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Choosing a career: Why not nursing?

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Abstract

In today's society, young people have many different opportunities for career choices. Nursing is a career that could offer many challenges and rewards to young people, yet most do not choose a career in nursing. This research project aims to explore how young people make career decisions and why young people might choose or reject nursing as a career choice. The literature suggests that the process of decision-making for young people is a complex multi faceted process that is influenced by predisposing factors such as their family, gender, culture and society, their ability to search for career options and the choices available to them. Young people's career decision-making in relation to nursing also seems to be influenced by these factors.

A qualitative descriptive research design was chosen for this research in order to bring the views of the participants to the forefront. Thirty four young people from two local colleges and a church group volunteered to participate in focus group interviews to discuss how they made career decisions and their perceptions of nursing as a career choice. Five focus groups were conducted including two single gender groups as well as three mixed gender groups. The majority of the participants identified as either Maori or Pasifika ethnicity. Data analysis was undertaken using thematic analysis to identify codes, categories and themes. Data analysis software called NVivo 7(QSR International, 2006) was used to aid in organising the data.

The career decision-making process described by Leach and Zepke (2005) was used as a model to present the findings. The findings suggest that in the *predisposition stage*, it is crucial to provide culturally appropriate advice and support to parents because of the key role they have in the young person's career decision. In the *search stage*, it is important that young people make positive connections with role models and mentors and are supported in exploring their career interests and aspirations within the educational environment. In the *choices stage*, young people should be aided in developing a career pathway. Finally the profile of nursing needs to be raised across all three stages of the career decision-making process. Addressing gender stereotypes held by both male and female young people as well as by parents, the educational environments and the community seems crucial in order to develop nursing as an attractive career option for young people.

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Table of Contents

Abstract	ii
Acknowledgements.....	iii
List of figures and tables.....	vi
Just a Nurse	vii
Chapter One	1
Introduction.....	1
Researcher's background and interests	2
The research aims.....	4
Context of the study	4
Outline of thesis	8
Conclusion.....	9
Chapter Two.....	10
Career decision-making and nursing	10
Introduction	10
Criteria for including and excluding studies	10
Predisposition stage of decision-making.....	11
Search stage of decision-making.....	17
Choices stage of decision-making.....	20
Relevance of the literature in relation to this study.....	23
Conclusion.....	26
Chapter Three	27
Methodology	27
Introduction	27
The qualitative research approach.....	27
Ethical considerations	29
The participants and the setting.....	33
Focus group interviews	34
Data analysis	43
Trustworthiness and quality	46
Conclusion.....	47
Chapter Four	49
Predisposition Stage	49
Introduction	49
"It's just like a family thing": Parental and family influences.....	50
"That's how it's portrayed": Gender influences	58
Conclusion.....	68

Chapter Five	69
Search Stage.....	69
Introduction	69
“It all depends what interests you”: Career aspirations and interests	70
“I was really shut down”: The educational experience	78
“We just need more education about it”: Invisibility of nursing	83
Conclusion.....	88
Chapter Six	90
Choices Stage.....	90
Introduction	90
“Talk to someone who knows”: Finding out how to do it	91
“Can’t be stuffed”: Barriers to career choices.....	96
Conclusion.....	100
Chapter Seven.....	101
Influences on Career Decision-Making and Barriers for Choosing Nursing	
.....	101
Introduction	101
Career advice and support for parents and families	102
Developing connections and supporting the dream	102
Developing career pathways into nursing	103
Addressing gender stereotypes and raising the profile for nursing.....	105
Making nursing the choice: Taking action.....	106
Limitations of study and implications for future research	110
Conclusion.....	111
Appendices.....	113
References	121

List of figures and tables

Table One: Demographics of participants	35
Figure One: Predisposition Stage themes and categories	50
Figure Two: Search Stage themes and categories	70
Figure Three: Choices Stage themes and categories	91

Just a Nurse
By Suzanne Gordon

I'm *just a nurse*. I just make the difference between life and death.

I'm *just a nurse*. I just have the educated eyes that prevent medical errors, injuries and other catastrophes.

I'm *just a nurse*. I just make the difference between healing and coping, and despair.

I'm *just a nurse*. I just make the difference between pain and comfort.

I'm *just a nurse*. I'm just a nurse researcher who helps nurses and doctors give better, safer, and more effective care.

I'm *just a nurse*. I'm just a professor of nursing who educates future generations of nurses.

I'm *just a nurse*. I just work in a major teaching hospital managing and monitoring patients who are involved in cutting edge experimental research.

I'm *just a nurse*. I just educate patients and families about how to maintain their health.

I'm *just a nurse*. I'm just a geriatric nurse practitioner who makes a difference between an elderly person staying in his own home or going into a nursing home.

I'm *just a nurse*. I just make the difference between dying in agony and dying in comfort and with dignity.

I'm *just a nurse*. I'm just the real bottom-line in health care.

Wouldn't you like to be *just a nurse* too?

(Buresh & Gordon, 2006, p. 277)

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Chapter One

Introduction

In today's society, young people have many different opportunities for career choices. As Gordon's poem (p. vii) suggests, nursing is a career that could offer many challenges and rewards to young people, yet most do not choose a career in nursing. This research project aims to explore how young people make career decisions and why young people might choose or reject nursing as a career choice. The KPMG¹ Consulting (2001) report commissioned by the Nursing Council of New Zealand identified the issues of recruitment in nursing and promotion of the positive aspects of a career in nursing as a worldwide challenge. In 2002, the Nursing Council undertook a workforce survey that found that like many other countries, the nursing workforce in New Zealand is ageing with 1/3 of the actively practicing registered nurses between 40 and 50 years old (Ministry of Health, 2003). Nursing programmes also have a minority of students entering nursing who are under the age of twenty years. Brown and Matthews's (2003) study survey of student nurses found that only 13% of the students surveyed were less than twenty years of age and nearly 33% were aged 40 and over.

As well as an ageing workforce, New Zealand has an ageing population. Population ageing is a worldwide phenomenon in developed countries resulting from a shift from moderately high mortality and high fertility rates in the 1950s, 1960s and 1970s to current moderately low mortality and low fertility rates (Dunstan & Thomson, 2006). By 2021, the predicted New Zealand population of people aged 65 years and over will constitute 22% of the NZ European population, 9% of the Asian population, 8% of the Māori population and 6% of the Pasifika population (Statistics NZ, 2006). This has increased from a total of 12% of people over 65 years in the total population in 1999. Older people typically need more health services than younger people. With an ageing workforce and an ageing population overall it is desirable to encourage younger people in careers in nursing (Marriner Tomey, Schwier, Marticke & May, 1996).

¹KPMG in New Zealand are part of an international network of professional services firms that provide auditing services with an industry focus (KPMG New Zealand, 2007).

Researcher's background and interests

My interest in understanding how young people make career choices and why young people choose or reject nursing as a career choice stems from my work as a nurse educator. I have been working in nursing education for more than fifteen years and have been actively involved in the recruitment of people into nursing. One of the reasons that I chose nursing education as a career choice was my belief in the value of the role of the nurse in the health care environment and also in the value of nursing as a career choice.

I began my career in nursing education at Whitireia Community Polytechnic, which caters to mainly second chance learners and mature students. I became involved in the selection process for applicants and enjoyed meeting with potential students and exploring their perceptions around nursing as a career choice. Young people, especially school leavers, were a minority of enrolments and brought an interesting and exciting perspective to the programme that was dominated by a more mature student group of mainly mothers aiming to return to the workforce.

Whitireia Community Polytechnic particularly has a responsibility to the recruitment of Māori and Pasifika young peoples, as this is the community that the polytechnic serves. In the Porirua community 28% of the population identify as Pasifika and 20% as Māori and 28% of the total population are under the age of 15 years (Statistics NZ, 2001). In New Zealand, in the next 10 to 15 years the Pasifika population leaving school will be an important economic resource in society as they will form a larger portion of the workforce (Southwick, 2004). It is also predicted that the aged population of Māori and Pasifika in the Porirua community will increase substantially in the next 15 years. By 2021, the Māori population aged 65 and over is projected to number 56,000, compared with 20,000 in 2001. By comparison, the Pacific population aged 65 and over is projected to increase from 9,000 to 26,000 (Dunstan & Thomson, 2006).

In order to help address the health workforce shortage and to meet the demands of the aging population in the Porirua community, Southwick (2004) believes that there is a need to encourage Pasifika young people into sciences and ensure they have the entry criteria necessary to enter into the health workforce environment. "Bioscience (an

integration of anatomy, physiology, microbiology, genetics, pathophysiology and pharmacology” is seen as a core subject in nursing curriculum (van Rooyen, Dixon, Dixon & Wells, 2006, p. 593). A recent study by van Rooyen et al. (2006) linked a bioscience related entry criteria for nursing to higher performance in the bionursing papers in their nursing programme. Although not all nursing programmes require a science paper as part of their entry criteria, the bioscience component is a requirement of the Nursing Council of New Zealand for the Undergraduate Curriculum (Nursing Council of New Zealand, 2005). At a Health Workforce Advisory workshop, it was reported that there had been little improvement in Māori and Pasifika students' undertaking of science subjects, or an improvement in their results in science subjects at secondary school, in the past 20 years (Encouraging Māori, 2005). This group believes that the limited numbers of students studying science at secondary school has affected the numbers going on to study health and science at tertiary level, and has also impacted on the number of Māori and Pasifika peoples in the health workforce (Encouraging Māori, 2005).

In 2005, the issues related to the international nursing shortage and the aging nursing workforce became important issues in our region. I was asked to join a collaborative initiative with the local district health board (Capital and Coast District Health Board) and a youth transition programme (Partners Porirua) to work together to raise the profile of health careers for young people in our area. We began with a breakfast meeting to which we had invited careers advisors, and principals from local colleges. Whilst we had a very small turnout at this initial meeting, we were encouraged by those attending who said that they would welcome support and information regarding career choices for young people in relation to health. From this meeting, a collaborative partnership developed between the three organisations with the aim of working together to achieve our goals of encouraging young people (especially Māori and Pasifika) to undertake health and science subjects at school and to consider health careers including nursing.

As I began working with the young people through the project and through careers expos and career's information evenings, I was struck by the lack of knowledge or interest that the young people had in relation to nursing as a career choice. I became interested in gaining a better understanding of how these young people made decisions regarding their career choice and particularly why they might choose or reject nursing.

The research aims

The aims of this research study were to explore how young people make career choices and why young people choose or reject nursing as a career choice. For the purpose of this research, young people were defined as aged 16 to 18 years. A further aim of this study was to provide information from this study back to participants and their community in an accessible manner. A newsletter summary of the research findings and recommendations will be made available to all participants and their communities. These communities include the school environment and the church setting from which the participants were sought as well as the wider community with whom consultation was undertaken.

Context of the study

In considering this research project, it was important to understand the contexts under which the research was being undertaken. This section will discuss the contexts of adolescent developmental tasks as they relate to career decision-making and the contexts of the New Zealand education sector.

Boundaries of adolescence

According to Steinberg (2002) adolescence is a time of growing up when a person moves from the immaturity of childhood into the maturity of adulthood. Traditionally adolescence has been synonymous with the teenage years of 13 to 19 and is generally the time the young person spends in secondary schooling. However, within the New Zealand context and in many other countries and cultures, this definition has changed due to changes in society. Now adolescence can be considered to begin from as early as 10 years of age with the earlier physical maturity of many young people. It often is seen to continue into early adulthood because of the economic dependence that many young people still experience at that time. This study will focus on young people in middle adolescence – a period defined by Steinberg (2002) as “between 14 to 18 years of age” (p. 4).

Today’s adolescent group is often referred to as “Generation Y” or the “Nexters” (Clausing, Kurtz, Prendeville & Walt, 2003, p. 373). They are becoming known for

being self-reliant, questioning, and technologically advanced more than any other age group. A survey of Nexters (Clausing et al., 2003) categorised them as having a more linear thinking, analytical ability that is strongly influenced by visual media. They are described as being exceptionally altruistic and, collectively, are a hopeful, future-oriented generation. Generation Y is expected to be a very mobile group who will willingly uproot to seek opportunity and find challenge and excitement in life (Clausing et al., 2003).

Adolescence and career decision-making

A central task of adolescence is engaging in the process of identity exploration (Erikson, 1968). It is common in New Zealand society for identity to be defined by your career and young people often begin to explore their identity by thinking about what type of career they want to have *when they grow up* (Drewery & Bird, 2004). The young person may explore their identity through subject choices at school or through transition programmes but this is often not a conscious attempt towards career development. Instead this identity exploration may be influenced by positive experiences that motivate the young person to continue trying new things and making different choices (Vaughan, Roberts & Gardiner, 2006). Wijers and Meijers (1996) describe career development as a process that links identity development and career decision-making. Career development is also seen as an important process in society as people move between being the learner and the worker at different points across the lifespan (Vaughn et al., 2006).

In 2004, the New Zealand Ministry of Education commissioned a study to explore how prospective students make decisions about entering or returning to tertiary education. Two researchers from Massey University's College of Education were contracted to undertake a systematic review of the literature regarding student decision-making. Their report (Leach & Zepke, 2005) provides some valuable insight into the complexity of the decision-making process. The findings suggested that "decision-making can be modelled" (p. 9) and Leach and Zepke (2005) adapted Hossler & Gallagher's (1987) three stage decision-making model to present their findings. The first stage of the model, "the *predisposition stage*, considers the family background, parental disposition to tertiary education, degree of self-belief of the student and the nature of the school

attended” as being important factors in the decision-making process (Leach & Zepke, 2005, p. 15).

The second stage of decision-making, “the *search stage* occurs when the student begins to search out options for tertiary study”. This stage is influenced by factors such as the “career aspirations and interests of the student, their academic achievement thus far, access to information and contact with tertiary institutions” (Leach & Zepke, 2005, p. 15). In the third stage of decision-making, “*choices*”, the student looks at “specific tertiary providers and programmes based on whether entry criteria are met, whether the right courses are available and whether the rewards and costs are in balance” (Leach & Zepke, 2005, p. 15).

While this model was originally developed to explore the decision-making process related to tertiary education, it is also useful as a model to explore the career decision-making process for young people. The stages of the model as adapted from the work of Leach and Zepke (2005) will be used as a framework in this study to organise the literature and findings related to career decision-making for young people in relation to choosing nursing as a career choice.

