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## **Viewing the Complexities of Nursing Student Professional Identity Formation: Using Reflexive Photography Across Learning Spaces**

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## **Abstract**

The purpose of this paper is to report on how reflexive photography can enhance communication of the complexities involved in student professional identity formation. A cohort of pre-registration nursing students were situated within a major teaching hospital for the duration of their tertiary degree. Three of these students participated in the combined data collection methods of (i) photo elicitation (photographs), (ii) photo feedback (analytical, reflective captioning) (collectively, 'Visual Participatory Methods' 'VPM'), and (iii) a follow-up individual, semi-structured interview. The strength of using VPM were that place-based memories became more vivid and evoked emotions. Discussions were more in-depth and insightful by using photographic depictions and accompanied reflections. Such pairings can be valuable when investigating the role of places in professional identity formation. The findings of this study support the argument for a more integrated and consistent, sociocultural approach to learning and teaching for nursing students.

## I INTRODUCTION

The transition of tertiary nursing students into professional practice as registered nurses is a crucial issue within contemporary nursing, particularly in relation to the delivery of safe and quality patient care, job satisfaction and retention of nurses in the workforce. Development of a professional identity for students while they progress through their degree is considered to be essential for a successful transition into professional nursing practice (Hunter & Cook, 2018; Worthington et al., 2013). Workplace socialisation within professional settings is a central part of developing this professional identity, and opportunities to develop this are embedded in tertiary nursing curriculum (Turner et al., 2006).

In 2016, a nursing school in a large metropolitan university in Australia, introduced a new model of delivery. For the duration of their pre-registration degree, a cohort of Graduate Entry (GE) nursing students were situated not on a traditional university campus, but within a hospital; their campus a major health and education precinct. Current predominant models of undergraduate nursing education involves students undertaking both theoretical knowledge and simulated clinical practice from a university campus, as well as periodic clinical practice in authentic, work-related clinical settings whilst on placement (Turner et al., 2006). Clinical placement sites typically vary across the duration of degree, which is the case for the nursing student counterparts studying at the main university campus. What differs in this current delivery model of study is the industry partnership and location arrangement. Precinct students primarily undertake their 800+ hours of clinical placements (Australian Nursing and Midwifery Accreditation Council, 2012) with partner institutions within the precinct, and the wider Local Health District (LHD). Students come each day into what is primarily a healthcare setting, rather than an academic setting. As a result of their surroundings, they are continually reminded of the focus, purpose and outcome of their studies.

The acquisition of a professional identity is largely dependent on exposure to the environments and settings in which they work. A prominent author in the area of place-based pedagogy, Gruenewald (2003) asserts that places are profoundly pedagogical. That is, places are to be considered as centres of experience and thus able to teach us about how the world functions and how occupants may align themselves. As such, in occupying these places, our identity can be shaped. Essentially: “people make places and that places make people.” (Gruenewald, 2003, p.621). This correlates closely with the concept of situated learning, whereby learning occurs through authentic experiences, requiring interaction within a sociocultural context (Andrew et al., 1991).

Situated learning experiences are a fundamental aspect of nurse education and explorations of this are an important step for preparing nursing graduates for the increasingly complex demands of contemporary healthcare practice. There is potential for situated learning that is integrated on a more ongoing and consistent basis to influence the formation of a professional identity.

The aim of this paper is to demonstrate how reflexive photography can enhance communication of the complexities of student professional identity formation occurring across learning spaces. To explore the professional identity formation for nursing students whose situated learning environment was this teaching hospital, a combination of data collection methods was used: (i) photo elicitation (photographs), (ii) photo feedback (analytical captioning) (collectively, ‘Visual Participatory Methods’ or ‘VPM’), and (iii) follow-up individual semi-structured interviews (Creswell, 2014; Harper, 2002; Prosser, 2011).

Collier (1957) is the first comprehensive peer-reviewed article to document the use of photo elicitation as a method of data collection. This early conceptualisation of incorporating photographs with interviews in the field of anthropology set the foundation for modern uses of VPM, which are now most widely understood as “the process of having research participants take photographs of a particular subject, then explain their photographic choices through semi-structured interviews.” (Briggs et al., 2014, p. 158). According to Harper (2002) “images evoke deeper elements of human consciousness that do words”, and that “elicitation interviews connect core definitions of the self to society, culture and history” (p. 13).



The use of these methods has been informed by a number of studies across the disciplines of nursing (Burke & Evans, 2011), education (Torre & Murphy, 2015), nursing education (Garner, 2014), in adults' sense of place (Stedman et al., 2004), and in identity during times of transition (Hanghøj et al., 2016). To the best of the authors knowledge, using the VPM to in this particular unique combination of topic areas has not yet been done.

## **II LITERATURE REVIEW**

The following review of the literature outlines the three distinct areas concerned with this research project. That is, (i) professional identity formation, (ii) situated learning environments, and (iii) visual participatory methods (VPM). While this research is on the experiences of GE nursing students in a situated learning environment, the focus of this paper overall, remains on the influence of this environment on their professional identity formation. Engaging in the VPM enhances understanding of developing knowledge in this area.

### **A Professional Identity Formation for Nursing Students**

Standards for pre-registration nursing education set by The Australian Nursing and Midwifery Accreditation Council (ANMAC) (2012) require individuals to have completed an accredited program of study, such as a Bachelor or Masters degree in Nursing prior to registration as a nurse (RN). Program delivery must be through a professional accredited university or higher education provider, and students must meet a set of standards for practice during this time. The registered nurse standards for practice consist of the following seven standards: (1) Thinks critically and analyses nursing practice, (2) Engages in therapeutic and professional relationships, (3) Maintains the capability for practice, (4) Comprehensively conducts assessments, (5) Develops a plan for nursing practice, (6) Provides safe, appropriate and responsive quality nursing practice; and (7) Evaluates outcomes to inform nursing practice (Nursing and Midwifery Board of Australia (NMBA), 2016). A process of professional socialisation, which is intended to be experienced during clinical placement periods, enhances achievement of these standards.

As defined by Weidman et al. (2001) in their seminal publication, socialisation is "a subconscious process whereby persons internalize behavioural norms and standards and form a sense of identity and commitment to a professional field." (p.5). Identity as defined by Hanghøj et al. (2016), is "the traits of a person that characterize or define (themselves) from others" (p. 2). Professional identities of nurses are acquired through socialisation opportunities which occur through exposure to workplace environments (Goodare, 2015). Situated learning experiences are a fundamental aspect of nursing education, and this typically occurs through clinical placement experiences, where students are immersed in a variety of clinical practice environments (Patterson et al., 2017) throughout the duration of their degree. Arrangements of clinical placement may be varied, for example, a block placement period, or an integrated (flexible) placement between days located between university campus and hospital environment within each week (Edward et al., 2017).

