. I wish to capture the forgotten voices of those who were general nursing students in the 1970s and surface how our hospital apprenticeship training shaped us then and who we are today. There is almost no nursing literature about us apart from the unsuitability of our training as the push for tech-based nursing education gained momentum. Your contribution will help me add to New Zealand's collective nursing history.

Your interview will inform my thesis, the research component of the Doctor of Health Science. It may also be used by me to publish and present the research findings in relevant professional forums such as journals or conferences.

**How was I identified and why am I being invited to participate in this research?**

You were identified as a potential research participant because you were a student nurse within the Auckland Hospital who undertook their training in the 1970s and were part of an existing social network held by Mandy Weaver (nee Williams), an Auckland Hospital nursing student 1974-1977. Alternatively you were contacted by word of mouth.

Auckland University of Technology
Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999
www.aut.ac.nz

**How do I agree to participate in this research?**

If you agree to participate in my research you will need to contact me via my email srjohns@aut.ac.nz. A consent form signature is required and I have emailed you this form to review. Please bring it to the interview because you will need to sign this prior to the interview. Your participation in my research is voluntary (it is your choice). You will not be disadvantaged should you choose not to participate. You will also able to withdraw from the study at any time. If you choose to withdraw from the study, you can decide whether or not data that is identifiable as belonging to you is removed or able to be used. However, once the findings have been produced, removal of your data may not be possible. There is no financial payment for participation.

**What will happen in this research?**

The research involves a recorded interview of you by me lasting approximately one to one and a half hours at a place and time suitable for you. Prior to the interview I will email you some prompts that may be used to begin your interview. There are no right and wrong answers to any questions asked within the interview because my aim is to gather your thoughts and experiences. You can decline to answer any questions. Your interview will be transcribed and I will email you a copy.

**What are the discomforts and risks?**

Possible discomforts to you may arise from recalling professional and personal experiences.

**How will these discomforts and risks be alleviated?**

I will incorporate a debriefing period in the interview time should there be any issues that you may wish to discuss.

Should there arise any instance or discomfort for you in sharing your experiences, I will provide you with assistance at the time of your interview.

Should you need further assistance to deal with any discomforts caused by being a participant in my research, AUT Counselling and Wellbeing is able to offer three free sessions of confidential counselling to support you. These sessions are only available for

Auckland University of Technology
Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999
www.aut.ac.nz

issues that have arisen directly as a result of participation in the research, and are not for other general counselling needs. To access these services, you will need to:

- Drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore Campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- Let the receptionist know that you are a research participant and provide the title of my research, my name and contact details as given in this Information Sheet.
- If you live outside Auckland telephone counselling can be organised

You can find out more information about AUT counsellors and counselling on http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling.

**What are the benefits?**

There are no material benefits however your participation will:

- Help me gain the qualification of Doctor of Health Science.
- Validate of the importance of your voice about the ongoing influence to you of undertaking your nurse training in a decade described as being one of 'unprecedented change for nursing in New Zealand'.

**How will my privacy be protected?**

All information you may choose to share with me will be strictly confidential. A pseudonym will be used in all written material and only you and I will know your true identity. Two other people besides me will have access to your interview recording; my supervisor Dr Deb Spence and a typist who will be required to sign a confidentiality agreement.
Any names, places and locations will be disguised in my thesis and any other publications or conference presentations that arise from it. You will receive a typed copy of your transcript and will be free to add or delete any information, following which you will need to email it back to me within three weeks.

Auckland University of Technology
Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999
www.aut.ac.nz

All information will be kept securely for six years as per Auckland University of Technology guidelines and then destroyed.

The nature of the research approach I am using means that some of your direct quotes will be used, however at no time you will be identified.

**What are the costs of participating in this research?**

Costs of participation relate to your time of approximately one to one and half hours for your interview and time reviewing your transcript should you chose to do this.

Travel costs if a public venue for your interview is used.