The New Zealand education sector

The context of the New Zealand education sector must also be considered in relation to how it influences young people’s career choices. Recent changes in the education sector at the secondary level, with the introduction of the National Qualifications Framework—including the National Certificate in Educational Achievement [NCEA] and other national certificate, has allowed young people to gain a wider range of credits through different learning opportunities. Students have an opportunity to pursue different study interests from a range of subjects that are taught nationally at three levels (Meyer, McClure, Walkey, McKenzie & Weir, 2006). According to Meyer et al (2006), one of the proposed benefits of this system was the introduction standards-based assessment which is believed to demonstrate a philosophical commitment to supporting learning for all students, not only those who were high achieving. Secondly, NCEA were designed to develop students as independent learners by encouraging them to make informed choices about their study and to become more engaged in their learning (Meyer et al., 2006). This development is presenting teachers, parents and young

people with a complex choice of school subjects that need to be clearly linked to different career choices (Hipkins & Vaughan, 2002). This may suggest a shift in the career decision-making process with young people needing to begin to explore career choices at an earlier age as they begin making their subject choices.

The introduction of NCEA has not been without its opponents and its difficulties. In a study undertaken by Alison (2005) on behalf of the Post Primary Teacher's Association, teachers generally reported support for the NCEA, but they expressed concerns regarding the assessment processes, the change management process, student motivation, resourcing, professional development needs for teachers and workload issues. Recommendations were made for an external review and further research in relation to NCEA. Young people's views and experiences of the NCEA and the effects on career decision making may also need to be explored (Alison, 2005).

Other recent developments in the secondary school sector include the improved resourcing and support for vocational educational and training programmes as part of NCEA. These programmes include the Gateway² programmes and the Secondary-Tertiary Alignment Resource ³[S.T.A.R.]-funded courses. These programmes have improved acceptance of the pursuit of a non-academic pathway, which meets the needs of a different group of students within the secondary school system (Vaughan et al., 2006).

Recent developments in the tertiary education sector could also influence the context of this study. The tertiary education sector continues to be remodelled in an attempt to meet some of today's labour market and globalisation challenges. The Government continues to develop tertiary education funding mechanisms with aims of reducing course duplication, and funding and promoting apprenticeships and industry training.

² Gateway is a programme offering hands on workplace learning for senior school students while they gain industry and NCEA qualifications. Gateway is available to senior secondary school students in decile 1-6 schools (Tertiary Education Commission, n.d.).

³ The Secondary Tertiary Alignment Resource [S.T.A.R.] provides all state secondary schools with additional funding to access courses that provide greater opportunities for students by personalising learning pathways and facilitating a smooth transition to the workplace or further study (Ministry of Education, n.d. a).

Recent initiatives such as the Modern Apprenticeships programme and a huge growth in industry training has meant that young people may also be tempted to leave the secondary school environment earlier with chance of getting into the job market sooner (Vaughan, 2004). This could influence the numbers of young people who are considering tertiary education and could result in lower numbers of young people considering nursing as a career choice.

Changes to tertiary funding have also resulted in a capping of student enrolments in many tertiary programmes which critics believe could result in some tertiary education providers ranking applicants who meet entry criteria (Mulrooney, 2007). This has a potential to limit the numbers coming into nursing and could be particularly significant for Māori or Pasifika young people if ranking is based predominately on academic success in secondary school.

Outline of thesis

This first chapter has outlined the context in which this research takes place including my own background and interest in this topic as well as contexts for career decision-making, secondary and tertiary education and nursing for young people in New Zealand. Chapter Two reviews the literature in relation to young people's career decision-making and nursing using the decision-making framework.

Chapter Three discusses the methodology and the method employed; the ethical approval process and the selection of participants. A qualitative descriptive methodology was chosen for this project to bring the views of the participants to the forefront. Focus group interviews were used to give the participants an opportunity to discuss their views in the most natural setting as possible. The use of qualitative data analysis software to aid in the trustworthiness of the thematic analysis of data is also discussed.

Chapters Four, Five and Six present the findings of the focus group discussions in relation to identified themes. Chapter Seven is a discussion about the issues that arose from the data, and contains concluding remarks and recommendations for the future.

Conclusion

Young people are engulfed in rapidly changing educational and social environments. The NCEA seems to offer young people the opportunity to undertake different educational pathways and to explore more career choices. Understanding the career decision-making process that young people undertake may provide insight into how young people make career choices and why they choose or reject nursing as a career choice. This insight may aid in making nursing an attractive career choice for today's young people.

With an ageing workforce and an ageing population, there is a need to encourage more young people to explore nursing as a career choice. This may include encouraging young people into health and science subjects at school. In the Porirua community, Māori and Pasifika young people will make a significant economic impact to the workforce in the next decade. They provide enormous potential for the development of a younger nursing workforce that matches the demographics of their community. Today's generation of young people are likely to take on more careers in their life than their parents may have had and their hopefulness for a positive future could see them embrace careers such as nursing. Supporting and encouraging these young people into nursing has the potential to change the face of the nursing workforce and improve the health of the some of the most vulnerable communities in New Zealand.

Chapter Two

Career decision-making and nursing

Introduction

In this chapter a critical overview of the literature related to young people and nursing as a career choice is presented using Hossler & Gallagher's (1987) three stage decision-making model as described by Leach and Zepke (2005). In order to recruit younger people into nursing we need to examine and analyse how young people make career decisions and young people's reasons for choosing or rejecting nursing as a career. Initially the process and criteria involved in accessing, including and excluding literature will be explained. The main themes identified through the review of literature will be discussed in relation to the career decision-making model. Finally the relevance of this review in relation to this research study will be explored in order to define and justify this research project.

Criteria for including and excluding studies

The literature search was undertaken using the Proquest, Web of Science, Pub Med, Te Puna and Ebsco databases and a Google NZ and Google Scholar search of the Internet. Key words searched included: adolescents, young people, high school students, career choice, and nursing. As a result of these searches about 60 articles related to the subject were located mostly as full text articles. Initially articles were excluded if they were not research reports, were older than 10 years and did not focus on research related to choosing nursing as a career.

The approximately 30 remaining articles were then reviewed in terms of inclusion criteria, which included all articles whose subjects were young people, either secondary school students or nursing students; or that focused on the factors related to the decision-making process around choosing a career. The focus of the review was to explore research undertaken with secondary school students; however research studies undertaken with tertiary students (mainly nursing students) were also included to give further insight into the motivations of young people towards a career in nursing

As the main methodology used in most studies was a quantitative questionnaire or survey type approach, all research reports that utilised a different research methodology were also included to increase the breadth of understanding around this topic. All recent New Zealand research that was located and related to this area was also included as there was no specific New Zealand research found related to nursing and career choice. Leach and Zepke's (2005) synthesis of the literature reviewed in relation to young peoples decision making about entering tertiary education will also be utilised to gain further insight into the decision making process.

Predisposition stage of decision-making

The first stage of career decision involves consideration of predisposing factors such as "family background, gender, parental disposition to tertiary education, degree of self-belief of the student and the nature of the school attended" (Leach & Zepke, 2005. p. 15). Leach and Zepke's (2005) synthesis of the literature identified parental influences, academic achievements from a young age, and socio-economic status as the most powerful predisposing factors. A number of other studies explored the predisposing factors such as family, gender, societal and cultural influences that were identified as being important in career decision-making and choosing nursing as a career.

Family background and support

Family background and support were identified as important predisposing factors in many of the studies reviewed. Leach and Zepke (2005) established that the decision-making process for young people begins at an early age and is mainly related to the notion of whether or not the young person will attend tertiary education or not. Socio-economic status of the family is linked to the early decision making process and is believed to be the strongest predictor of whether a young person will undertake tertiary study. Some studies identified family background and support generally as a factor in career decision-making (Boyd, Chalmers, & Kumekawa, 2001; Boyd & McDowall, 2003; Li & Kerpelman, 2007; Mullis, Mullis & Gerwels, 1998; Paa & McWhirter, 2000) while other studies identified parental influences as significant specifically in relation to choosing nursing (Al-Kandari & Ajao, 1998; Dockery & Barns, 2005;

Harrigan, Gollin & Casken, 2003; Larsen, McGill & Palmer, 2003; Law & Arthur, 2003; Williams, Wertenberger & Gushuliak, 1997).

Leach and Zepke's (2005) review of the literature included several New Zealand studies that identified family background as a strong influence on young people's decision-making. Although these reports focus mainly on transition in tertiary education or work rather than specifically career choice and nursing, they provide some insight into the factors that influence New Zealand young people in their career decision-making.

Boyd et al. (2001) undertook a two phase study of 321 senior students from five different New Zealand secondary schools who were surveyed by questionnaires in 1999. In their findings parents were identified as having a main influence in the young people's decision making regarding their move into either tertiary education or work (Boyd et. al, 2001). Several other New Zealand reports (Chalmers, 2001; Chalmers & Kumekawa, 2000) have been published that explore the experiences of young people as they move from secondary school into either tertiary study or work. These reports are based around the results from Boyd et al.'s (2001) study. Chalmers (2001) explored the factors that support student decision-making and linked these with marketing strategies for tertiary institutions. This report was essentially a literature review that focuses on much of Boyd et al.'s (2001) research findings so it is not discussed as part of this literature review.

Boyd and McDowall's New Zealand study (2003) identified family background and whanau support as an important factor in career decision-making although again this study did not consider specifically nursing as a career choice. This study involved interviews with *at risk* students (ages 16 to 19 years) who were not succeeding in mainstream educational programmes. The participants identified as predominately Māori (34%) and Pasifika (32%) with little or low qualifications at School Certificate level. The findings identified that family members gave supportive advice to students by encouraging them to study hard and by informing them about their own jobs or study. However, this study also suggested that family support may not always be positive as it was also noted that some family members tended to tell their children what job they should do even though this may not have been an interest area for their child.

Another predisposing factor linked to family background is the family's socio-economic status. In Choat's (1998) study (as cited in Leach & Zepke, 2005) New Zealand young people from higher decile⁴ schools (Decile 9 and 10) were more likely to attend university while young people from middle decile schools were more likely to attend a polytechnic. Young people from lower decile schools were the least likely to undertake tertiary education. Differences were also noted between young people who went to private schools and those who were at public schools, with more young people from private schools enrolling in tertiary studies. Similar results were found in an Australian report by James (1999) (as cited in Leach & Zepke, 2005) who suggests that career decision-making opportunities in relation to attending tertiary education are not equal and linked this lack of choice for young people to the poor social economic circumstances of their families and communities.

Gender influences

Gender was identified as another predominant factor that may predispose young people in their career decision-making in a small number of the studies reviewed including some studies related to choosing nursing. Two American survey studies (Mullis et al., 1998; Paa & McWhirter, 2000) found that high school students (14 to 15 year olds) perceived that their career interests are influenced by their gender and that this was linked to their parental influence. In Paa and McWhirter's study (2000) female students identified the importance of their mother's influence on their career choice. Law and Arthur's Hong Kong survey (2003) of high school students (16 to 17 years of age) in relation to nursing as a career choice also found a statistically significant association between genders in relation to an intention to study nursing. Female participants were associated with a higher interest in nursing as a career and of those participants who considered nursing; the majority (72%) were in the low-income group. Gender was identified as deterrent towards nursing in Hemsley-Brown and Foskett's (1999) study where British high school boys were more likely to say they were "not interested in

⁴ In New Zealand, a school's decile indicates the extent to which the school draws its students from low socio-economic communities. Low decile schools are the schools with the highest proportion of students from low socio-economic communities, whereas high decile schools are the schools with the lowest proportion of these students. A school's decile does not necessarily indicate the overall socio-economic mix of the school (Ministry of Education, 2006).

nursing” and perceived nursing as female work with the older boys surveyed revealing a fear of being called “gay” or not masculine if they choose nursing as a career (p.1346).

Gender influences were also explored by Boughn (2001) who undertook a study comparing the views of males and females who had chosen nursing. Using a grounded theory approach and building on her previous studies she recruited 12 males and 16 females with matching demographic characteristics who were enrolled in a nursing programme. The findings suggested both similarities and differences in the male and female participant’s motivations for choosing nursing. Both groups were motivated towards nursing because of a desire to care but striking gender differences were noted in relation to perceptions of power as a motivation towards nursing. The male students viewed power as important in terms of empowering the nursing profession whilst the females viewed empowerment of others as being most significant in motivating them towards nursing. Also the female participants did not identify money and job security as important aspects of their career choice whilst the male participants identified this.

Gender influences were also identified as important in terms of how young people make decisions in a recent survey of female American university students undertaken by Li and Kerpelman (2007). Findings indicated the importance of parental support for young woman who were making career decisions. This study found that when the young women felt connected with their parents, they tended to be upset if their parents disagreed with their career choices, and they were willing to change their choices to fit better with their parents’ views.

Chalmers and Kumekawa (2000) also explored gender influences in career decision-making by undertaking a gender analysis of the data obtained from the 1999 survey used in Boyd et al.’s (2001) report. No significant differences were found between the female and male young people in terms of whether they transitioned into tertiary education or the workplace following secondary school. These results were supported by the findings in the report by Leach and Zepke (2005). These findings suggest that while some gender differences may occur in relation to career decision making in general, no significant conclusions can be drawn based on these differences.

Social and cultural influences

Societal perceptions of nursing were found to have both a negative and positive influence in predisposing young people choosing or rejecting nursing as a career choice (Al-Kandari & Ajao, 1998; Harrigan et al., 2003; Law & Arthur, 2003). These perceptions were often linked with cultural values, which also were predominating factors in these studies.

In Kuwait, research by Al-Kandari and Ajao (1998) found that both high school students and parents showed a social predisposition against nursing as it was seen as “low in status and a non respectable profession in Kuwait” with barriers to recruitment being “lack of social support and lack of information about nursing”(p. 248). Al-Kandari and Ajao (1998) surveyed a convenience sample of 54 respondents including nine drop outs from a Bachelor of Nursing programme, 25 final year high school students and 20 parents in the community all who indicated nursing was not the career for them or for their children.