### **B Situated Learning in Nurse Education**

The model of delivery within the health and education precinct is designed to be an opportunity for students who live in a rapidly growing area of an Australian metropolis, to undertake nursing education and seek future employment in their home suburb. This delivery model correlates with the concept of situated learning, whereby learning occurs through authentic experiences, requiring interaction within a sociocultural context (Andrew et al., 2008; Lave & Wenger, 1991). A model within this is the Lave (1988) description of learning within a 'Community of Practice' (CoP), which is based on collaboration among peers, where individuals work together for a shared purpose (Wenger, 1998). In this way, a CoP is defined by a reciprocal relationship between theory and practice, allowing practitioners to see how research and nursing function together in action within a clinical environment (Andrew et al., 2008). Learning as a situated activity has as its central defining characteristic, a process that Lave and Wenger (1991) term 'legitimate peripheral

participation'. Lave and Wenger (1991) explain this by stating that: "Learners inevitably participate in communities of practitioners and...the mastery of knowledge and skill requires newcomers to move toward full participation in the sociocultural practices of a community." (p. 35). For the students whose situated learning environment was the hospital and wider health and education precinct, this was their CoP. As students, their exposure and participation with the CoP is on the periphery, but it is on a much more constant and consistent basis than what would usually occur during the periodic clinical placement experiences. This approach to community engagement therefore requires belongingness, participation, and collaboration by all members to ensure sustainability (Andrew et al., 2008).

For students undertaking their degree from within the health and education precinct, exposure to the hospital setting is occurring on a constant and consistent basis, afforded by their unique learning environment. In addition, precinct-situated students primarily undertake all of their clinical placements with partner institutions within the health and education precinct, or those within the wider local health district. Clinical placements, as with other students at the same nursing school, are still offered across a number of other areas, including rural, national and international sites. In comparison, student counterparts who undertake their degree at the main university campus, clinical placement sites vary across the duration of degree. As each hospital, ward and health care setting is different, it requires a new orientation to each setting and therefore, adaptation and socialisation processes is restarted.

### **C Visual Participatory Methods**

Two common forms of VPM are photo-elicitation and photovoice. The use of photo-elicitation methods was first documented in a peer-reviewed journal article by John Collier published in 1957. In this study, Collier and colleagues were able to use a photographic interviewing process of data collection to study mental health and to help define housing quality categories in Canada's Maritime Provinces (Gubrium & Harper, 2016). Harper (2002) explains how Collier's early conceptualisations of photo-interviewing have evolved into the modern-day photo-elicitation method, most widely defined as "the process of having research participants take photographs of a particular subject, then explain their photographic choices through semi-structured interviews" (p. 158). Harper (2002) explains that photo-elicitation is a research method "based on the simple idea of inserting a photograph into a research interview" (p. 13). This method is also often paired with a photo-feedback, whereby participants provide written analytical comments about the content of their photographs (Harper, 2002). Together this method of data collection can elicit memories and a depth to the information about the images that would not otherwise be discussed in a traditional interview (Murray & Nash, 2017).

Photovoice was developed from researchers who used photo-elicitation methods in their respective fields of visual anthropology, sociology, and education (Gubrium & Harper, 2016). The first distinction between photovoice and photo-elicitation is that the former places more emphasis on participants' photographs, as they are used to convey messages about important issues with the goal of affecting change (Briggs et al., 2014). This further distinguishes the two methods, as photo-elicitation is not group-oriented. Photo-elicitation instead involves individual semi-structured interviews regarding the pictures of individual participants, rather than a collective message of group construction to encourage social change (Murray & Nash, 2017).

Visual participatory methods have been well documented as a useful data collection method within the fields of education for nursing students (Garner, 2014; Kronk et al., 2015), as well as in child and young adult education for students in their school communities (Torre & Murphy, 2015). In this discipline, photo-elicitation can be used as both a research tool, and as a pedagogical tool. Researchers are able to see the participant's perspective of their experience, and it also engages participants through a process of guided inquiry which can prompt further insight for the participant themselves (Torre & Murphy, 2015). Garner (2014) incorporated the VPM as part of an assessment method for nursing students. In this study, student participants were required to provide a picture to illustrate their perceptions of a challenge experienced by, or support utilised by, a patient with a chronic illness. A variety of images described as 'concrete' and 'abstract'

photos, descriptions, and reflections about the experience of chronic illness were collected. It was found that the use of the VPM was a catalyst for reflection and useful in promoting awareness about this population, but also an innovative way to link theoretical concepts to practice relevance (Garner, 2014). Kronk et al. (2015) explored the use of photo-elicitation in Caucasian nursing students who travelled to Nicaragua for a 10-day global service-learning experience, delivering health care in urban and rural settings. Students were asked to photograph moments, scenes and events during their trip and to then select those which they felt were a meaningful visual representation of their experience. Of particular note was the finding that students experienced feeling a personal, cultural and professional transformation. This included having new attitudes and making conscious decisions to be more appreciative of their current situations, which they may have previously took for granted, as well as being more resilient when facing changes perceived as challenging.

Photo-elicitation and photo-feedback as a combined method of data collection have also been used in qualitative nursing research. In the study conducted by Burke and Evans (2011), oncology and palliative care nurses were asked to think about what spirituality meant to them and then take photographs that represented these concepts. Similar to the design of this current study, photographs were used to guide the follow up semi-structured interview, and the authors asserted that the photography exercise was a useful tool for self-reflection, as the process of taking photographs afforded participants time to reflect and think about how they want to convey meaning in a photograph (Burke & Evans, 2011).

Stedman et al. (2004) similarly explored the use of participant-led photography, but for the purpose of examining the meaning of place and to understand place attachment. This data collection method was used as part of participant follow-up interviews to obtain a clearer interpretation of intended meaning of the images. Residents of a local community were asked to take photographs of elements in their surrounding environment that they felt most attach them to their local place of living. Through the data collection methods, the role of and interplay between residents, nature, and culture within their local environment could be examined, as well as the meanings which are produced through situated experiences within a physical and social landscape.

Depiction of identity formation is an aspect which can also be communicated by participants through the use of visual methods. In the study by Hanghøj et al. (2016), the identity constructions of adolescents during this life transition stage was examined again, through the combination of photo-elicitation and focus group interviews. Participants in this study were also living with a diagnosed chronic illness. Chronic illness, paired with the complex physical, cognitive, social and emotional transition period of adolescence, can influence construction of identity (Hanghøj et al., 2016). Researchers sought this data collection method to understand better identity formation, how identities can change between places and in interactions with other people, and how to best support this population during this transition period. This is of particular relevance to this current study, the aim of which is to report on how reflexive photography can enhance communication of the complexities involved in student professional identity formation. The area of research in this current study takes from a number of disciplines and concepts such as situated cognition, nursing pedagogy and identity formation, and it is useful to now apply evidence of successful use of VPM in this particular, unique combination of topic areas.

### **III METHODOLOGY**

Overall, the aim of this paper is to demonstrate how reflexive photography can enhance communication of the complexities of student professional identity formation occurring across learning spaces. Student participant descriptions and depictions of their experiences and perceptions regarding their learning in relation to the situated environment was elicited. The methodology used reflected this overall aim and the following research questions:

1. How do these student nurses perceive their experiences in the learning spaces within an authentic clinical teaching environment?

2. What do these student nurses describe as integral events in their professional learning across the different spaces in this environment?
3. How can the use of reflexive photography communicate student professional identity formation occurring across learning spaces?

In order to be able to answer these research questions, a qualitative methodology was used. This involved combining the data collection methods of (i) photo elicitation (photographs), (ii) photo feedback (analytical captioning) and (iii) an individual, follow-up semi-structured interview.