**What opportunity do I have to consider this invitation?**

A three week timeframe once you have received the invitation.

**Will I receive feedback on the results of this research?**

In approximately one and half years after your interview, I will send you a summary of the research findings. Should you wish to receive a full copy of the research I can forward this to you at an address you provide.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Deb Spence

Email: dspence@aut.ac.nz ph. 09 921 9392

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, ethics@aut.ac.nz, ph. 921 9999 ext. 6038.

**Whom do I contact for further information about this research?**

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

***Researcher Contact Details:***

Susan Rosemary Johns

Auckland University of Technology
Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999
www.aut.ac.nz

srjohns@aut.ac.nz ph. 09 921 9999 ext. 7257 0210466809

***Project Supervisor Contact Details:***

Email: dspence@aut.ac.nz ph. 09 921 9392

**Approved by the Auckland University of Technology Ethics Committee on *23* February 2017, AUTEC Reference number1736-23022017.**

## Appendix I: Consent Form

Auckland University of Technology
Private Bag 92006, Auckland 1142, NZ
**T:** +64 9 921 9999
**www.aut.ac.nz**

### Consent Form

***Project title:*** *Being a general student nurse at Auckland Hospital during the 1970s: Meaning forty years hence.*

***Project Supervisor:*** *Dr Deb Spence*

***Researcher:*** *Susan Johns*

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 25/1/2017
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant signature: .....

Participant Name: .....

Participant Contact Details (if appropriate):

.....

.....

.....

.....

Date:

***Approved by the Auckland University of Technology Ethics Committee on 23 February 2017 AUTEC Reference number 1736-23022017.***

*Note: The Participant should retain a copy of this form*

# Appendix J: Interview Questions/ Prompts

Auckland University of Technology
Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999
www.aut.ac.nz

## Questions/ Prompts for Participant Interviews

***Project Title**: Being a general student nurse at Auckland Hospital during the 1970s: Meaning forty years hence.*

***Researcher:** Susan Johns*

---

The conversational style interview will begin with the question;

- Tell me a story about what it was like to be a student in the 1970s? This will be followed by a prompt such as, what are your thoughts about his now?

Subsequent questions and prompts will be responsive to the flow of the conversation but may include;

- What do you remember most about being a student nurse? How has this influenced you subsequently?
- How did your training help shape your life? Can you tell more about Y?
- Can you describe a positive/ negative experience that stood out for you as a student? What were you feeling at the time?
- Can you recall experiences that you would not want students of today to go through?
- Is there anything you believe has been lost in nursing today? What do you mean by X?
- Can you recall anything you would have liked changed in our training?
- Is there anything else you would like to share about my project topic?

## Appendix K: Example of Beginning Analysis

### Surviving a nightmare

*Psychiatry was a nightmare. I remember those people just rocking. It was survival, it taught you to survive. You get through but it did make you look at things and see that people could be well intentioned, but it could be wrong when you go to watch an ECT or assist. What I saw happening was wrong, there was some really horrible things there. I couldn't change it but perhaps it made me more aware to look to see how things could be done differently.*

All general students at the Auckland Hospital Board undertook one month of psychiatric experience with no theory prior to arriving at their allocated hospital. Like most other participants, Michelle remembers this placement was a nightmare because she saw really horrible things. Horrible things were 'people just rocking' and witnessing ECT being administered. She speaks of having to survive to get through this placement and to do that she tries to give meaning to what she is seeing by examining her personal values. She comes to see that much of the treatment, such as ECT, is well intentioned but that it may still be wrong. This new self- understanding brings to light that ethical dilemmas were part of being a general student in the 1970s but were seldom recognised as such. And when Michelle tells us she knew she could not do anything, this experience hints at what was to become known as moral distress in the nursing literature. Yet Michelle also shows us 1970s general students were thinking critically about practice. She is not alone in her recollections of this being a nightmare. Were questions ever asked about the appropriateness of this as suitable student experience and the impact with almost no theory?