Negative social influences from the media were also important in predisposing young people against nursing. Almost half of the respondents in the Hong Kong study (Law & Arthur, 2003) indicated that the main source of information that helped them in learning about the nursing profession was the mass media. The majority of the students surveyed held negative perceptions of nursing related to the perceived “lower status of the nursing profession compared to other occupations, the high cost of nursing programs in university, difficulty of the study programme and the perceived female-orientation of the occupation of nursing”(p. 31).

Cultural values were also identified as both positive influences and barriers in predisposing young people in making a career choice in nursing. Harrigan et al. (2003) included community elders, parents and high school students as well as Native Hawaiian, Samoan and Filipino nursing students in their study exploring perceptions and barriers towards nursing. In focus group interviews participants discussed cultural values that linked with their desire to undertake nursing or created barriers to their nursing study.

Native Hawaiian nursing students in this study discussed the desire to help their families manage health conditions prevalent in their community as an important cultural factor for choosing nursing. The Filipino students identified family and community support for them to become nurses. However, the students also felt pressure from their parents to be successful even if they did not have an interest in pursuing nursing. Samoan students stressed that the value their culture places on women as family caregivers and on nursing skills was a positive influence for choosing nursing. The Samoan students also identified barriers to choosing a career in nursing related issues such as homesickness and environmental stress due the need to move away from home to study in university setting. Despite some of the barriers identified by the different cultural groups, results from the surveys distributed to high school students, parents and community elders indicated that most participants would like a nurse in the family (Harrigan et al., 2003).

This study by Harrigan et al. (2003) is a particularly useful study for describing the influence of cultural values on the perception of nursing for different cultural groups. The study is strengthened by the use of the initial focus groups with the nursing students being held as separate cultural groups in order to gain an understanding of the differing cultural group's perspectives. The results were then reaffirmed through the survey undertaken with high school students, parents and community leaders.

Educational influences and support

The importance of positive educational influences and support were found to be significant factors in both predisposing young people towards different career choices and in their search for different career choices (to be discussed in the next section). Young people may be predisposed to making career decisions based on their early educational experiences, academic success and their self esteem (Leach & Zepke, 2005). A number of New Zealand studies have been undertaken with Māori and Pasifika students (Boyd & McDowall, 2003; Hawk, Cowley, Hill & Sutherland, 2001; McKinley, 2000) to consider academic success. In each of these studies, the most significant factors identified in terms of academic success were course teachers and student teacher relationships. In Boyd and McDowall's (2003) study, the teachers held high expectations for their student's success even though the student's had previously

been identified as at risk for not achieving. The teachers acknowledged the importance of providing a safe learning environment in order to support positive self-esteem.

Search stage of decision-making

The second stage of decision-making, the “search stage, occurs when the young person begins to search out options for tertiary study” (Leach & Zepke, 2005. p. 15). This stage is based on factors such “as the career aspirations and interests of the student, academic achievement, access to information and contact with tertiary institutions” (Leach & Zepke, 2005. p. 15). The findings from Leach and Zepke’s review related to the search stage focused mainly around the influences of subject areas, schools and access to information. The review linked these influences to decision making around tertiary education. As nursing as a career choice, ultimately involves tertiary education, the generic ideas from Leach & Zepke’s (2005) review are relevant for this study. Most of the nursing research reviewed related to the search stage is based on young people’s perceptions of nursing, their access to information about nursing as a career choice and the negative influences from school that acted as a deterrent towards tertiary education.

Career aspirations and perceptions of nursing

Several of the studies reviewed explored perceptions of nursing held by high school students. Evidence from these studies varied with both stereotyped and contemporary views of nursing being held. Hemsley-Brown and Foskett (1999) undertook an extensive study of British students from 21 schools and colleges from three different age groups: Year 6 (10 to 11 years), Year 10 (14 to 15 years) and Year 12 (16 to 17 years). Their respondents perceived a stereotypical role of the nurse as one of caring and helping with many responsibilities and tasks related mainly to caring for patients in hospital. Similar stereotyped perceptions of nurses were held by a convenience sample of four groups (Korean, Lebanese, Vietnamese and Chinese) of Year 10, 11 and final year non English speaking background students living in Australia (Rossiter, Bidewell & Chan, 1998). In their questionnaire, it was found that respondents perceived nurses as obeying doctor’s orders, treating patients and focusing on science and technology. A subsequent study by Al-Kandari and Lew (2005) surveyed female high school students (14 to 19 years) who held a more modern view of nursing as being a career that was important to society, utilised advanced technology and a broad knowledge base, and

involved stimulating mental work. However, this apparent positive or realistic view of nursing did not equate with the young people choosing nursing as a career as a majority of the respondents in all three studies indicated that they would not choose nursing as a career.

One study undertook to explore the perceptions of American elementary education students [who were training to be teachers] as it was proposed that their perceptions could be important in determining young people's perceptions of nursing as a career choice (Cohen, Ehrlich-Jones, Burns, Frank-Stromborg et al., 2005). These students perceived nursing "as a busy, hard work-related job using the brain and the hands...who needed good grades...were moderately respected and had an interesting career"(p. 94).

Only one study was located that explored why a young person might aspire to become a nurse. Australian young people (age 13 – 14 years) who took part in the "Longitudinal Survey of Australian Youth" [LSAY] were more likely to aspire towards nursing related to their previous academic success [they were more likely to be ranked lower academically], having a parent who was a nurse and being identified as a people person (Dockery & Barns, 2005)⁵. Other studies undertaken with university students who were either choosing or rejecting nursing as a career choice illustrate how factors influencing career decision-making may differ as the young person develops. These studies include a second survey study of first year Australian university nursing or non nursing students (Dockery & Barns, 2005) and a survey of American university students undertaking prerequisite maths and sciences course (Seago, Spetz, Alvarado, Keane, & Grumbach, 2006). Both of these studies identified that young people might choose nursing related to both extrinsic factors such as financial rewards and job security as well as intrinsic factors such as wanting to help people and make a difference in people's lives.

Both high school and university students surveyed who indicated that they were not choosing nursing as a career held many negative perceptions of nursing. High school students' views included the perception that nursing had a low standing particularly when compared to medicine, had bad hours, involved blood and lacked adequate

⁵ Dockery and Barns (2005) reported on three Australian studies: The Longitudinal Survey of Australian Youth (LSAY), the First Year student's survey of Nursing and non nursing students and a qualitative study of 28 high school students in Perth.

financial remuneration (Dockery & Barns, 2005; Hemsley-Brown & Foskett, 1999). Nursing was perceived to be a “blue collar workers career” and as a female occupation (Hemsley-Brown & Foskett, 1999, p. 1346) or was a career having less decision-making and more “hands on” and “busy” work than an ideal career (Cohen, Palumbo, Rambur & Mongeon, 2004, p. 206). Similarly, tertiary students not choosing nursing (Seago et al., 2006) were deterred from nursing because they felt it lacked independence and was generally a woman’s occupation.

Access to information and support

Young people’s decision-making around careers is also influenced in the search stage by their access to information. Walls (2000) studied the accuracy of vocational knowledge of 3rd, 4th, 9th and 12th grade students from four American public schools. The young people were surveyed to gauge how accurate their vocational knowledge was and how this might influence their career interests. Findings showed respondents favoured occupations with high status, mental requirements, earnings and preparation time. Accuracy around their knowledge of these factors was significantly higher for the older participants. Participants seemed to favour occupations that they had the most information about and had less understanding of the importance of availability of jobs in relation to choosing a career (Walls, 2000).

Several other studies (Blasdell & Hudgins-Brewer, 1999; Bolan & Grainger, 2005; Mignor, Cadenhead & McKee, 2002) used a survey approach to explore the influence of the information given by high school counsellors in relation to their perceptions of nursing as a career choice. From each of these North American studies it seems that high school guidance counsellors had a favourable perception of nursing as a career but held a narrow view of the role of the nurse as direct caregiver in institutional settings. They also seem to fail to recognise the importance of decision-making skills, leadership and academic ability for today’s nurses. Paa and McWhirter’s study (2000) identified the importance of parents and peers in accessing information around career choice. Respondents in this study ranked career counsellors low in terms of influence.

Boyd et al.’s (2001) New Zealand survey identified the importance of recognising the personal interests of the young person, as these can become significant motivators in

terms of career choice. This study recommended that young people were given support for identifying their strengths, skills and interests from an early age as this was seen to aid in the career decision-making process. Boyd et al. (2001) identified the importance of personal attention being given to young people when they are exploring career interests and seeking career guidance. Young people indicated a preference for personal information being given in relation to career choice rather than information that was given in an impersonal manner such as through the media. Findings also supported the involvement of parents, teachers and careers advisors in the career information sharing processes (Boyd et al., 2001).

Negative educational experiences

Educational influences were identified previously as factors that could predispose young people into making different career choices by influencing their self-esteem and academic success. Educational influences are also important during the search stage of career decision-making and could further impact on a young person's choices. In a report on a recent study of American high school graduates who did not go on to tertiary education, Lindholm (2006) believes that the combined effects of low academic success, difficult home environments, and a lack of positive and supportive adult role models within the school environment resulted in these participants making choices that ultimately prevented them from aspiring to and accessing tertiary education.

Choices stage of decision-making

In the third stage of decision-making, "choices", the student looks at "specific tertiary providers, programmes and pathways based on whether entry criteria are met, the right courses are available and the rewards and costs are in balance" (Leach & Zepke, 2005, p. 15). At this stage, information regarding costs and financial implications related to tertiary study were seen to be of most importance for young people choosing a tertiary programme which could influence their ultimate career choice (Leach & Zepke, 2005). As discussed earlier, socio-economic status is an important determinant as to whether a young person will have an opportunity to explore all career choices. Predisposing factors such as a lower socio-economic background or lack of family experience of tertiary education may in fact limit the choices that a young person can make regarding their career (Leach & Zepke, 2005).

Less specific nursing research was found in relation to this stage. Research undertaken with nursing students has been included to give insight into motivations towards choosing nursing.

Career pathways

The “Pathways and Prospects” research study is a 4-year longitudinal study that provides significant insight into the choices stage of decision-making for New Zealand young people (Vaughan et al., 2006). This project involves semi structured and unstructured interviews following 114 young people who have left school during or at the end of 2003, and is exploring the choices they have made in relation to recognised post-school study, training, and/or employment programmes in six major pathway organisations. The research identified four cluster groups related to their experiences in and perspectives of the young people. Initial findings have identified a number of factors that have been significant in terms of choosing a career pathway. Participants have identified both negative experiences such as lack of appropriate entry criteria and the pressure related to making the right choice; and positive experiences such as having a clear career pathway and working confidently towards a goal.

Potential barriers to career choices

Several studies (Harrigan et al., 2003; Lindholm, 2006; New Zealand University Students Association [NZUSA], 2003) identified time and cost as potential barriers for entering tertiary education. This could result in a reduced number of career options for some young people. In Harrigan et al.’s (2003) study (discussed earlier), nursing students stressed the importance of financial assistance, scholarships and flexible class schedules that accommodate students’ work and family commitments as important in reducing barriers to engaging in nursing education.

Money was also identified as one of the factors that influenced career decision-making for participants in Lindholm’s (2006) study (discussed previously) of high school graduates who had decided to forgo attending tertiary study. Participants who had jobs when they left high school identified this as an important factor in their decision to not attend college particularly if they were from a lower socio-economic background

A study of 7th formers from 15 schools (597 participants) undertaken by the New Zealand University Students' Association (NZUSA, 2003) found that Māori and Pasifika students and those from poor districts [decile one schools] were less likely to say they would attend tertiary education because of costs such as tuition fees. The length of study and other related costs such as living expenses also influenced the students. Similarly, Choat's (1998) study and James' (1999) study (as cited in Leach & Zepke, 2005) and discussed earlier identified cost as a barrier to tertiary education for those young people from lower socio-economic backgrounds.

Programme choice

Programme choice was identified as a factor in decision-making in two Canadian studies (Ditommaso, Rheame, Woodsie & Gautreau, 2003; Williams et al., 1997). Participants in both of these studies identified location, reputation, programme quality and a smaller sized campus as important factors. In Ditommaso et al.'s (2003) study of nursing students from different university campus baccalaureate programmes in New Brunswick, participants identified that being able to choose a programme offered in their language of choice (English or French) and being at a smaller campus closer to family members was important in relation to programme choice. An earlier Canadian study by Williams et al. (1997) surveyed 80% of the nursing student population from five nursing education programmes in a western Canadian city. Findings indicated that programme choice for these participants was primarily influenced by programme quality.

Choosing nursing

Several studies have been undertaken with nursing students to explore the factors that have influenced their decision to choose nursing as a career. In these studies it appears that the main motives towards undertaking nursing were the desire for human contact, helping others, and job security (Larsen et al., 2003; Rognstad, Aasland & Granu, 2004; Williams et al., 1997). Rognstad's (2002) earlier study suggests that this desire for human contact and wanting to help others was not only associated with sick people and direct care as 46% of the students indicated a preference for midwifery or health visitor roles in nursing, the less traditional of the stereotypical roles associated with nursing. Past experiences with illness, health care work or family members as nurses were also

found to be important motives towards undertaking nursing (Beck, 2000; Ditommaso et al., 2003; Larsen et al., 2003).

Two studies identified that a significant number of nursing students, had chose nursing as a career even though they wanted to study something else (Beck, 2000; Rognstad, 2000). In Beck's (2000) phenomenological study one of the themes suggested that some students turned to nursing when they felt something was missing from their previous career choice.

Boughn and Lentini's (1999) study undertook a grounded theory approach to explore why women choose nursing. They also found that the desire to care for others was a significant theme in their study but the notions of power and empowerment were found to be even more significant. Conversely, the researchers also identified the students' lack of references to any practical motivations for choosing nursing as an important theme. Again it would appear, that some young people choose to study nursing without any clear motivation towards nursing as a career.

Relevance of the literature in relation to this study

This research study aims to answer two questions: "how young people make career decisions" and "why young people choose or reject nursing as a career choice". Leach and Zepke's (2005) literature review and the three stage model for career decision-making provides a good basis for beginning to understand how young people make career choices. The literature reviewed reveals that factors such as family background including socio-economic status, gender, educational, social and cultural influences have been deemed to be important in career decision-making for young people from a variety of global perspectives. The literature seems to suggest that this may be particularly important for Māori and Pasifika young people who may be more "at risk" of not achieving academically, from lower socio-economic backgrounds and with lower self esteem. Further research into the role that parental influences, educational influences and socio-economic status have in determining whether young people choose or reject nursing would be valuable.