### **A Research Strategy and Design**

A naturalistic inquiry approach through using a qualitative research design and strategy was the most appropriate method to gain an understanding of individual participant perspectives and experiences (Creswell, 2014; Lincoln & Guba, 1985). Within naturalistic inquiry, realities are multiple and different. The aim, therefore, was to develop an idiographic picture to describe each individual participant, rather than making broad applications of the findings (Lincoln & Guba, 1985).

A combination of data collection methods was used – photo-elicitation (photographs), photo feedback (analytical captioning) and follow-up semi-structured interviews (Creswell, 2014; Harper, 2002; Prosser, 2011). Multiple data collection allows for the confirmation of findings, in addition to providing for a richer and deeper level of findings (Neuman, 2014).

### **B Research Participants**

There were 29 (N=29) final year nursing students enrolled and located within the LHD and were therefore a purposeful sample. The total number of students enrolled in the same degree, including those located at the main campus was 202 (N=202). Purposive sampling implies the intent to carefully select certain types of participants who can best enhance understanding of the phenomenon under study (Neuman, 2014). Lincoln and Guba (1985) posit purposive sampling to be a characteristic of naturalistic inquiry as it both increases the range of data to be exposed, as well as the likelihood that the full scope of multiple realities will be uncovered, thus allowing for potential transferability. To seek understanding that might prove useful in other situations (transferability) is a key aspect of qualitative research, and is strongly differentiated from generalisability by Lincoln and Guba (1985). Cronbach (1975, as cited in Lincoln & Guba, 1985) emphasises the argument against generalisability in naturalistic inquiry by stating that the "task is to describe and interpret the effect anew...for when we give proper weight to local conditions, any generalisation is a working hypothesis, not a conclusion." (p. 123 – 124). Enhancing transferability requires the provision of a 'thick description', regarding the context of the study, so that others may make inferences about contextual similarities (Polit & Beck, 2014). Maximum variant sampling further facilitates the unique, thick descriptions that can identify essential and variable features of a phenomenon as experienced by diverse respondents (Creswell, 2014; Suri, 2011). Selecting such a particular population and small subset to sample from is rationalised by the inaugural program implementation. A final sample of 3 (n=3) participants was obtained. The eligibility criteria for sample selection was:

1. Enrolled in the final year of their studies within the tertiary degree,
2. Undertaking all Units of Study within the health and education precinct
3. Participants will have experienced at least 3 semesters of using the simulation, traditional and clinical learning environments within the health and education precinct or within the LHD.

### **C Participant Recruitment**

Initial contact with potential participants was made through email correspondence. All email correspondence between potential participants and researcher were sent via university email addresses. University email addresses were obtained through the nursing school, upon

permission of higher authorities, such as the Associate Deans (academic and education). The HREC approved participant information sheet was attached to the initial email, which included the statement – ‘Participation in this research study is voluntary’. It was advised to potential participants that the decision whether to participate would not affect current or future relationship with the researchers or anyone else at the university, or any institutions within the LHD. It was also made clear to the potential participants that the decision of whether or not to participate would also not have any implication/effect on their marks or assessments in any manner. Activities as part of this study were undertaken outside of usual class time, and also out of the teaching semester time after all subject results of the previous semesters had already been released. This was to try to mitigate any perceived coercion for participation. Three (n=3) students volunteered to participate with the VPM and individual semi-structured follow up interview. It was made known to the participants that they could make the decision to not continue with the study at any time.

#### **D Instruments and Procedures**

Validating accuracy of the outlined procedures through the initial trial process was intended to ensure rigor of this research (Creswell, 2014). This also involved seeking external checks to review proposed interview questions (Creswell, 2014). This included research supervisors, who have backgrounds in nursing, a peer review panel consisting of the same research supervisors, as well as 3 other expert panel members from various faculties, and a senior nurse educator from adult hospital within the health and education precinct. The latter was a LHD ethics committee requirement as part of the local application and eventual approval processes.

The use of two types of VPM (photo elicitation, photo feedback) acted as a way of gathering more in depth information (Marshall & Rossman, 2016). Participants were asked to take photographs on an individual basis. These photographs were representative of aspects of their learning experience in relation to the situated learning environment (within the health and education precinct). Participants were provided with guidelines for the visual participatory methods (Figure 1).

**Figure 1**  
**Guidelines for the Visual Participatory Methods (VPM)**

**The pedagogical value of a situated learning environment: Delivery of a pre-registration nursing degree within a health precinct**

**GUIDELINES FOR VISUAL PARTICIPATORY METHODS:**

1. 'photo elicitation' (photographs provided by you); and
2. 'photo feedback' (the accompanying reflective captions for each photograph)

*The purpose of taking photographs as part of this study is to capture images which you believe can best represent aspects of your learning experience in relation to the situated environment*

Participants must be accompanied by the researcher when taking photographs for this study. This is to ensure compliance with these set guidelines, as well as ethics approval granted by the Local Health District and the University [REDACTED]. Please contact me via email [REDACTED] to arrange a suitable date and time to complete this activity.

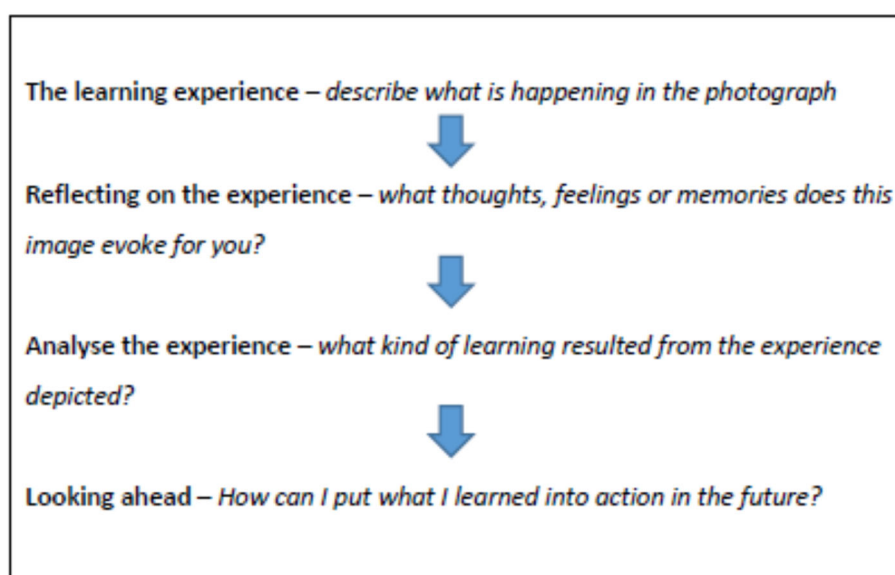
This researcher has been advised by the [REDACTED] Local Health District ([REDACTED] LHD) Human Research Ethics Committee Executive Officer ([REDACTED]) and the [REDACTED] LHD Research Governance Officer ([REDACTED]) to supply [REDACTED] LHD media consent forms. This must be signed prior to any images of students, staff, patients or visitors being taken, should the need arise.

*Ultimately, it is your personal decision to select images that best capture your situated learning experiences as you understand it.*

Collection of photographic images must be relevant to the purpose of this research, and must not be unreasonably intrusive when taken in any educational environment context which the photograph is intended to capture. Furthermore, images are to be considerate of the principles behind practicing cultural sensitivity. For example, to many Aboriginal and/or Torres Strait Islander communities it is distressful and offensive to depict persons who have died. Images of those deceased is considered to be culturally inappropriate, not related to the focus of this study and therefore must not be taken.

Students were provided with a reflective cycle image to guide the construction of the captioning process (Figure 2). This is included in the instructions for the visual participatory methods. This reflective cycle was an adaptation based from both the Gibbs (1988) reflective cycle and the Driscoll (2007) 'the what model of structured reflection'. Reflection is considered to be intrinsic to nursing education (Levett-Jones, 2007). Structured reflection facilitates the processing of an experience, and the learning that may occur can be both meaningful and memorable (Levett-Jones, 2007). Follow up semi-structured individual interviews were conducted and participant-selected photographs with the associated reflective captions were submitted to the researcher between 7–10 days after the photo elicitation activity.

**Figure 2**  
**A reflective cycle provided to participants to guide their captioning process**



The individual follow up interviews were semi-structured in nature (Creswell, 2014). The interviews began with general inquiry and progressed to key questions (Creswell, 2014) that were aligned with key concept areas of the research questions. All questions were constructed as open-ended, encouraging a gradual unfolding of participant perceptions and experiences (Creswell, 2014).

As qualitative researchers collect their data in real-world naturalistic settings (Neuman, 2014), all interviews were held in private meeting rooms within the health and education precinct. Interviews were approximately 30 minutes – 1.5 hours in duration. The variations in times were dependent on the individual participant responses, though all interview questions were answered. All interviews were audiotaped and transcribed for data analysis (Creswell, 2014; Neuman, 2014). The follow-up interviews provided an additional opportunity for further discussion and sharing of perceptions based on the photographs (photo elicitation) and reflective comments or captions (photo feedback) provided by each participant (Harper, 2002).

## **E Data Analysis and Analytical Procedure**

The Graneheim and Lundman (2004) method of qualitative data analysis was appropriate for this research as it is able to be used to determine the presence and meaning of concepts across multiple forms of collected data (Payne & Payne, 2004). The use of a descriptive content analysis allows for the same analytical approach to be applied across all qualitative data units, whilst simultaneously aligning with the aims of this research project (Graneheim & Lundman, 2004). Computer-assisted data analysis through the NVivo program was used to manage, explore and find patterns in the data (QSR International Pty Ltd, 1999-2016). As Creswell (2014) summarises,

computer software programs can assist researchers to build further levels of analysis, by providing a means for organising codes hierarchically where the smaller units (child nodes), can be placed under larger units (parent nodes) and the relationship between the raw data and broader themes can be better visualised.

The descriptive content analysis approach taken allowed for a process of pulling collected data apart and putting them back together in meaningful ways, which is consistent with the inductive reasoning approach in qualitative research (Creswell, 2014). Determining the presence of patterns amongst the formed impressions across all participants in the study sample, placing these into categories, and looking for any correspondence between two or more categories is an overarching approach to qualitative data analysis (Creswell, 2014).

## **F Ethical Considerations**

In accordance with the NHMRC National Statement on Ethical Conduct in Research Involving Humans (Australian Government, 2007 (Updated 2015)), ethical approval through the university Human Research Ethics Committee (HREC) (HREC, 2013) as well as through the HREC of the LHD (Human Research Ethics Committee (HREC), 2015) was sought and granted prior to data collection. The use of photography had strict criteria including the written consent accompanied by additional local hospital ethics and research governance approval. It was agreed by both ethics committees that the research project was of low or negligible risk according to the NHMRC National Statement on Ethical Conduct in Research Involving Humans (Australian Government, 2007 (Updated 2015)).

## **IV FINDINGS**

To maintain confidentiality of the participants, pseudonyms as participants (AA, BB, CC) have been used.

### **A Background of Participants**

AA is a 24-year-old female domestic student; whose residence is within the LHD. Her previous degree was a bachelor in medical science. Reflecting on the VPM activity, AA reported feelings of nostalgia and a greater awareness of surroundings from recalled memories. There was a realisation of the deeper emotions and meanings that were directly connected to places within the learning environment, simply because of where they had occurred. AA had provided a lot of content and depth in her reflective captions, choosing to use the recommended structured reflection in the guidelines and to type her responses, but not to label each photograph with an overall representing theme.

AA: It brought back memories of when I didn't know anything or I felt like I didn't know anything. It made me realise how much I've grown and how much I've learned throughout this year and a half, I've learned so much about clinical nursing knowledge and things about myself like who I am. It was spontaneous. As I took each photo, it was like - "what next?" What's something that just really resonates in my mind and just went there and took the photo. Taking the photos made me realise this is pretty much my second home.

BB is a 26-year-old female domestic student; whose residence is also within the LHD. Her previous degree was a Bachelor in ancient history. BB had approached the exercise from a very personal perspective, making a deliberate decision to select images of places that could best represent her own learning journey. Out of the 3 participants to complete this activity, BB chose to follow all recommendations as part of the guidelines provided to participant, labelling each photograph with a theme, as well as following the recommended structured reflection process. Her reflective captions were handwritten.

BB: I just sort of thought 'okay what do I recognise in [this] hospital, what do I affiliate myself with?'



CC is a 34-year-old male domestic student, whose residence is likewise, within the LHD region. His previous degree was a Bachelor in Business - Accounting. CC was the participant who chose to include the least number of photographs for the study, and also to not follow some of the suggestions in the provided guidelines. He did not label each photograph with a representative theme, nor did he choose to follow a structured reflective process. He instead chose to hand write key reflective words that he associated with each image, in the border spaces around each photograph. I did not see this as insufficient to the purpose of this study, as the follow up individual interviews were complementary and, in this case, compensatory. The follow-up individual interviews were an opportunity to ask each participant about some of their photographs they had selected for study inclusion, and to comment about them personally and reflectively. CC approached the exercise with the intent to show his personal perspective and share insight into his learning journey.

CC: When I went through all those different places where I took the pictures, I was just trying to think what normally comes to my mind when I go into those places. In some of the instances, I was trying to be in the places where I might probably be sitting, and looking, and getting that whole experience of being [here].

## **B Professional Identity Formation Based on Environmental Surroundings**

When asked about physical spaces around the hospital in relation to identities, students spoke about how these were formed by location or by shared experience within their shared learning environment:

AA: (Figure 3) - I wanted to capture that photo because to us, it's really important. Every time I walk through these doors I always do my hand hygiene and feel like I've done something for I guess the public, I've done a public service.

BB: I would say it's almost entirely dictated by the environment. So in the rooms I'm a student. In the common room, I'm a student of the university. When I go to get my coffee...I feel a part of the hospital - I think because I see nurses and doctors lining up and I think I've got to be professional. And then when I cross the line here (Figure 4)...I just see myself as a professional-to-be, like a nurse-to-be.

AA: (Figure 5) - this is the way that a couple of friends and I go to go to class...this is very important because when we walk through here we...always see staff around having breakfast or patients. When we see the patients it reminds us 'this is why we're here, we're here to learn'. We're here to learn so that we can get from point A to point B. It just kind of puts us in...nursing mode like, yes, 'this is what we're going to do today'. You just really appreciate why you're here walking through here.