Gender, societal and cultural influences were found to be specifically significant in terms of young people choosing nursing as a career. Al-Kandari and Ajao's (1998) study provides a different insight into career choice by suggesting that attempts to enhance recruitment and retention of nursing students must first focus on enhancing the social value of the nursing profession. Although this study was undertaken in a non-Western country with very different values and beliefs than those held in New Zealand, the importance of society's view of the nursing profession should not be overlooked in any country (KPMG Consulting, 2001). The research highlights the importance of raising the profile of nursing to different cultural groups and particularly with young men.

In terms of searching for a career choice, the literature suggests that young people are most influenced by their current interests and aspirations and that this often dependent on their educational experiences and their access to accurate information and support about different career choices. Most of the literature reviewed related to nursing suggested that young people based their decision to choose or reject nursing on their perceptions of nursing as well as on their career motivations. Young people perceived nursing as both a positive or negative career choice for a variety of reasons. The majority of the literature reviewed involved nursing students who had therefore already made the choice of nursing as a career. This project aims to gain an understanding of young people's perceptions of nursing before they have left school and made their career choice.

Most of the studies suggest that students continue to choose nursing as a career option mainly because of their desire for human contact and caring. In the studies that involved non-nursing participants, few young people viewed nursing as an ideal career option. Even some of those young people who perceived nursing as a positive career indicated that they would not choose nursing, because it didn't interest them. Possibly it could be that stereotypical images of nurses are a deterrent to many young people in terms of their interest in nursing. If so, it will be important to change this image of nursing in order to meet the demands for the nursing workforce with the move towards primary health care (The Expert Advisory Group on Primary Health Care Nursing, 2003). Hemsley-Brown and Foskett (1999) suggest that young people tend to exaggerate the negative attributes of options they have not chosen, as a way of

justifying to themselves the choice they have already made. The lack of research in the New Zealand setting, with no specific studies as to why New Zealand young people may or may not choose nursing, signals a need for local study into this area.

Finally the literature suggests that it is important that young people have a career pathway and that potential barriers to tertiary education particularly in relation to costs are addressed in order to ensure that young people have choices. This may be particularly significant for attracting Māori and Pasifika young people into nursing.

The research reviewed relied heavily on descriptive studies with surveys or questionnaires of whom the majority of the respondents were labelled as *White*. This type of non-representative sampling means that results should not be generalised to the larger population (Schofield & Jamieson, 1999). Only four of the studies (Beck, 2000; Boughn, 2001; Boughn & Lentini, 1999; Dockery & Barns, 2005) utilized a purely qualitative approach by using grounded theory, phenomenology or thematic analysis. These methodologies focus on describing the phenomenon as it appears or is experienced by participants rather than trying to interpret or explain the phenomenon (Gerber, 1999). With much of the research undertaken in this area relying on quantitative studies, these four studies that provide the informant's unsolicited perspective are valuable. More qualitative studies involving young people and particularly New Zealand young people could help to broaden the understanding of career decision-making in relation to nursing. This qualitative descriptive research project is aimed at providing insight from young people within a local community perspective in a manner that was accessible to both the participants and the members of their community.

Conclusion

The literature suggests that the process of decision-making for young people is a complex multi faceted process that is influenced by their predisposing factors such as their family background, gender, culture, socio-economic status and society, their ability to search for career options and the choices available to them. Young people's career decision-making in relation to nursing also seems to be influenced by these factors. By further exploring of these factors in this research study before young people have made their career choice and within a local context, some valuable insight might be gained to aid in encouraging more New Zealand young people to consider nursing as a career choice.

Chapter Three

Methodology

Introduction

This chapter will describe the qualitative research approach used for this project. From the outset, I was interested in utilising this approach as I felt it best suited the research aims and questions and little qualitative research was found through the literature review. Initially a major part of establishing this project involved consultation with various groups and the gaining of ethical approval. This process will be described in relation to the ethical principles from the Massey University Code of Ethics (Massey, 2004). The participants chosen for this project and the setting in which it was undertaken will be briefly described. Data was collected using focus group interviews and the focus group method will be discussed in depth. This discussion will include the use of focus groups with young people, the involvement of the moderators and the process of conducting the focus groups. The process of data analysis using a thematic analysis approach is discussed along with the use of qualitative data analysis software to organise the data. Finally, I will discuss the issue of trustworthiness of the research approach using the criteria of dependability, credibility and authenticity.

The qualitative research approach

A qualitative descriptive research design was chosen for this research in order to bring the views of the participants to the forefront. In this research project, I wanted to discover how young people made career choices, what they thought about nursing as a career choice and most importantly why they might choose or reject nursing as a career choice. “Qualitative research is a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world they live in” (Holloway & Wheeler, 2002, p 3). This approach draws on “naturalistic inquiry”, which is committed to studying something in its natural state as much as is possible within a research environment (Sandelowski, 2000, p. 337). I chose this approach for two main reasons. Firstly, because it would allow me to explore the views of young people on career decision-making through a discussion led by their concerns. Secondly, the review of relevant literature found little research on this topic using the qualitative approach.

There are many forms of qualitative research all with similar characteristics. Firstly, this type of research is context bound and the researcher must be sensitive and respectful of the context and culture in which the study takes place. The researcher must immerse themselves in the natural setting of the participants with the aim to explore the “insider’s view” (Holloway & Wheeler, 2002, p. 12) in an attempt to examine the experiences, feelings and perceptions of the participants. In this research project, the research was conducted in the schools or community setting that was natural to the participants. Participants were asked to join in a focus group discussion to elicit their experiences and feelings around career choice decision-making and specifically their views on nursing as a career choice. This approach was undertaken, as it seemed to be the most natural and culturally appropriate method of gaining the views of young people.

Secondly, the data must have authority and to achieve this, the researcher must present data that is “rich” in terms of the verbatim data collected; as well as data provides a “thick” description of the context, settings, events and situations (Holloway & Wheeler, 2002, p. 13). In this project, the use of focus group interviews and a skilled moderator allowed the participants to respond fully to the interview questions and this data was gathered both through audiotapes and subsequent transcription of the data as well as through notes taken by the researcher during the discussion. As the researcher, I was present during each focus group, transcribed the data myself and took notes related to the group processes and the context in which they occurred.

Finally the relationship between the researcher and the participants must aim to be equal with the researcher taking a non-judgemental approach regarding the thoughts and views of the participants (Holloway & Wheeler, 2002). Several meetings were held with participants to gain their trust and attention was given to making the environment as friendly and safe for the participants as possible. The moderator who was trained in working with young people asked questions in a non judgemental manner and ensured that all participants were able to contribute to the discussion as they wished.

Qualitative description is one of the most frequently employed approaches by practice disciplines such as nursing. This type of research method allows the researcher to provide a descriptive interpretation of the participants’ experiences in everyday

language (Ashworth, 1997; Sandelowski, 2000) making the results accessible to the participants and the communities from which they came from. One of the aims of this research was to be able to present findings that would be useful to participants from the communities from which the data was sought. These communities include the school environment and the church setting from which the participants were sought as well as the wider community with whom consultation was undertaken.

An important purpose of research is that it provides new insights into a situation. Qualitative research is often given greatest merit based on the extent to which the research is useful or leads to social change which improves the lives of both those participating in the research and the lives of wider community (Grbich, 1999). By using this research approach, I hope to discover information that can make a difference for young people in terms of choosing their careers.

Ethical considerations

Ethical approval for this study (Appendix One) was gained through the Massey University Human Ethics Committee based on the guidelines in the Massey University's (2004) Code of Ethical Conduct. This code is an expression of the following ethical principles: respect for persons, autonomy, privacy and justice. As a student researcher, I was required to abide by these ethical principles when developing and undertaking this research project (Massey University, 2004). As an employee of Whitireia Community Polytechnic applying for research funding, I was also required to seek approval from the Whitireia Research and Ethics committee. This approval was sought following approval from the Massey University Human Ethics Committee.

One of the principles that were of utmost importance in this study was the respect for the participants. In keeping with the principles of the Treaty of Waitangi special consideration must be given where Māori are involved as participants, or where the project is relevant to Māori (Massey University, 2004). As it was expected that young people who identify as Māori may be research participants, advice and consultation with the wider Māori community was undertaken through the partnerships that have been established between Whitireia Community Polytechnic and the local Tangata whenua. Bishop (1998) describes this consultation process of establishing and maintaining

relationships as an essential and often an ongoing part of the research process. As an employee of Whitireia Community Polytechnic, I was already part of a partnership existing between the Polytechnic and the local iwi, Ngati Toa. I consulted with our Māori liaison representative from Ngati Toa and he approved the aims and outline of the project and indicated that he felt that this would be a worthwhile research study for his community.

Cultural sensitivity of all ethnic groups must be considered (Massey University, 2004) and it was anticipated that participants from Pacific Island cultures would also be involved in this project. I sought advice from a Pacific Liaison staff member at the Polytechnic who has links to community leaders to ensure that appropriate cultural protocols were followed. They also endorsed this project as being meaningful for their communities.

It was identified by the Massey Ethics Committee, that it was important for the protection of both the researcher and the participants that a suitable moderator was employed to facilitate the focus groups. For the researcher, the ethics committee were concerned that my position as nurse educator at the Polytechnic could present a conflict of interest when I was undertaking this research. I needed to be seen clearly by the participants and the communities involved as a researcher in this project and not as someone representing the Polytechnic or attempting to recruit or promote my own interests. It was therefore proposed that an independent moderator who was not associated with the Polytechnic be employed for each focus group. From the outset of this project, I proposed to utilise a youth worker as moderator for the focus group settings as I felt it was important that the participants could relate to the moderator. Although the subject matter of this study was not particularly sensitive I concurred with Parson's (1999) belief that young people and especially those from minority and disadvantaged groups are a vulnerable population. Therefore it was important that the young people were not exposed to undue harm including emotional stress or embarrassment from taking part in this project.

Following ethical approval, local colleges and a church youth group in the Porirua community were approached for permission to seek participants from these settings. Initially consultation included meetings with the Principal or career's advisor at these

colleges and the youth group leader and pastor of the church. Whilst two of the colleges approached immediately agreed to participate in the project, a number of other colleges approached initially through email did not display interest in the project. Potential participants, their families and their schools were informed of the project through school and church newsletters and school assemblies. Information sheets (Appendix Two) were sent home with interested students so that they and their families could make an informed choice in relation to their participation in this research project.

As researcher, I undertook an active role in the recruitment of participants by organising information sessions with the potential participants at a time place suitable to the parties involved. I also involved the moderator(s) in this process so that the potential participants would have an opportunity to begin to establish relationships with us both. Establishing a relationship between the researcher and the participants within the social context that the research will take place is important and recruitment using a third party can be problematic, as the researcher cannot control how the research is explained (Llewellyn, Sullivan & Minichiello, 1999). The school contact person was involved to check the potential participants list to ensure that all students were old enough to participate. The participants from the youth group were invited to attend an information session by the moderator (who was also their youth group leader).

Because the participants were aged 16 to 18 years parental consent was not required (Massey University, 2004) however participants were asked to discuss their participation in the research project with their parents. Parents were informed of the project through school and church newsletters and were given the contact details of the researcher if they wanted to discuss the project further. Participants were asked to give written consent prior to participating in the focus group discussion (Appendix Three). Written consents will be stored securely by the School of Health Sciences, Massey University for a minimum of five years (Massey University, 2004). Maintaining secure storage of data gathered is vital and is the responsibility of the researcher with storage accessible by the researcher or supervisor only. The data was kept secure in a locked cabinet at the researcher's home during the period of study and will also be retained for at least five years within the School of Health Studies (Massey University, 2004).

Participants were advised that they could withdraw from the project at any time and were not required to provide an explanation to the researcher. The researcher assured anonymity and confidentiality of the research participants and details that might identify participants were excluded from the data. However, participation in the study was not totally anonymous as the student's teachers were required to know who the participants were as the participants attended the focus group sessions during class time and the teachers had a responsibility to be accountable for those student's whereabouts. Also in using the focus group method the participants were not anonymous to other members of the group and the material that participants shared with the researcher was also shared with other participants as well (Morgan, 1988). The participants were asked to keep confidential the group discussions and to sign a confidentiality agreement (Appendix Four). The moderators were also asked to sign a confidentiality agreement (Appendix Five).

When involving young people as participants it was also important to recognise that the participants are likely to be most competent and articulate when interacting in their natural social environment (Litoselliti, 2003). In both the information sessions and the focus group sessions, we attempted to create as informal an atmosphere as was possible within the school setting by bringing along food and encouraging open discussion and questions. Participation in this research project was voluntary and the researcher endeavoured to ensure that the participants were not coerced to participate by family members, peers, the school or the community. Parents and participants were not provided with monetary incentives to encourage the children to participate.

Participants were also given some choice around the structure and format of the focus group sessions again within the confines of the school and church environment. They were asked to establish ground rules for the group discussions and then were encouraged to speak freely during these sessions. When approaching the potential participants, the researcher and moderator assumed less authority than a parent or teacher yet maintained our right for respectful communication as adults within the relationship. This allowed the researcher to reduce the relationships of power by involving the young people as active participants rather than passive informants in the research process (Litoselliti, 2003).

The participants and the setting

The Porirua community is a unique diverse community within the Wellington region with 28% of its population identifying as Pacific and 20% as Māori (Statistics NZ, 2001). It is also a young population with 28% of its population under 15 years of age (Statistics NZ, 2001). There are five state run [decile one to ten] co-educational colleges in the area and one private co-educational college.

A purposive sampling approach was used where the sample was selected based on the area of interest of the research. For this research it was desirable to have participants that were representative of the local school populations so that a local perspective could be gained on the issue being studied. Two colleges immediately agreed to participate in the study when approached. Both colleges were state run co-educational secondary schools with rolls of around 500 and 1400 students (Ministry of Education, n. d. b). One college was designated a decile two school and has a population that is a predominately Māori and Pasifika and the other college was a decile ten college with a mostly New Zealand European population.

However insufficient data was obtained through these focus group discussions to provide the “information rich cases” required for this type of study (Llewellyn et al., 1999, p. 176). Sampling was extended to include a local youth group from the community to provide further data following further ethical approval, as no other schools were available to participate within the time frame allocated for data collection (data collection took place over a six month period). The church group involved Pasifika young people.