BB: this is more to do with identities (Figure 6)...in [this hospital], I identify as a student and a nurse. There's differences between what I feel as a student and a nurse...as a student, I am just part of the university community...Whereas out here, I'm in the hospital community. In terms of that responsibility, the student in the lectures, it's myself, I'm the one who passes the assignment or fails. Whereas on clinical placement, it's others. I'm responsible for other people. So it shifts...I feel like shifting through those identities is important because you're going to become one of those identities in the future.

AA: (Figure 7) - This is a memory of when I had my first placement. When I see this photo I remember my heart pounding, "oh my God, this is real I'm in my placement, what's happening?" But then even after that...I'd always pass these signs and it's just a reminder of where I'm going...

BB: (Figure 8) - time management and how, on clinical placement, I break-up my clinical placement based on time...Timing and nursing...So this clock is just representative of that. And also that clock is everywhere at [this hospital]. So whatever ward I go to, I feel right at home.

CC: (Figure 9) - the place that we used to sit down and have lunch, especially in first year. After our lecture... we all sit down there and discuss how we saw our futures...at the time, I remember a lot of people were trying to figure out where they were going to be going with their nursing...It was a place where we all got there and discussed our futures in a relaxed setting...Because, when you're inside the buildings there's that sense you're working through that program, and it's all serious.

**Figure 3**  
**Visual participatory methods entry number 6 of 12 from participant 'AA'**

AAVPM 6 of 12:



Describe what is happening in the photo

This is a photo of the hand-wash station. It is a big station placed at the front entrance of the hospital. Unfortunately, many people walk past this station and walk through the automatic doors.

What are your thoughts feelings, or memories

When I see this image I think of early morning starts, I see people walking past, sitting on the chairs, children talking to their parents, people on the phone, the buggy driving people around the hospital etc. It is very busy! Through all the commotion I see very few people using the wash station. Before I walk through the doors, I walk slowly towards the wash station, hoping people would see that its there to be used. I take one pump and rub my hands together, through the crevasses of my fingers etc. I do this because we have all learnt the importance of hand hygiene, its good practice and I feel that I have done good deed for myself and others. Although I walk to class as a student I still carry the principles and standards as a student nurse or future nurse.

What kind of learning resulted from the image depicted?

I learnt that being exposed to the hospital environment prompts you to practice your basic skills and knowledge. It reminds you what is expected of you as both a student and future nurse. I also learnt that there is a need to educate visitors about hand hygiene. The sign is big and says visitors wash station but it doesn't say why we use the wash station.

How can I put what I learnt into action in the future

Talking with [REDACTED] staff about putting more signs and educational information about hand hygiene may increase participation and compliance.

Figure 4

Visual participatory methods entry number 1 of 15 from participant 'BB'

BBVPM 1 of 15

Boundaries crossing, Nurse & student 2, prac, knowledge, hallway of transition



THE BOUNDARY BETWEEN TWO IDENTITIES

1. This image represents how my identity shifts between student and nurse when I enter different parts of the building. This image is the corridor <sup>leading</sup> towards the labs where I do my & clinical practice.
2. This image evokes memories about university and my time as a student nurse. It reminds me how university is training me to become an RN and the responsibility I will carry as an RN when I graduate.
3. The type of learning is similar to the Labs. See No. ③
4. What I learnt is the labs was ~~directly~~ that I work best in an environment that promotes tactile learning where I can practice skills. This means in the future I will use tactile learning approaches to facilitate my learning. The labs also gave me knowledge I will need in the future as an RN.



**Figure 5**  
**Visual participatory methods entry number 3 of 12 from participant 'AA'**

AAVPM 3 of 12



Describe what is happening in the photo

Every morning I walk through here to go to class. Around this area there are many staff members eating breakfast and patients and families sitting down and talking etc

What are your thoughts feelings, or memories

Everyday I pass this sign and wonder what I am going to learn today, it's always something new! It's very refreshing to see patients and their families before going to class. It reminds you that life is fragile and that it is a new day. It makes you appreciate life so much more! It motivates you to be the best you can be in everything you do and make the most of what you have. It puts in a nursing mindset, keeps you determined and motivates you to continue learning through the hardest of times. The feelings that being around patients and families evoke is very unique, it is something that cannot be replicated or imitated in a normal university setting. There will always be days when you don't want to get out of bed because it's too cold or too early but when you arrive here your whole mindset changes. It has helped mentally and physically prepare myself for the day ahead. Once I see the big education block sign I am ready to study and learn and eager to go to class.

What kind of learning resulted from the image depicted?

I learnt that studying in a hospital setting keeps you grounded, it reminds you of the world that exists outside university and study life. I also learnt that studying at [REDACTED] allows you to grow both as a person and nursing student. Interacting and seeing patients and families from day to day can challenge your beliefs, values, morals as well as teach you things that cannot be learnt from a textbook. Doing so moulds you as a person.

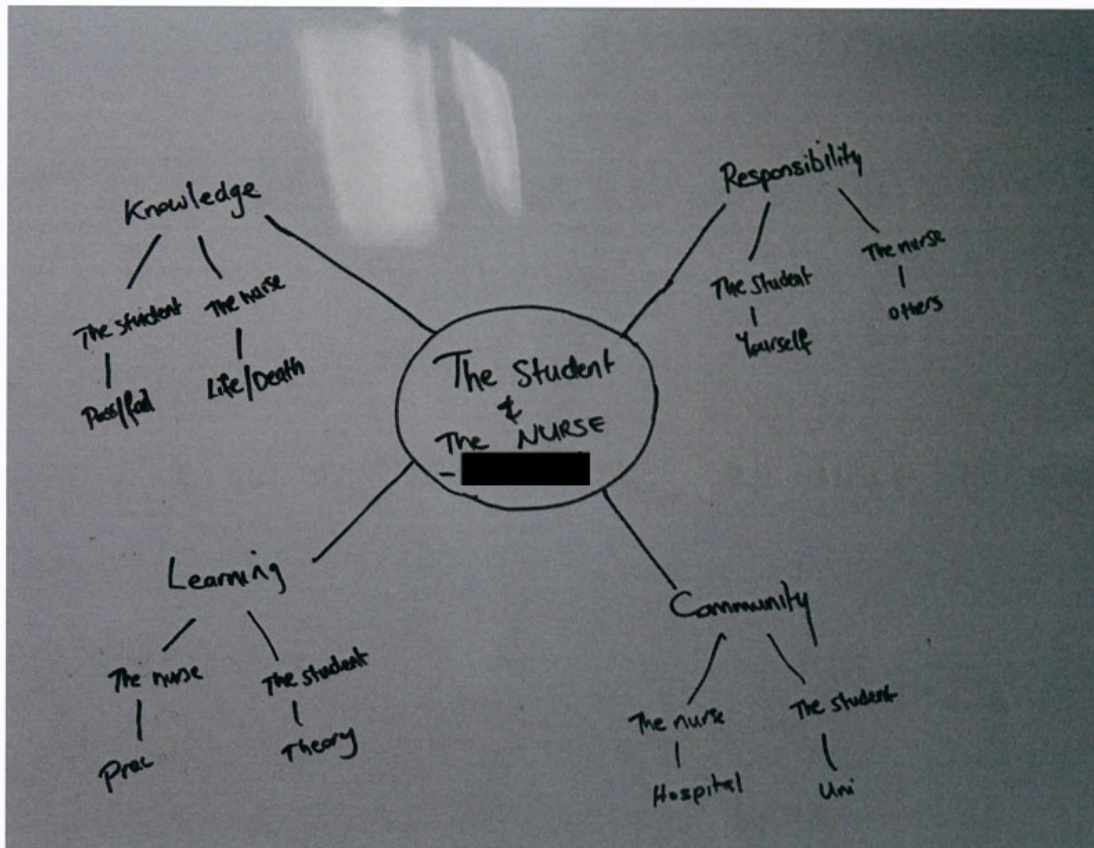
How can I put what I learnt into action in the future

When you feel drained or unmotivated, take a step back, breathe and look at what is around you. Practice mindfulness.