Sampling also included forming homogenous focus groups in relation to gender. Homogenous sampling is recommended with focus groups so that groups may be selected with participants who are as alike as possible so that common experience can be studied in depth (Litoselliti, 2003; Llewellyn et al., 1999). For example, the second and third focus groups were selected to include girls only in one group and boys only in the other group. This was in response to the experience from the first focus group, which had a majority of boys, and in which the views of the girls in the group were not easily heard.

Focus group interviews

“A focus group involves a number of people often with shared experiences and characteristics who are interviewed by a researcher or moderator for the purpose of eliciting thoughts, ideas and perceptions about a topic or area of interest” (Holloway & Wheeler, 2002, p.111). According to Krueger and Casey (2000) focus group interviewing began mainly in the area of market research when social scientists were looking for interviewing strategies where the researcher was less dominant. In the 1980s academics began to rediscover focus group interviewing as a valuable method of gathering qualitative data, learning from the experiences of market research. The main advantage of the focus group method is the ability to use group member’s interactions as data. This allows the researcher to gain insights into discussions that would often not surface using an individual interviews process (Krueger & Casey, 2000). A focus group method was chosen because this method is useful not only when it comes to investigating *what* participants think, and also in uncovering *why* participants think as they do (Holloway & Wheeler, 2002; Morgan, 1988)

In working with young people it seemed important that a method was chosen that would provide the most naturalistic environment for the discussion of the research questions. The natural environment for young people in this age category is within their own schools and in discussion with their peers. Peers are an important part of the young person’s social environment. Focus group interviews have been used successfully with young participants because of the social elements of this method. The social nature of the focus group discussion is important as it can help the participants to feel comfortable in expressing their ideas and opinions. This could further enable them to reflect on and develop their opinions as they listen to discussion of the other participants (Plano Clark et al., 2002).

The intent of the focus group interview is to promote the participants expressing what they really think and feel by providing a safe non-judgemental environment (Krueger & Casey, 2000). The participants needed to feel that their ideas were important and that they had the power to share these ideas in an honest and safe environment. This aspect of the group process will be discussed in the section on conducting the focus group.

Focus group discussion is also useful in “gaining a clear view of the thinking, language and reality of the participant’s world” (St. John, 1999, p. 420). This is achieved by trying to understand the feelings and thought processes that make up the conversations of the participants (Krueger & Casey, 2000). The researcher may be given insight into the world of the participants through the group dynamics and interactions that may occur within the focus group context (Litoselliti, 2003). The focus group discussion may allow the researcher to listen to “in group” conversations which include “indigenous” terms or language that is unique to that group (Bloor, Frankland, Thomas, & Robson, 2001, p. 7).

A further advantage of focus group discussion is that “it can assist in overcoming literacy, language, cultural and /or power differentials between researcher and those being researched” (St. John, 1999, p. 421). With adolescent participants this could be a crucial component of understanding the young person’s perspective in relation to career choice. With the expected diversity of the research participants in this study, this was particularly important. The transcripts showed evidence of this diversity with the use of language and colloquialisms common to the New Zealand adolescent culture. In the fourth and fifth focus groups, some participants responded mainly in their native language (by their own choice) and the moderator translated their responses. Using the participant’s own language and having the moderator help the participants to develop and express their views can be an empowering experience for participants (Litoselliti, 2003).

Composition of the focus groups

Five focus groups were conducted in two schools and within a youth organisation. A total of 34 young people between the ages of 16 to 18 years participated in the study.

Gender	Age			Ethnicity						
	16	17	18	NZ European	Māori	Samoan	Cook Island	Indian	Tokelauan	Other
Male	10	1	4	5		5	1	1	2	1
Female	14	4	1	8	2	2			7	

Table One: Demographics of participants

Most of the literature suggests six to ten participants as an ideal number for focus group sessions with the time limited to about 60 minutes per session (Bloor et al., 2001; Duggleby, 2005; Krueger, 1994; Litoselliti, 2003; St. John, 1999). The size of group is important as a group that is too small may result in less stimulation of ideas and less discussion. If the group is too large, it may be difficult for the researcher to manage and hear all participants (St. John, 1999). Each of the focus groups had eight participants. Whilst this number meant that some students contributed less to the conversation, the researcher felt it was important to allow for all willing participants to participate particularly as there was always a risk of some participants not being available on the day of the focus group session.

In the first focus group the majority of the participants were male and were either of Māori or Pacific decent. This group of young people were friends and this led to a few of the boys dominating the group discussion. The girls were much less vocal than the boys possibly due to being in a minority in the group. One girl in the group spoke very little during the entire discussion. She appeared to be outside of the friendship group of the other participants. Some literature recommends that established groups not be utilised in focus groups (Bloor et al., 2001 Krueger, 1994) as the use of *friendship groups* may stop the natural interactions of the group in response to the research questions. However, it may allow participants to feel more comfortable in discussing shared experiences and participants may make more authentic contributions because their peers may challenge any discrepancies between their expressed beliefs and the actual behaviours that peers may have previously observed (Bloor et al., 2001). The participants from this focus group expressed many shared experiences and these appeared to enable them to feel that they could speak freely within the group.

Krueger and Casey (2000) caution that cohesive peer groups may provide a narrow range of views and discussion that are influenced by the views of peer group leader. This appeared evident in the first focus group where one participant led much of the discussion and sought to have his views noted on many occasions. Also impacting on this group's interaction was an incident that occurred at the school the evening prior to the focus group discussion. This resulted in the start of the focus group discussion being delayed as students were called to attend a special school assembly to discuss the

incident. One of the group participants was directly involved in the incident and this may have had some impact on the dynamics of the group interactions.

In the separate boys and girls groups, the participants seemed to know each other but did not seem to be in a particular friendship group, perhaps as they came from different class groups. Whilst in each group, there were probably three to four dominant speakers; it seemed that the views of all participants could be expressed. The participants from the church youth group all knew each other and also knew the moderator who was their youth group leader. However, this group was the quietest group of participants, possibly due to the involvement of the researcher who was a new comer to the group, and the formality of the session, which differed from their normal youth group meetings. Even the moderator who was familiar with the participants expressed surprise as to the shyness of the group members.

Involvement of the moderator

The moderator facilitates the focus group discussion and may be the researcher or another suitable skilled individual. The moderator must be able to stimulate the discussion and be responsive to the ideas of the participants (Holloway & Wheeler, 2002). The use of a moderator for the focus group discussion was particularly important for this research. As discussed earlier, the researcher was advised by the Massey Ethics Committee not to take an active role in the focus group discussion because of the potential for conflict of interest in relation to her employment at an educational institution. The researcher acted as assistant moderator in each case and took responsibility for taking notes and summarising these at the end of each focus group.

The moderator of the group needs good communication skills, empathy, social awareness, flexibility, sensitivity and assertiveness (Krueger & Casey, 2000; St. John, 1999). Litoselliti (2003) suggests that data produced during focus group interviews may be influenced by the presumed role and perceived background of the moderator. Two moderators were employed who possessed the skills and training required to be effective moderators. The first moderator was a youth worker who worked in peer support roles in local youth health clinics. She was unavailable for subsequent focus

group sessions due to a change in her work circumstances, so a second moderator was employed. The second moderator had a nursing background as well as skills in youth work and also had some previous research experience. Both the moderators were of Pasifika descent and were comfortable in working within a diverse ethnic environment.

To prepare the moderators for the focus groups they were asked to come to the information sessions held with the potential participants. This enabled the participants to begin to form a relationship with the moderator. The moderator must be well prepared and know all the key questions with the ability to listen to participants and to withhold their own personal views (Krueger & Casey, 2000). The moderator and the researcher met prior to each focus group to discuss the format and responsibilities of each person. A debriefing was also held following each focus group to discuss strategies used and any recommended changes for the next group. When the new moderator was brought into the project, she was given a copy of the transcripts of the first focus group so that she could get an idea of the discussion and how the questions were handled.

Conducting the focus group interviews

A focus group interview starts off with initial questions and discussion within the group may then lead to the development of ideas. The focus group interview differs from interviews with individuals in that they aim to gain understanding of shared ideas and perceptions on a topic rather than individual ideas (Holloway & Wheeler, 2002). Focus groups sessions were organised in conjunction with the potential participants and the schools or church so that participation in the focus group sessions did not interfere with other school or church activities. The focus group sessions were held on the school or church property in an environment that is deemed acceptable by the participants (i.e. classroom or meeting room).

Participants were engaged in a discussion with the questions from the information sheet (Appendix Six) as a guideline for a time period of about one hour. Questions focused initially on the influences for participants around career choice and explored their own intentions towards career choice. Further questioning focused on nursing as a career choice.

Food and drink was offered to the participants at the start of each session as a form of an icebreaker and also to help to build the atmosphere necessary for the discussion. The food and drink proved hugely popular with all the participants (regardless of what it was) and they seemed to enjoy the social time spent discussing the research questions.

Each focus group session was started with an introduction of topic and establishment of the ground rules. This included beginning with individual introductions; for example an uninterrupted statement from each participant as an ice breaker (Morgan, 1988). The moderator asked participants to share what they had done the previous evening as an icebreaker for the focus group. This also was intended to help the researcher to identify different participant's voices on the tapes. However, when the tapes were reviewed, the researcher found that the voices of the some of the male participants were too difficult to differentiate.

Focus groups have the advantage of giving the researcher the opportunity to examine a wider range of views on a topic in a limited period of time (Morgan, 1988). The give and take interaction of the focus group discussion can lead to relatively spontaneous responses from participants that can lead to a high level of participant involvement. This high participant interaction puts less emphasis on the researcher leading the discussion and more on the participant's point of views making the data rich. For example, whilst the moderator used the interview schedule as a guide, a lot of the discussion came from comments and ideas that were offered up by different group members.

Questioning followed a brainstorming format with participants being given the opportunity to decide how they wanted to answer the questions. The first focus group chose to answer the questions using the whiteboard with the moderator recording their responses. They were given the opportunity to put their answers anonymously on paper but chose not to do this. Krueger and Casey (2000) recommend that the question route be mainly conversational to maintain an informal comfortable environment. In order to obtain valid data, the moderator must be aware of the social, emotional and cognitive development of the participants (Deatrick & Faux, 1989). The moderator endeavoured to use language that was clear and unpretentious asking open ended questions. She

frequently checked with participants that they understood what was being asked and also checked that she had recorded their responses correctly.

Once participants had offered a range of ideas for each question, the moderator asked the group to rank the list in order of importance. Krueger and Casey (2000) identify this as an important task in dealing with a range of responses. Sometimes this was done by way of the moderator repeating ideas and rechecking whether these were correct. Morgan (1988) recommends that a questioning format be utilised to give a structure to the discussion process. This structure can also be useful later in making comparisons across groups in the analysis phase. However, he cautions that the moderator must avoid the tendency to follow topics in a rigid fashion rather using questions as an outline so as not to halt discussion. If too much structure is given to the group discussion the group interaction may be lost (Bloor et al., 2001). The moderator must give enough structure to continue the discussion of a topic whilst at the same time not inhibiting the natural flow of the group interaction.

With the interaction in focus groups being more in the control of the participants, it can sometimes be more difficult to manage this process. This was particularly evident in the first focus group where participants mainly contributed a series of ideas but did not offer more in depth discussion of these ideas. The brainstorming format that was used heavily by participants in the first focus group resulted in a different type of discussion than that which occurred in the second and third focus groups. In the subsequent sessions, the participants chose to answer the interview questions by going around the group and responding individually with different participants also interjecting their ideas as well.

In all the focus groups, the moderator made sure that all the interview questions were covered and used reflective listening to check that the ideas being presented were being heard correctly. The moderator needs to be free to explore fully ideas that are presented whilst at the same time ensuring that the discussion does not become too directed at either one participant or by the moderator at the exclusion of other participants (Morgan, 1988). The second moderator was slightly more skilled in following up participants statements to expand the discussion around their ideas. The first moderator

who ran the first focus group elicited main ideas from the participants but some areas would have benefited from having further enquiry.

Both the moderators were very in tune with the language that the young people used in their discussion. Their skill and previous experience in working with young people meant that they were quickly able to build a rapport with the group and solicit ideas that were meaningful for both the participants and for the research. The participants seemed to enjoy the discussion and debates around the questions and generated many ideas from it. They were very supportive of the group discussion format and mostly ensured that they took turns speaking and listened to what others had to contribute and acknowledged these contributions. There was a real energy in the room with each focus group and it seemed that the participants were comfortable in the environment and were able to make valuable contributions.

While one strength of the focus group method is the ability to collect data from group interaction, the researcher must not assume that these interactions mirror individual's views and behaviours (Morgan, 1988). Particularly with adolescents the behaviour of the individual is often subject to the influence of the group. It is therefore important that the focus group allows the individual to identify his or her own perspective and view this within the group situation (Morgan, 1988). This was a challenge for the moderator in knowing how long to pursue an individual's perspective on a question versus when to get the group's perception. In many cases there did seem to be consensus in the group around some questions, which could have been a result of the group process.

Limitations of focus groups may include the lack of control over the conduct of the interview, the group interactions and the data produced (Bloor et al.; Litoselliti, 2003; 2001; St. John, 1999). For example the group's interactions may limit discussions for some participants with a lack of participant privacy and there is the possibility that some participants may not be truthful in their discussion (St. John, 1999). The data may also indicate a false consensus if strong personalities are dominating or leading participants or if participants are saying what they think you want to hear. This was evident in the first focus group where a few participants who were perhaps the *leaders* of this friendship group dominated the conversations. These participants seemed keen to

provide the *right answers* on the board and the moderator gave lots of encouragement towards this. This could mean that participants who think that their ideas might be *wrong* may not offer them and this may cause difficulties in analysis and interpretation of some results (Litoselliti, 2003). Young people in particular may be more susceptible to peer-pressure in this situation. This could greatly influence the outcomes of the group interactions and the researcher can never be sure how naturalistic the discussion is (Morgan, 1988).