**Figure 6**  
Visual participatory methods entry number 15 of 15 from participant 'BB'

BBVPM 15 of 15

*Shifting identities + feelings -*



*WHO I IDENTIFY AS WHEN I AM HERE*

1. This is an image of how I conceptualise my identity when I <sup>attend</sup> ~~study~~ at the [redacted] both as a university student and on clinical placement.
2. There are a number of thoughts and feelings that this image <sup>evolves</sup> ~~provides~~. In particular it addresses how my identity constantly shifts within the hospital and how essentially I'm playing two different roles in the hospital.
3. From this experience it has taught me ~~that~~ how to balance my life as a student and a professional.



**Figure 7**  
**Visual participatory methods entry number 5 of 12 from participant 'AA'**

AAVPM 5 of 12



Describe what is happening in the photo

This is a photo of A & B block, it is one of many sections at [REDACTED] hospital. This area is very busy with patients, families, doctors, nurses, porters and many other staff members walking by and coming in and out of elevators.

What are your thoughts feelings, or memories

The A & B block is a place I pass by often. The first time I came here, I was on my first clinical placement. I remember how big the sign was and seeing so many people waiting at the elevators and walking by, it is such a busy area. I was nervous, excited, scared, confused, I didn't know what to expect up there. Whilst on placement I have shared this elevator with many staff members especially porters, patients and families. I remember waiting at the elevators making small talk with them, holding doors, helping them inside and more. I also remember helping people who were lost and just as confused as I was when I first came here. It feels great to help and interact with people outside of university because you feel that's you are a part of the community. It's a great feeling to help people especially those who may be distressed, confused or anxious. No matter how small the help it is one thing less they have to worry about.

What kind of learning resulted from the image depicted?

I learnt that students need to interact with others outside the university environment to increase their communication and interpersonal skills. There are two worlds that students live in, the university world and the outside world. Transitioning from university to the outside world can often be challenging. Being exposed to a hospital everyday provides students the opportunity to practice communication and interpersonal skills and go outside their comfort zone.

How can I put what I learnt into action in the future

Continue talking to patients, visitors and staff to make the most of your learning experience.

**Figure 8**  
**Visual participatory methods entry number 6 of 15 from participant 'BB'**

BBVPM 6 of 15

*Late, lunch, tea, Clinical placement, BSL, medication, start of shift, end of shift  
the passage of day, familiar scenes of wards, comfort the nurse, responsible*





**Figure 9**

**Visual participatory methods entry number 3 of 6 from participant 'CC'**

CCVPM 3 of 6

I remember us trying to imagine how we would do on our first placements.



This is where we sat to ~~have~~ in first year. Happy memories long lunches and discussions about our ~~future~~ future as nurses.



## **C Professional Identity Formation Based on Community and Culture**

The social experiences within the shared learning environment had implications for interprofessional as well as intraprofessional dialogue. The interaction facilitated an openness to discuss common or shared areas of experience. This resulted in a greater appreciation of their own, as well as different professional roles. Group study and social interaction with the medical students who also study at the health and education precinct, but in their clinical school, were also associated with this space. The social experiences in the shared student common room had implications for interprofessional dialogue, resulting in a greater appreciation of the different professional roles, and dispelling misconceptions about their professions. The interaction facilitated an openness to discuss common or shared areas of experience. In the following excerpts, participants demonstrated the association between people, places, memories, within their situated learning environment.

AA: (Figure 10) Here you've got the NUM [Nursing Unit Manager] and the clinical educator who I actually worked with and an RN. I wanted to take this photo because it shows how supportive everyone in the ward is of students and not just students, nurses as well and other health professionals... Just because, say I'm an RN, doesn't mean that I know everything and I will always be learning constantly so I think that's really important too.

BB: (Figure 11) – 'Fear', 'knowledge', 'things you need to know', 'worrying about patients'...it represents my fear of not knowing enough to help a patient or whether I don't have enough knowledge. It also represents a communal thing, as in education.

Having the shared student common room was a commonly captured image across each of the three participants (Figure 12; Figure 13; Figure 14). It is described as an area that holds fond memories with their nursing student peers in a relaxed manner.

CC: I've actually built some very interesting relationships with some of the medical students. I've...got a few guys I get along well with in the medical school which I guess wouldn't have happened if we weren't sharing the same common room. It's put down barriers in a sense that we interact a bit more freely now as we've gotten to know each other and we sometimes might meet them on placement and then they will be like "oh can you come check this out?" We all came from the same environment we all went to the same uni I guess it helps build bridges and sort of like bring a better understanding...So it's helped opened eyes in both respects.. for nursing students in respect to medical students and medical

**Figure 10**  
**Visual participatory methods entry number 8 of 12 from participant 'AA'**

AAVPM 8 of 12



Describe what is happening in the photo

This is a picture of a hospital ward at [REDACTED] hospital. It was the first ward I went to on my first clinical placement. This photo is an image of what I saw in a students eyes.

What are your thoughts feelings, or memories

Going to your first placement is quite an experience. At first you feel a rollercoaster of emotions, nervous, scared, excited, eager, determined, nauseous, worried etc. You don't know what to expect especially if you have never been in a hospital / hospital ward. Going into the ward you see a lot of movement, noises on machines, phones ringing, trolleys moving, monitors going off and more. I remember in my head I would say what's that? what does that do?, how does that work?, who is that person? so many questions already! As a newbie student nurse on placement, it can be quite overwhelming. Its like you are used to your little bubble and suddenly your being forced out of that bubble into the real world. Our clinical facilitators drop us off and off we go. It kind of feels like we are the little chicks and our mother hen is abandoning us to survive haha. At the end of placement though, you laugh and wonder why you ever worried in the first place. Placement is such an invaluable experience and is unique to every student. No one placement is the same. The thing that makes placement the most rewarding experience is the wonderful staff and the patients. Staff are an important part to achieving your goals and enjoying your time on the ward. This photo reminds me of the values and principles that wards have; team work, respect, equality, understanding, kindness, and a passion to continue learning to be the best you can be to deliver quality and safe work. Learning is forever whether you're a student or an RN.

What kind of learning resulted from the image depicted?

I learnt that clinical placement is critical to a students learning experience. There are many things you learn on placement that you wont be able to learn from a textbook or through lectures. Sometimes it really is a "you have to experience it to know it and understand it" process.

How can I put what I learnt into action in the future?

Always make goals when you are on placement because every placement is distinct in its own way. Keep a diary of everything you do so you can see how much you've learnt and progressed. Participate in open discussions about introducing more placements to the learning syllabus.