During a focus group discussion, participants may modify their opinions, or at least their statements about them, based on the give and take of discussion as the group progresses (Kidd & Parshall, 2000). As assistant moderator, I was able to take substantial notes during each focus group and these were presented to the participants at the end of the session as tentatively identified issues that the participants could confirm and clarify (Kidd & Parshall, 2000; Krueger & Casey, 2000). This final summary statement can be useful to signal the end of the discussion (Morgan, 1988) and to identify if the summary is adequate and if there was anything that was missed (Krueger & Casey, 2000). This summary statement was used as a method of checking the understanding gained by the researcher during the focus group session. At the end of the session, I held a debriefing session with the moderator so that we could review ideas that had emerged and also to reflect on the process.

Whilst it was also my original intention to return to the participants to check the transcripts with them, this was not possible due to the extra demands that this would place on the students and the school. As the schools had allowed students to participate in this study during school time, it was felt that a further session with the students, which would again take them away from their classrooms, was not warranted. As the researcher, I greatly appreciated the time and support gained from the schools and the participants and I felt that this must be honoured by working with the needs of the participants and the school. All participants were offered the option of receiving a summary report of the findings and recommendations when this project is completed. This summary report will also be offered to the schools and the community groups involved.

Data analysis

“Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data”(Braun & Clarke, 2006, p. 79). It is the most common analytical approach used in qualitative health research and involves three phases of inquiry: “recognising an important moment”... “encoding it (seeing it as something else)” and ...“interpretation” (Boyatzis, 1998, p. 1). Essentially it is a comparative process by which the various accounts gathered are compared with each other to classify themes that recur or are common to the data (Green & Thorogood, 2004).

The process of analysis begins during data collection when the researcher is encouraged to “immerse” themselves in the data to gain a thorough understanding of it as they begin to look for meanings and patterns (Braun & Clarke, 2006, p. 87). Transcribing and sorting of the data is often the first stage of data analysis with the fullest and richest data being gained from the verbatim from the focus groups (Holloway & Wheeler, 2002). Following each focus group, I immediately began the process of transcribing the audiotapes. I found it useful to begin this process whilst the interviews were still fresh in my mind as it helped me in transcribing the conversations more accurately and quickly. In some cases, I used two tape recorders to ensure that all voices were heard and I used both of these sources of data when transcribing.

As much as possible, I transcribed the data word for word and identified the different participants who were speaking. Sometimes it was difficult to distinguish between the different participants voices but I was often able to determine who was speaking by what they were saying and linking this to what they had said earlier. In the first transcript I was mostly unable to identify the different participant’s voices and was only able to distinguish between male and female voices in that case.

In qualitative research, the researcher also begins the process of analysis at an early stage with their reflections (Holloway & Wheeler, 2002). I made notes about what had happened during each group and reflected on my thoughts and feelings around the discussion and the process. I also included the reflections of the moderator that were gained through the debriefing session. Braun and Clarke (2006) caution that one of the main limitations of thematic analysis is the researcher’s “projection” of their own values

and views into the interpretation of the data (p. 13). One strategy to limit the effect of projection is to have several people involved in the coding process. Once I had developed a transcript, I also shared this with my supervisor and we discussed initially ideas that were emerging.

In this project, I used data analysis software called NVivo 7 (QSR International, 2006) to aid in organising the data. QSR International (2006) claim that over the past decade their products have transformed the way data is analysed in qualitative research. NVivo is a useful tool because many different kinds of documents can be kept in one place, and they can be linked together for easy access. The researcher can quickly trace the progression of an idea from its earliest stages using NVivo (Walsh, 2003).

I imported each transcript into NVivo 7 and began the process of coding ideas into the 'containers' for coding called nodes (Bazely & Richards, 2000, p. 24). Through this process the researcher develops names for codes that represent a key idea, which often comes directly from the text. A node named 'live' from the text is called an 'in vivo' code. The term 'in vivo coding' comes from grounded theory, but can be used in any method as a quick way of naming a node (Bazely & Richards, 2000 p.24). A code identifies any significant feature of the data that appears interesting to the researcher (Braun & Clarke, 2006).

Coding of data in thematic analysis can involve two processes: manifest-content analysis and latent-content analysis. Manifest-content analysis can be described as "the analysis of the visible or apparent content of something" (Boyatzis, 1998, p. 16). Initially I used the interview questions to organise the data into categories and coded ideas from the transcripts content under these headings. I also began to establish codes by reviewing each transcript and as well as making annotations about each aspect of the data. This is described as latent-content analysis, which involves looking at the "underlying aspects of the phenomenon under observation" and is a more interpretive stage of thematic analysis (Boyatzis, 1998, p. 16). These annotations included my initial ideas about what the participants were saying and also my reflections on the context of the discussion including who the participant was and how the discussion might have linked to what others were saying. Boyatzis (1998) suggests that thematic analysis

allows the researcher “to use both manifest- and latent-content analysis at the same time” (p. 16).

The next phase of thematic analysis involves the development of themes (Braun & Clarke, 2006). “A theme is a pattern found in the data that at the minimum describes and organises the possible observations and at maximum interprets aspects of the phenomenon” (Boyatzis, 1998, p. 4). Using NVivo, the codes and the relevant extracts from the transcripts were sorted into different potential themes. Mind maps were also used to organise and group the categories and codes into themes. These mind maps were also discussed with my supervisor as a method of improving the reliability and explicitness of the encoding process. Boyatzis (1998) proposes that to improve the quality of the analysis process, the researcher be patient and persevere when developing themes. By presenting the mind maps and themes to my supervisor, this ensured that I engaged in reflection of my thinking and developed the themes methodically.

In qualitative research analysis, saturation is said to be reached when the categories are saturated or full. The quantity of data is not important, rather the richness of data derived from detailed description (Cutcliff & McKenna, 2002). Following the transcribing of three focus group interviews and initial analysis of the data, I felt that saturation was not yet reached as each group’s interactions brought out some new and different ideas. I therefore decided to conduct a further focus group. As I had already completed three focus groups, I decided that I would use these final focus group interviews to enhance the richness of the data as well as to help to confirm or dispute some of the themes that were emerging from the initial focus group data. This phase involved reviewing themes to consider whether they formed a pattern and secondly reviewing the entire data to consider whether the themes “accurately reflect the meanings evident in the data set as a whole” (Braun & Clarke, 2006, p. 91). At this stage, the themes and categories were put together into diagrams to give a visual interpretation of the themes using Leach and Zepke’s (2005) decision-making framework.

The next step is to build a valid argument for choosing themes. This can be done through the researcher “identifying the essence of what which theme is about” and linking each theme with the data (Braun & Clarke, 2006, p. 92) as well as through

reviewing the literature and interweaving the literature into the findings (Aronson, 1994). In this stage, I choose what Boyatzis (1998) describes as a predominately “data-driven” approach which involves initially interpreting meaning from the findings and then using these findings to make links to the literature (p. 30).

Trustworthiness and quality

Trustworthiness is a term used in qualitative research to judge the “methodological soundness and adequacy” of the research (Holloway & Wheeler, 2002, p. 254). The researcher must consider the following criteria in order to ensure the quality of the research presented. These criteria include: “dependability, credibility and authenticity” (Holloway & Wheeler, 2002, p. 254). Strategies utilised in this project to ensure these criteria for trustworthiness were met included: member checking, feedback from others, audit trail, peer review and reflexivity.

Credibility and authenticity are closely linked and refer to the conscious effort of the researcher to establish confidence through an accurate presentation of the findings that reflects the meanings and experiences perceived by the participants (Holloway & Wheeler, 2002). Member checking and feedback from others were undertaken to ensure credibility and authenticity of the report. “Member checking involves summarising, repeating or paraphrasing participants’ words to validate the interpretation as a true and fair representation of participants’ view”(Holloway & Wheeler, 2002, p. 257). In this project, the moderator checked interpretations of the data with the participants during the focus groups and the assistant moderator did this through the summary at the end of each focus group session. The debriefing session at the end of each focus group discussion also gave the researcher the opportunity to receive feedback from the moderator in relation to the interpretation of the group processes.

In order for the research to be deemed as dependable, the researcher must provide a clear audit trail to allow the reader to follow the path of the researcher and to demonstrate how conclusions were made. In this research project, the aim was to present “thick description of the process, content and people in the research, inclusive of the meaning and interactions of the participants and the researcher’s conceptual developments” (Holloway & Wheeler, 2002, p. 262). Peer review throughout the data

analysis process was sought from my supervisor as another means of ensuring dependability. Holloway and Wheeler (2002) believe that peer review might help the researcher to detect bias and inappropriate subjectivity.

“Reflexivity is seen as the hallmark of excellent qualitative research as it entails the willingness of researchers to acknowledge and take into account the many ways they themselves influence research findings and thus what comes to be accepted as knowledge” (Sandelowski & Barroso, 2002, p. 216). As the researcher it was important that I acknowledged and recognised the differences of my own education experience, my own ethnic and socio-economic differences and how these could influence my interpretation of the data. Reflexivity begins when the researcher “critically reflects on their own preconceptions and monitors their relationships with participants” and “is ongoing throughout data collection, analysis, interpretations and writing up” (Holloway & Wheeler, 2002, p. 263).

Ashworth (1997) believes that reflexivity is important in qualitative research as it acknowledges that the research involves interaction between researchers and participants. He argues that the participants can become co-researchers in the investigation of their own behaviour if the researcher and the participants achieve as equal a relationship as possible (Ashworth, 1997). I believe that this occurred to some extent between the participants and the moderator as the participants influenced the direction of the focus group discussion through the ideas that they brought up. Whilst each of the focus groups used the same interview schedule, different topics emerged through the participants own interpretation of the questions.

It was also important that the cultural perspective of the young person was taken into account in the interpretation of the data. Use of a youth worker who was able to relate to the young people was essential to enable them to speak freely. It was also important to recognise that this data was an understanding from their perspective as they were living through this experience at this moment.

Conclusion

The qualitative descriptive approach utilising focus group interviews worked well as an approach for this study. The process of consultation, ethics approval, choosing the

setting and recruiting participants all played an important part in shaping the outcome of the data. As a novice researcher, working step by step through this process was a huge learning curve and this methodology allowed me to be both a learner and a researcher. Being part of the focus group interviews with the honest and enthusiastic participants was a privilege and a process from which I gained both understanding of the issues and the value of this simple but effective research methodology.

The process of undertaking thematic analysis demanded my patience and perseverance and consumed my thinking for many months. I was fortunate to have the assistance of two excellent moderators and an extremely supportive supervisor who guided me through this important part of this process in order to ensure that the outcomes of this research would be trustworthy and of a quality that would be of benefit both to myself as a novice researcher/learner and to the participants and their communities.

Chapter Four

Predisposition Stage

Introduction

The next three chapters will explore the findings regarding young people's career decision-making particularly in relation to their ideas around nursing as a career choice. I have used the decision-making framework (Leach & Zepke, 2005) [discussed earlier] to present the themes that emerged from the discussions.

It is tempting to think that young people choose their careers based on what they are truly interested in but in fact a great deal more than this seems to influence their career decisions. In this chapter, I will discuss the predisposing factors that influence young people in their career decision-making. Initially the participants were asked to discuss generally their thoughts around career decision-making; who or what influenced their decisions and how they planned to make decisions around their career choice. This discussion surfaced some ideas about the participant's predisposition factors with a predominant theme being "It's a family thing": Parental and family influences. Gender influences related to stereotypes in the media also emerged as a second theme "That's how it's portrayed" (Figure One).

Several parental or family factors predisposed young people in their career decision-making. The young people identified family member's occupations as a significant influence in their career decision-making. The sharing of power and making career decisions as a family were also identified as factors in career choice and linked to cultural beliefs. Family support in the decision-making process was important in terms of making subject choices and choosing career pathways.

A second theme related to gender influences and the influence of the media in predisposing young people towards different career choices. This theme particularly related to the young people's predisposition towards nursing as a career choice. The young people identified male and female stereotypes related to the role of the nurse and the drama portrayed between doctors and nurses. Differences in motivation towards

career choice were also identified in relation to gender with young males being motivated by status and success and young females exploring non traditional career choices and motivated by personal satisfaction from making a difference.

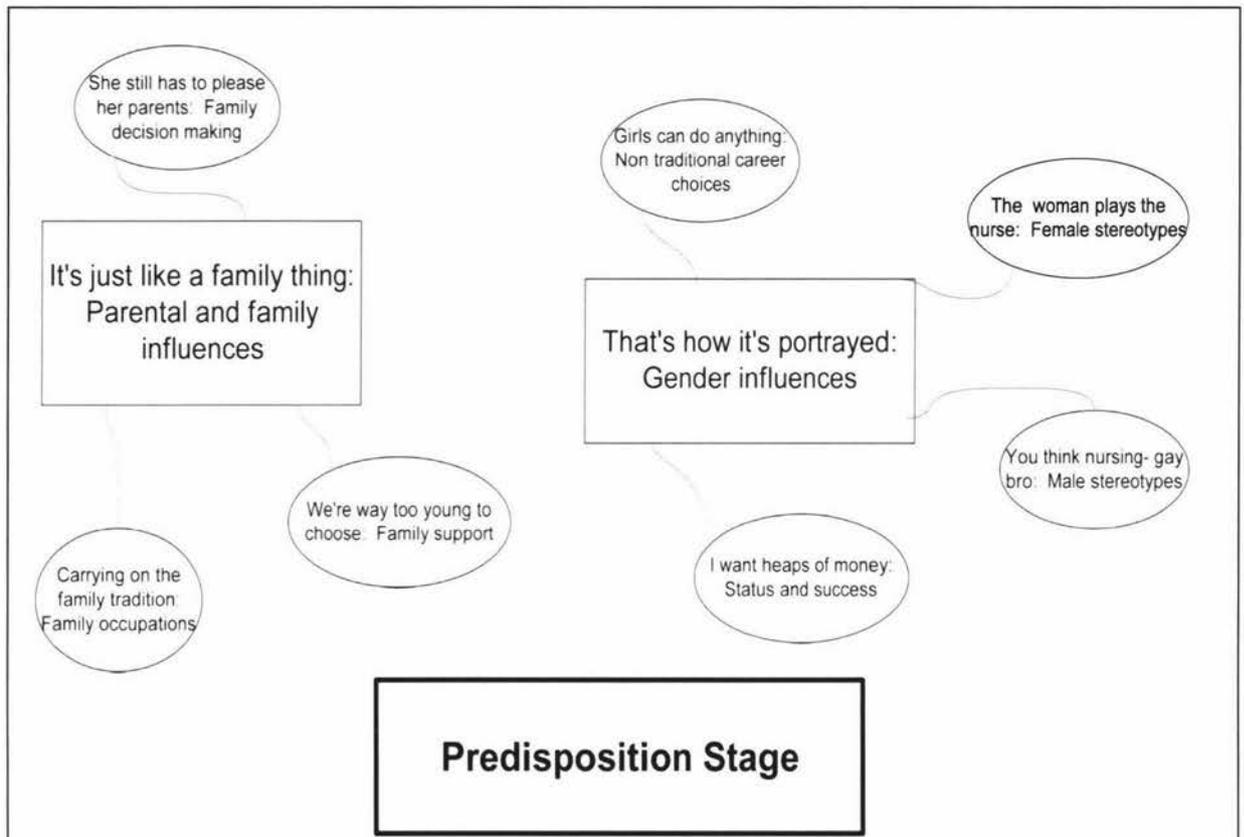


Figure One: Predisposition Stage themes and categories

“It’s just like a family thing”: Parental and family influences

The discussion in the focus groups around career choice began by asking participants to think back to when they were younger and ‘what they wanted to be when they grew up’. The aim was to give the participants an opportunity to voice ideas on career choice including those that they might now no longer see as relevant or realistic. The question also gave the participants the opportunity to think about how they came up with different career ideas and who had influenced them in coming up with these ideas. The predominant theme arising from this discussion centred on the influences from parents and family. The influence of parents and family has been widely recognised as a factor in career choice for young people in previous research undertaken in this area (Al-Kandari & Ajao, 1998; Boyd et al., 2001; Boyd & McDowall, 2003; Hall & Langton,

2006; Harrigan et al., 2003; Larsen et al., 2003; Law & Arthur, 2003; Li & Kerpelman, 2007; Mullis et al., 1998; Paa & McWhirter, 2000; Williams et al., 1997).