**Figure 11**

**Visual participatory methods entry number 12 of 15 from participant 'BB'**

BBVPM 12 of 15

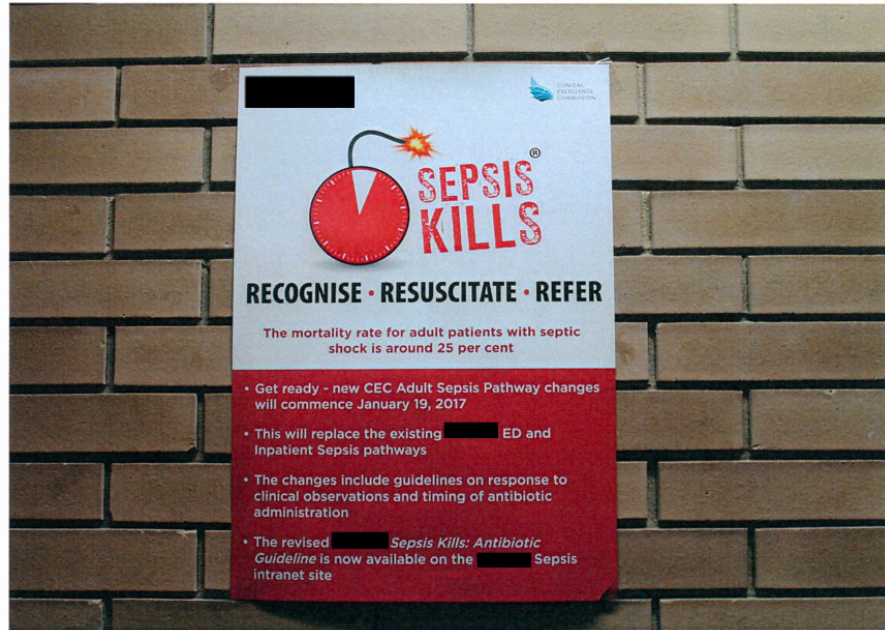
*Fear, knowledge, responsibility, need to know, patients, nurse, reality*

1. Poster (educational)  
for nurse + staff  
to be constantly aware

2. Fear, the need to  
know, gain knowledge,  
you are responsible

3. From this experience,  
it made me aware of  
how you need to always  
be up to date

4. Be constantly up  
date, stay on top  
of research, attend  
seminars etc  
Learn - learn  
learn



### MY MOTIVATION TO LEARN

1. This is a photo of an educational poster <sup>directed at medical staff</sup> regarding Sepsis. It is a typical example of educational posters I would see around the hospital.

2. This image brings on feelings of fear and responsibility. Fear of not knowing enough to ~~see~~ prevent life threatening complications and the responsibility, I will have as an RN ~~for~~ in regards to taking care of my patients

3. Learning experience gained from the poster ~~to~~ relates to how I need to be constantly learning as a RN, especially a graduate RN, in order to ~~just~~ provide the best care possible.

4. This photo reminds me that in the future I must continually keep updated and ~~stay~~ <sup>actively learn</sup> remain on top of medical research in order to provide the best care for my patients.




**Figure 12**

**Visual participatory methods entry number 8 of 15 from participant 'BB'**

BBVPM 8 of 15

(8) Social, lunch, student, medical/nursing, fun, relaxing, being yourself, hide and the bar.

1. Learning social space
2. Friends, women social space, student, interaction
3. Socialising
4. Having a network is important for collaboration - Better pt outcomes



MY TYPICAL DAY AT [REDACTED]

+ THE COMMON ROOM EXPERIENCE

1. A photo of ~~the common~~ <sup>an area</sup> of the common room where I would usually sit with my friends.
2. Memories of collaborative learning, socialising, de-stressing and sharing the journey with others.
3. In the common room I was exposed to medical students and I got to understand how their degree is set out and what academic journey they must go through in order to become a doctor. The experience allowed me to connect with people beyond nursing and allowed me to appreciate the different roles people have in the hospital.
4. In the future, I will foster professional relationships with my work mates which can facilitate further understanding of the hospital environment.

**Figure 13**  
**Visual participatory methods entry number 9 of 12 from participant 'AA'**

AAVPM 9 of 12



Describe what is happening in the photo

This is a photo of the ping pong table that is in the student common room on level 1. The common room is shared amongst medical, nursing and dentistry students. Although, this area is mainly used by the nursing and medical students. Every day walking into the common room you always see medical and nursing students playing ping pong!

What are your thoughts feelings, or memories

Looking at this image makes me smile, I think of ping pong balls flying across the room, the noise of the ping pong balls and the loud students playing. I see friends and other students gathered around watching tournaments and getting along with one another. The ping pong table is well loved and brings students together. Overall, the common room is an area that we enjoy being in because it's a safe place where we can relax and have some fun.

What kind of learning resulted from the image depicted?

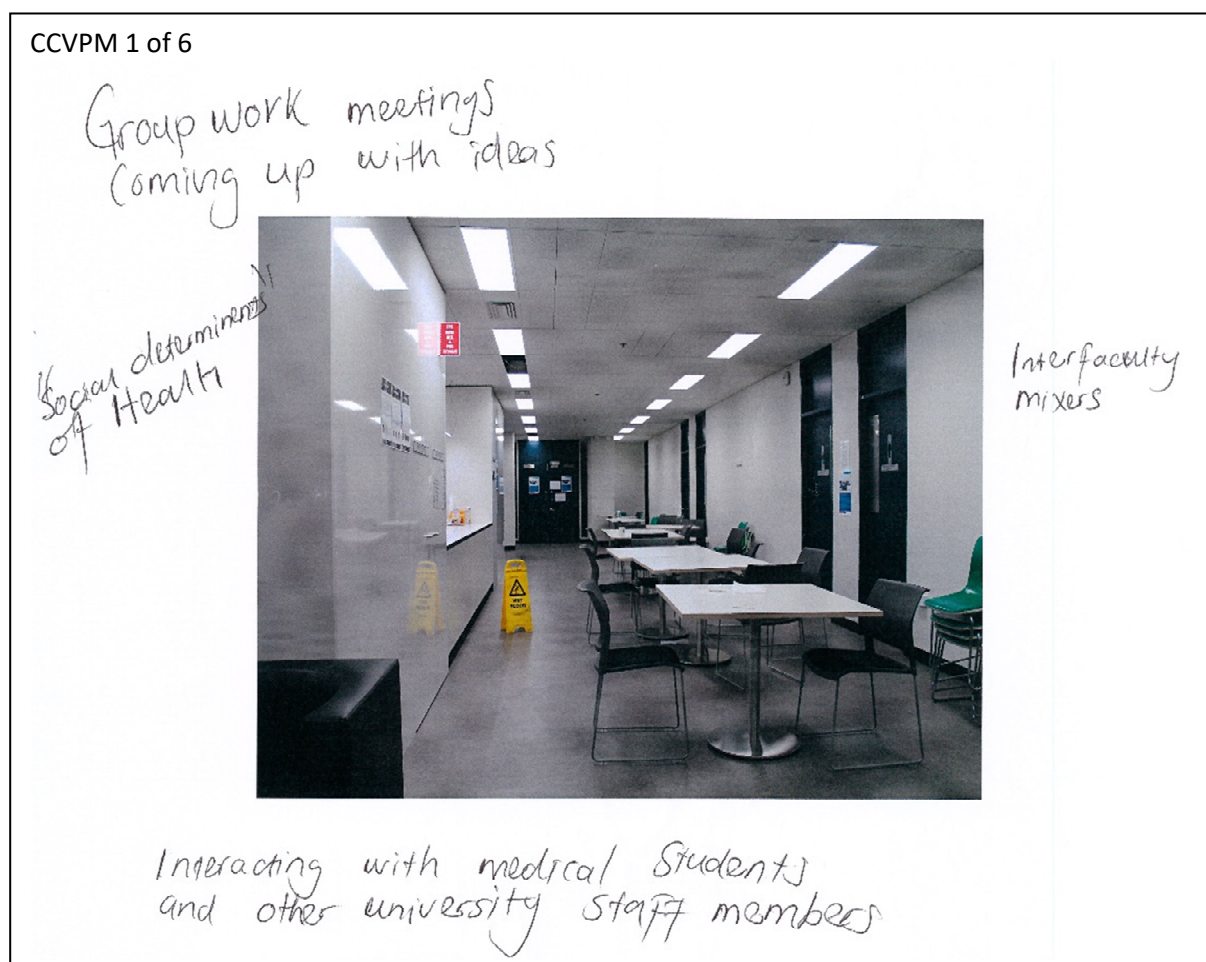
I learnt that positive learning experiences requires a well balanced ratio between work and fun. Its important for students to have a space for themselves and be given privacy.