Adolescence is a time when the young person is striving to develop his or her own identity and destination in life (Erikson, 1968). Outside the family unit, much of the Generation Y young person's time is spent with peers, in the school environment and in interacting with the multi media of the twenty first century. With most of the young person's life taking place outside the home and family environment; it was interesting to note that the strongest positive predisposing factor identified by participants in the career decision-making process was the influence of family members – mainly parents along with older siblings and cousins, aunties, uncles and grandparents.

“Carrying on a family tradition”: Family occupations

Family occupations were significant influences in the young people's ideas around career choices. Participants discussed their parent's experience as either leading them to a certain career choice or taking them on a different pathway away from the family's traditional career choices. One participant recognised her father's influence as being most important. “Not my parents but my old man, my dad” (FG3M female⁶). This participant wanted to follow in a family tradition in working with cars just like her father and grandfather had done.

Um my old man he collects Fords and he races Fords and same as my Granddad and um so I've always been around cars I was driving on the paddocks and on the farms and stuff so ... and we've got three kids and I'm the only one that has taken on that passion. (FG3M female)

A few of the female participants had mothers who were nurses. One participant who was planning to be a doctor said that she was probably choosing this career because it was similar to what her mother did.

⁶ Participants will be referred to by the focus group number (i.e. FG3) as well an individual letter that each participant was assigned (i.e. Participant M). Each participant is also identified as either male or female.

My mom's a nurse so it's like...so it's kind of the same like pretty much. I want to be a doctor so obviously I'm going to go to uni and work hard. I don't know if I can do it but I'll try. (FG3L female)

This participant was basing her career choice partially on her mother's experience in the healthcare field.

Older siblings or cousins occupations were also identified as important influences in terms of family career choices. One participant identified that many members of her family were nurses. She thought that she would choose nursing as a career because she thought that this would please her mother if she were following the family tradition. However, she was encouraged by her mother to do something different than the traditional jobs held in the family.

Um, it wasn't that I wanted to ...I just thought it would be nice that my mum would like it if I carried on the family tradition as a nurse. But I just found out she didn't want me to carry it on. Um I was thinking of it [nursing] but it was my mum that changed the way. Cause not in a bad way, it's just like cause nursing runs through our family. Yeah and she just said to me maybe I'm the one to change the chain a little... that there is something else rather than nursing. That's when I decided to do law. (FG5V female)

For some parents, their own educational success and achievement links directly to the confidence they have in their children being able to achieve the same or better. One participant said that his family believed that careers such as nursing were not attainable for people from their cultural background.

Yeah that's the major thing in nursing, cause some PI; some Pacific Island families don't have a belief in themselves, that [they] can't be a nurse. Yeah cause like they don't believe they have the knowledge and stuff. (FG1 male)

In this participant's experience, it may be that no other family members have ever pursued a career that has involved tertiary education and therefore this is not seen as an attainable career choice for this family. Similar results were found in an Australian

report by James (1999) (as cited in Leach & Zepke, 2005) who suggests that career decision-making opportunities in relation to attending tertiary education are not equal and linked this lack of choice for young people to the poor social economic circumstances of their families and communities.

Al-Kandari and Ajao's research (1998) also identified the importance of the family's beliefs regarding suitable career options. Findings in their study indicated that participants from Kuwait had a societal predisposition against nursing as it was seen as low in status and a non-respectable profession. Harrigan et al.'s (2003) study that also included Pasifika participants highlighted the importance of the influence of different cultural perspectives in relation to career choice decision-making. McLaren (2002) suggest that ethnicity may have its specific impact on career choice through beliefs and values that are taught by older generations to younger. These might include a lower or higher value placed on education, or a lower or higher belief that personal effort makes a positive difference to how well one does.

The key aspect identified in this section is that family members can influence young people into and also out of particular career choices based on their own occupations and experiences. It is possible that socio-economic status of the family could be important influence although this was not directly referred to by the participants.

“She still has to please her parents”: Family decision-making

Some participant's career decisions were made by their parents and family members. The adherence to parent's advice based on trust or respect for their authority indicates the differences in the sharing of power in some family situations. In focus groups four and five in which the participants all identified as having Pasifika heritage, the participants discussed their career decision-making as being closely linked to their cultural beliefs in which parents and elders have authority over young people. One participant shared how her career choice was made by her parents and her grandparents. Her family chose a career in nursing for her even though she wanted to go into the Navy.

[Her parents] wanted her to go back to the Island and work there and there is no Navy jobs in the island. Her parents told her to do nursing because of the jobs. She said she didn't like nursing but she did it to please her parents. And now she does nursing...she always viewed nursing as good...it's a good thing to help people but she didn't want to do it [because] 'I didn't like bloods'. She doesn't like looking at people going through death. She still has to please her parents. (Translated for FG4S female)

The decision for her to undertake nursing was also based on what the family perceived to be of benefit to the family, which in this case extended to family back home in the Islands. In this situation, the decision was made by the family as a whole rather than by the young person alone. Later in the discussion this participant added that

If your parents choose a job for you and you don't like it, then you are not going to concentrate so you have to like what they choose. So you let them choose your career at the same time you have to like what they chose. Otherwise you are not doing it. So they have to make the choice for you but you have to like the choice. (Translated for FG4S female)

While this participant had earlier indicated that she wasn't confident that she would like nursing because of her discomfort in dealing with blood and death, she trusted her parent's decision and was willing to try this career and see if she liked it.

Another participant said that her family aspired for her to follow in the footsteps of her namesake who was a doctor.

Maybe it's just like a family thing like [name of another participant] said. I was named after a woman who was a woman doctor and the family just kept telling me just follow her footsteps...but I think it's too hard for me. (FG5Z female)

This participant indicated that career choice was something her family had considered right from her birth when choosing her name. She had grown up knowing that her family wished for her to follow in those footsteps of the person she was named after. As a young person, she was now faced with the reality of what that career choice might

mean, and indicated that she felt that this was not likely to be a suitable career choice for her as she was not confident that she could undertake the study required to fulfil this dream. For these participants, the decision-making process was not viewed so much as based on an individual choice but as a choice that the family would make and support. These participants seemed comfortable with this type of decision-making, which they described as part of their Pasifika cultural background.

For Pasifika young people, a focus of identity development and separation from the family is not an expected developmental task until adulthood (Tupuloa in Drewery & Bird, 2004). Pasifika young people are expected to obey their families wishes in relation to study and career choice (Tupuloa in Drewery & Bird, 2004). It is important to consider these cultural components when exploring the issue of career decision-making in the New Zealand context.

“We’re way too young to choose”: Family support

The young people in this study expressed concern regarding their inexperience in career decision-making and sought family support even if they were endeavouring to make their own career decisions. Peer support and the young person’s degree of self belief also emerged as less dominant influences in terms of support for decision-making.

Participants discussed family support in terms of what the family viewed as an acceptable career choice for their son or daughter. Some participants had obviously discussed career choices with their parents on many occasions. This discussion may have begun with parents helping to make subject choices at school. Parents either advised them on their subject choices, or told them what subjects they should choose. Some participants voiced their concerns around the whole issue of choosing subjects for NCEA and the impact that this might have on their career decision-making. Several participants identified the pressure they felt in needing to make subject choices and decisions at a young age which they believed could go on to influence their whole future.

We’re way too young to choose, we’re only 16 and we have to choose what we are going to do and that’s going to go towards our future. We’re just not mature

enough to know what...and we're just way too young ...and yeah. (FG3P female)

In the new NCEA environment young people and their parents are faced with many choices to make regarding subjects and possible career pathways. The New Zealand Curriculum specifies seven essential learning areas: Language and Languages, Mathematics, Science, Technology, Social Sciences, The Arts and Health and Physical Well-being. Schools must ensure that all students undertake continuing study in all the learning areas during each of the first ten years of schooling. Schools must also maintain a balanced curriculum in the final years of schooling (years 11, 12, and 13), recognising the diverse educational and training needs of students at these levels (Ministry of Education, 2007). Different schools have taken on different types of subject choices dependant on the particular philosophy of that school environment. For example, schools may choose to offer options in subjects such as photography, horticulture, graphics, and languages as well as the more traditional academic subjects such as English, History, Sciences and Mathematics. The variety of subject choices is dependant on the availability of teachers qualified to teach the subject and on the interest of the students in that school.

Some of these subject choices are likely to be very different from the ones that the parents of these young people had to choose from when they were at secondary school. Parents often rely on their own experiences in advising their young people in their subject choices and therefore may be more resistant to some of the more non-conventional subjects if they prefer an academic pathway for their child. This may have been the case with one participant who said that she wanted to try studying horticulture at school but this did not meet with her parent's approval; "Like I kind of wanted to do it, I didn't put it down though because my parents said I couldn't" (FG3J female). It is possible that taking a subject such as horticulture did not fit with her parent's expectations in terms of what were suitable subjects to study at school. They also may have viewed this subject as an indication of career choice for their daughter and may have felt that this was not acceptable either.

Peer support and the young person's degree of self-belief were also mentioned in relation to support for career decision-making. When undertaking this study, I expected

the young people to be influenced by their peers in their career decision-making. The interview questions were designed to allow the participants to speak both of their own and their friends experiences in thinking about career choices because I thought that this would be a less threatening way for the young people to discuss this issue. Young people are commonly perceived as being extremely susceptible to peer-pressure however this was not evident in their discussions around career decision-making. The majority of the young people said that they did not really even discuss career choices with their friends and if they did, it was just for some minor advice and encouragement rather than for any major decision-making.

Like friends that tell you like, help you decide what you want to do, they can either support you or not. So that's really what friends do, they're not really part of the decision-making at all. (FG3K female)

One participant spoke of support from peers mainly being important in pursuing his interest in sport. By working with his friends in this area of interest he could improve and he felt that might help him to be successful in this area as a career in the future. Peer support was more linked to motivating this young person rather than having an influence in his career decision-making.

Some participants also identified that self-belief was an influence in their career decision-making. While most participants were aware of and accepting of their parents and families influence on their career decision-making some participants also indicated that they wanted to have the autonomy to make their own choice and that sometimes their parents insistence in helping them reach a career decision could cause further frustration and tension. One participant sought to communicate with his parents regarding his rights to make his own decision based on what was going to make him happy. "That's why you lay down the rules. It's your life you're living...it's supposed to make me happy not them [parents and family]" (FG2E male).

Whilst parents were recognised as having an important positive role to play in supporting young people in their career decision-making, some participants who still wanted to explore options for careers indicated that they were feeling pressure to make choices before they felt ready to do so. Vaughn et al. (2006) identified these types of

young people in their study of career decision-making as the “The Anxious Seekers” (p. viii). This group displayed a pervasive sense of doubt about their lives and pathway choices. Many felt overwhelmed by the decisions they needed to make or information they needed to take into account (Vaughan et al., 2006).

Overall, young people valued the advice and support of family members who they respected and trusted. Peer pressure and striving for autonomy were not significant factors in young people’s career decision-making.

“That’s how it’s portrayed”: Gender influences

Gender influences emerged as a second theme that predisposes young people towards different careers. This was mainly evident in the discussions that arose from the homogenous focus groups for males (focus group two) and females (focus group three) and related to motivations for choosing a career along with stereotypes and media images of nursing. The media such as television, movies and celebrity people were suggested as sources of ideas and information for young people around career choice. For instance, one participant said, “it depends on what you want to do, it [the media] gives you ideas and if you see something you didn’t know about” (FG1 male). Generally, the participants saw the media as a source of information and a part of their everyday life. However, as a very media driven generation, the young people did seem to recognise that as a source of information, some types of media (i.e. television dramas) were less reliable than others.

The participants identified that how careers were portrayed through stereotypes and the media influenced their career decision-making. The male participants indicated that they were striving for a career that would give them status and success while the female participants were striving for non traditional female careers and were motivated by intrinsic rewards such as personal satisfaction of doing something worthwhile. For both of these groups these motivations influenced their perspective in relation to nursing as a career choice. Male and female stereotypes related to the role of the nurse and the drama of nursing played out through the media strongly influenced the young people’s perceptions of nursing as a suitable career choice for their gender group. Both groups

saw nursing as being portrayed in a generally negative manner through the predominance of the media's reinforcement of particular stereotypes.

“I want heaps of money”: Status and success

Many of the male participants were motivated by financial considerations when talking about career choices: As one of the participants stated; “...I don't know what I want to do when I grow up but I want heaps of money” (FG2F male). Status and success were linked to their motivation for financial rewards. The relationship of money and status was discussed by the male participants from focus group two in the context of the differences between doctor and nurse as a career choice.