How can I put what I learnt into action in the future?

Talking with students about what they like about the common room can give insight into what is important in order to provide relaxing, comfortable and safe student spaces. Student-initiated/Student involvement.



**Figure 14**  
**Visual participatory methods entry number 1 of 6 from participant 'CC'**



## V DISCUSSION

To ascertain the dimensions of professional identity formation and professional socialisation, a participatory visual methodology was utilised. This method of data collection actively engaged the students in detailed exploration of their experiences (Backman et al., 2018). Visual participatory methods are a fairly new method of data collection in nursing research. Other disciplines, have been using it to collect rich data about lived experiences of specific populations (Kronk et al., 2015) and implemented across a number of broad topics. Interview excerpts and VPMs in this current study presented examples of how places and the people, memories, artefacts and spaces located within, can be representative of significant moments in a student's learning experience. Participants felt part of the local hospital community; the environment. The sights, sounds and surroundings could dictate their identity and mindset, causing them to behave according to what was deemed appropriate. They felt a shifting of identities through constant and consistent environmental exposure being paralleled with their pre-registration lessons. In their own words, participants felt 'connected', at 'home' in the hospital, and have developed 'confidence' in who they are able to identify as when they are here, potentially helping to prepare them for their transition to professional practice.

Participants were invited to take on an active role in reflecting on, and taking part in early academic and health professional situations (Sierra-Martínez et al., 2019). The realism that the environment holds provides makes students astute in the awareness of professional boundaries and identities; something participants would often refer to as "the mindset" of being a nurse. This self-assuredness in professional identity and trajectory across the different boundaries and

spaces arose from experienced familiarity and perceived belongingness over time. Notably, perceptions of hospital environment-associated anxiety were self-reported by participants to decrease over time and experience, expediting the process of adjustment and orientation to the hospital setting and the clinical environments therein. Through the sense of connection and continuity, participants transitioned from feelings of being overwhelmed to feelings suggestive of ownership.

Even surface social interaction with hospital staff provided a reassurance, an encouragement, a small validation of their career journey efforts. It was part of the atmosphere of career aspiration and affirmation. They perceive the local hospital staff as being who they would like to become one day, and could relate to them. It was ultimately about people and places, people in places, and the enterprises that the people in places are working towards achieving.

Reflection helps students develop their identities and view themselves from different perspectives. Such development requires the students to actively participate to make meaning of their experiences (Hirschy et al., 2015). The environment within which their learning was situated was a reflective surrounding for these students – their learning and professional career trajectories were projected around them in some form, suggesting that this provided feelings of security and satisfaction when looking towards their respective futures. Students situated within this hospital environment could see their own personal learning journey, their progress, their growth. Their surrounds were continually offering a glimpse of what their future may hold.

Reflections that accompany the photographs show that the recommended reflective cycle guided participants through a structured process of thoughts, feelings and memories, depicting a subjective and personal depth to these learning settings. Many of these images, upon reflection by participants, depict an association between places, moments, feelings and memories to not only the learning which has occurred, but the presence and interactions with other people. The exchange is sharpened by memories that recapture both feeling and facts of the experience. Thus, the pairing of visual participatory methods and follow up individual interview is an excellent tool for qualitative research.

Triggers were created and narratives shared, reflecting a sense of 'being'. Students felt part of a community, and experienced feelings of security and satisfaction (Hirschy et al., 2015); and connection to people and places (Raymond et al., 2017). This encourages a sense of self, one who "thinks, feels and acts" as a member of the profession (Merton et al., 1957, p. 7, as cited in Hirschy et al., 2015). Gradually, an understanding of how and why students situated within a hospital as their learning environment would grow to develop an identity, which meant associating themselves with the health and education precinct as a place, community and culture.

The strength of using the VPM were that memories became more vivid and emotions evoked. These memories and emotions were associated with the photographic depictions of their learning experiences within the situated environment. The reflective exercise paired with photography can be valuable when investigating the role of places in people's journeys. Insights can be gained from viewing the world as they see it, from their perspective. For example, when students were choosing what they should take photographs of, even which photographs they would reflect on, and which photographs should then be included in this study.

As demonstrated through interview excerpts, photographic depictions and the accompanied reflections, discussions were more in-depth and insightful than what this researcher believes to have been possible without its use. While visual data can be considered to be secondary to verbal interviewing (Briggs et al., 2014), this research has demonstrated that this can instead be considered as complementary to each other and work in a symbiotic manner to bring to the surface, the deeper and richer meanings of participant experience. The reflective nature of this exercise made clear that situated learning within this workplace of industry bridges gaps; both that of progressing towards implementing practice as a registered nurse and that of forming a professional identity.

Implications for educators and educational institutions is awareness of the influence, more by "informal and hidden curricula" than formal teaching experiences (Goldie, 2012). Yet there is an

onus on educational institutions, specifically nursing educational models of delivery as the key factor in developing professional identity (Maginnis, 2018).

## **VI CONCLUSION**

Professional identity formation is composed mainly of both social and relational elements (Goldie, 2012). The process of professional socialisation engages students in professional practice, the development of professional identity is a product of the process. Nurse educators, be they academic, clinicians, policy makers or administrators, need to recognise, and utilise the opportunities that exist in the relational settings students experience, and claim affect their development. Employing participatory visual methods to explore nursing student experiences in a situated learning environment, empowered the students and added to an understanding of the factors critical to professional identity formation. The relationship with the tertiary organisation and delivery model of the curriculum is core to nursing students (Johnson et al., 2012) gaining the “knowledge, skills and sense of belonging to the nursing profession” (Shahidi, 2014 as cited in Maginnis, 2018, p. 94). It is the effective use of the learning spaces that invokes change and transition.



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