FG2A male: Because maybe you would want to do something better [than nursing], for us men you know. I'm not saying it's not better ...I'm just saying us men [lots of laughter] we see something higher standard in life.

FG2C male: It's like aiming for higher sort of ...

FG2G male: You want to be like the boss.

FG2C male: You're more like the boss. The doctor seems like the boss, that's what it seems yeah.

FG2F male: They also get heaps of money yeah.

FG2C male: You would aim for it.

FG2E male: You learn more. You learn more to be a doctor than a nurse

From this discussion it is evident that these five participants all equated being the boss and having money with status. They linked this status to something that would be desirable for them as young men. They also linked status with the role of the doctor as opposed to the nurse.

However, some of the male participants also identified extrinsic rewards such as money and travel as a positive reason for choosing a career in nursing. One participant enquired about the pay scale for nurses but still was unsure if this equated to a reasonable salary asking; “is it good pay? [A starting nurse would earn \$37/ 38,000⁷]. Is that heaps” (FG1 male)? This could indicate that although some of the male participants identified money as a factor for choosing a career, what they considered as a reasonable salary needed to be explored further.

Some male participants identified lack of financial reward as a deterrent for choosing nursing as a career particularly in relation to caring for a family. They perceived nursing as not earning “...enough income...not enough income for a family to survive” (FG2F male). A female participant whose mother was a nurse also felt that nurses were not well paid and that they deserved a bigger financial reward for the work they do. She stated, “The money thing is kind of a big turn off. Cause nurses aren’t really paid all that much so I don’t know ... [In comparing paid to who? doctors?] I think they deserve more for what they do” (FG3J female).

A few of the female participants were opposed to the notion of money and status as a reason for a career choice particularly in relation to nursing. “...but if you love it then money doesn’t matter. Money doesn’t make the world go round. Everyone thinks money, money, money. If you like caring for people, then go do it” (FG3K female).

These participants believed that people would choose nursing for the intrinsic rewards gained from caring for others or from personal satisfaction rather than for the extrinsic financial reward. While most of the male participants seemed motivated by money and status, a few of the male participants also expressed an opposing view. One male participant viewed seeking financial rewards in a negative manner when he stated “if you want to be greedy, be a doctor” (FG1 male).

“Girls can do anything”: Non traditional career choices

Many of the female participants were motivated towards non-traditional career choices. Participants in the female only focus group discussed a variety of career choices that

⁷ Moderator added this comment about salary of starting nursing to aid in the discussion.

differed from the more traditional role of a female nurse. One participant felt that she may have considered more traditionally female orientated careers when she was younger, but as she got older, she became more aware of the different options available.

Is it, is it like more people think they can be like nurses and stuff when they are little but as their idea of ...girls can do more things, like we have more options now , so like it's more acceptable to have something else like being a mechanic or whatever. So more people are like changing their minds...it's more acceptable to them. (FG3N female)

Another participant spoke from her own family member's past experience of being limited to her career choice because of her gender. This participant was particularly vocal about her ideas that there should not be any barriers to career choice based on gender.

Cause like before there was a limited range and you had to choose within the range but now so much stuff to do. Girls do pretty much anything now. Yeah, we're really lucky these days because my aunty she wanted to be a mechanic back how many years ago and it wasn't okay for a lady to do that. And not just a mechanic anything and we now a days can do anything you know we put our minds to no one can stop us. (FG3M female)

Overall nursing was not viewed as a desirable career choice by both the male or female participants based on the factors that motivated them towards a certain career path. The male participants talked about status and success and perceived nursing as both low status and generally low in financial rewards. The female participants were deterred from nursing as they sought more non-traditional career choices, which were deemed as more significant than the intrinsic rewards that they viewed that nursing might offer them.

“You think nursing – gay bros”: Male stereotypes

Male and female participants believed that they were predisposed to differing views on nursing as a career choice based on stereotypes and images portrayed through the

media. Male stereotypes in relation to nursing as a career choice emerged when both the male and female participants discussed nursing as a career for men. Whilst most male and female participants agreed that men can do nursing, a few participants did not consider nursing to be a career for men with comments such as “Can men be nurse?” (FG4T female); “He is just saying that he thought...that he didn’t even consider nursing because he thought it was only for females” (Translated for FG4O male); “We [my friends] don’t really talk about nursing” (FG4O male). While many participants felt that “I don’t think there is anything wrong with male nurses” (FG3I female), the image of men in nursing did bring out the response of “you think nursing – gay bros” [lots of laughter] (FG2E male). The participants felt that this image was linked to society’s perceptions of what were acceptable and maybe more traditional careers for men and women.

Guys sort of like...I think the media sort of like brought up to see it as a female’s job and if a guy does it he’s gay. Oh society, society has really brought it up that way...it’s not, that’s not true.... but that’s how it’s portrayed. (FG2B male)

The young people believed that this image was reinforced by the media and also linked to image of nursing being woman’s work.

I’m just saying that they think that people are always like a male nurse – what couldn’t you be a doctor or something. People expect doctor’s to be guys and nurses to be girls. I don’t know why that is. It’s like so you haven’t managed to be a doctor yet. It’s like your weak, you’re not man enough. Cause females are meant to be like caring and nurturing and stuff and if a guy doing that they think they’re gay. People...oh like...male nurse, oh he’s a pussy. It might...a guy being a nurse, cause they see that like a women’s job. (FG3M female)

The image of the gay male nurse was surfaced through the discussion of movies such as “Meet the Parents” and “Meet the Fockers”. In these movies one of the main characters, Greg, was a nurse in the emergency department of a hospital. His future father-in-law (a traditional, macho, ex – secret service man) expressed views of Greg being *gay* or not a man, or not good enough to be a doctor because of his profession.

Greg's parents on the other hand (who are portrayed as an alternative hippy couple) celebrate their son's career and have a wall of fame that includes a card congratulating Greg on his nursing graduation. The card has a picture of a female nurse on it.

In the 'Meet the Fockers', the main focus is the ...a card and it's got a nurse but it's a female card so I think that's one of the... Yeah also medical movies and stuff you see the males do the doctors and females do the nursing. (FG2F male)

These findings are similar to Hemsley-Brown and Foskett's (1999) study in which boys also expressed a stereotypical role of the male nurse. Boys were more likely to say they were not interested in nursing, and perceived nursing as female work with older boys revealing a fear of being called gay or not masculine.

The role of male nurse was also compared to the role of male teacher in terms of the difficulties in how this role of the male as caring could be misconstrued by some people.

That's sort of like the whole male teacher thing...like so many male teachers now are saying 'oh I don't know if I want to do this' because you know they get heaps from everyone because everyone is more cautious because about the males connecting with the kids. And yeah, they don't want to be put in that position when even if they could be so much more caring or you know considerate and a better teacher than like some of the females. So in terms of nursing sometimes the male nurse just don't want to be in that position when they could be... (FG3H female)

This participant was concerned that the stereotype around men in caring careers put them at risk for being viewed as having sexual motives to do this type of work.

"The woman plays the nurse": female stereotypes

Young people felt that nursing was mainly viewed in the media and by society as a woman's career choice. This image was often cited as being formed by the contrasting image of the man as the doctor with the comment "it just seems that in the media, the

man plays the doctor, the woman plays the nurse” (FG2B male). Gordon (2005) says that the entertainment media gives the message that the central player in the care of the sick is the doctor – who is often portrayed as the hero. She suggests that this may deter bright ambitious young women away from nursing when television and Hollywood images tell them that they should be a doctor. Many participants felt the media reinforced the stereotype image of nurses as females and assistants to the doctors.

If you took like your average little kid that don't know much about doctoring and nursing they'd probably see the doctor as the boss and the nurse as the helper and that's just like the stereotype that they get. (FG3J female)

The participants recognised the longstanding stereotyped image of woman's work as portrayed both by society.

It's just the idea that the women can do more of the work and that the guy gets the easier job and gets paid more. And I think it's a stereotype. I think it is a stereotype but it's been like that for a long time. It comes from way back...like the 60's. (FG3H female)

The participants linked the media image of women to the notion of nursing as woman's work with statements such as “it's like the women is the one who cleans the house and stuff. Just like [on] ‘Family Guy’, ‘The Simpson's’...cause they're [the women are] playing that role of the cleaning...and caring and nurturing” (FG3K female). The young people identified these stereotypes of women to be similar to the roles they perceived nursing to undertake. “I think they get... the sort of jobs that you hear the nurses do, it's sort of like the messy ones” (FG3H female). “Like bed pans and stuff” (FG3M female). This is consistent with the study undertaken by Hemsley-Brown and Foskett (1999) who also found that the work of nursing was perceived as mainly a “female occupation” (p. 1348).

Some of the male participants particularly stereotyped nursing in relation to what they perceived were the gruesome tasks of nursing. Some male participants had a lively discussion about what they perceived as the gruesome like “putting up with all that blood” (FG1 male); “gruesome...like heaps of blood and muscle” (FG1 male); and

“scabs, ugly, pussy” (FG1 male). While the discussion started with the typical concerns about dealing with bodily fluids, the male participants’ discussion was taken to the extreme with talk of deformities and such as “cuts, sticky out bits” (FG1 male); “mange” (FG1 male); “no legs, one leg, ampu, two toes, one eye...” (FG1 male); “six lips [laughter]” (FG1 male). It seemed that by perceiving these tasks as extreme, it helped the young men legitimise their negative feelings towards undertaking this type of role. It meant that rather than seeming to be weak or a wimp by not undertaking these roles, it was understandable because of the extreme nature of the work.

Participants from other focus groups also discussed perhaps somewhat more realistically the challenges of dealing with physical aspects of the job such as touching people and dealing with the smell. “I don’t want to touch anything [laughter]” (FG5X female); “well I could never be a nurse just cause I don’t like cutting people and stuff...I faint at the sight of blood” (FG3I female); “I wouldn’t like the smell and yeah and pretty much that’s it” (FG5Z female); “ ‘I didn’t like bloods’. She doesn’t like looking at people going through death” (translated for FG4S female); “cause some of my friends don’t want to do nursing cause like what she said and it like puts them off when they see” (FG4R female).

Also linked to the image of woman’s work, was the task of hygiene cares that is traditionally associated with nursing. What was surprising about this discussion was the association made by several participants that assisting with hygiene cares, particularly with older people, was also perceived as being a gruesome task put into the same category as dealing with blood. “You might not want to do it because it’s not you...blood and sponging...bathing old ladies” (FG1 male). One participant also recognised as a gruesome job the task of dealing with death and attachment to patients who may not get well.

Cause like... maybe like other people aren’t really doing it and they see it as like the gruesome jobs. It’s kind of like a depressing job really, it’s like you go and tell the family ‘I’m sorry, they died’ ...you do have to give a lot of bad news... kind of...and...Yeah and then when you lose them it would be like...a friend (FG3M female).

Another stereotyped image of woman in nursing was the image of the 'drama' related to the role of the male doctor or female nurse involving lots of emergency or life and death situations and love scenes. The participants' images of nursing seemed to be significantly influenced by what they saw on television and in the movies. Media influences included American television programmes such as "ER"; "House"; "Grey's Anatomy" and "The Fresh Prince of Bel Air" and the New Zealand soap opera "Shortland Street". One participant commented that "you always see the emergency nurse on TV; you don't really see the outpatient nurse" (FG3M female). Another participant replied "it would probably be a boring TV show if you looked at outpatients" (FG3J female). Part of the drama described included the 'love scenes' that often accompanied these programmes, which gave the impression of the sexy nurse who got involved in lots of romances and relationships with other colleagues. Whilst some participants recognised that this was not an accurate portrayal of the profession, they were influenced by these images all the same

No it's more about drama. It's horrible, on Shortland Street it's like someone dies every night. And it's really their love life and it's more about who they're going to sleep with next rather than who they're going to look after. (FG3M female)

One participant tried to defend this image of romance and drama from Grey's Anatomy by arguing that "[Grey's is] kind of like more into the patients. Grey's is more like a science – medical science and what's involved with the patients" (FG3J female). But other participants disagreed and claimed that on "Grey's Anatomy... they have affairs... yeah" (FG1 male).

Another participant referred to the sexy nurse image portrayed through the media. In focus group two, a discussion of the sexy nurse followed a discussion related to what the participants thought that nurses did. When some participants mentioned the role of the nurse as caring and helping, the discussion was interrupted by some participants adding in sexual connotations linking nursing and caring to the "naughty Betty the nurse" image and "prostitution". "Nurse Betty", was an "R" rated film featuring Betty (Renee Zellwinger) who never missed an episode of her favourite soap opera "A Reason to Love". After a mind altering encounter with two hit men while watching an episode,

Betty transforms into Nurse Betty and embarks on a mission to find her one true love – Dr. David Ravell. The following conversation sparked by the film “Nurse Betty” produced lots of laughter from the boys but was mainly led by a few of the participants in the group who seemed to dominate the conversations.

FG2A male: They help.

FG2E male: Sort of like if you’re a patient and the nurse comes in – ‘Naughty Betty the nurse’ [slap, slap].

FG2A male: It’s just a fantasy man. [Lots of laughter and talking over each other]

FG2E male: Like prostitutes. [Laughter]

FG2C male: They help people.

FG2A male: You know what he said: ‘Fix me, I’m broken’. [Lots of laughter]

FG2E male: Caring and sharing. [Lots more laughter]

Some of these young men linked caring and nurturing to the male fantasy of having a sexy woman waiting on them and caring for their every need. While they recognised this as a fantasy, the influence of this image should not be dismissed, as it is a stereotyped image that continues to be reinforced through the media.

Whilst many of the images discussed in this section are real images that can be related to nursing, it is disturbing these mostly negative images are the stereotyped images that are influencing both male and female young people’s perceptions of nursing as a career choice. These negative images of nursing are linked to the images of male nurses as being gay, weak or not smart enough to be a doctor and female nurses as those undertaking woman’s work as the doctor’s handmaiden, romantic partner or sexy assistant who plays a dramatic role with gruesome tasks that are messy and physically demanding.

Conclusion

The influence of parents and family members was paramount in helping young people begin the career decision-making process. Young people looked to their parents and family members to be guided in their consideration of appropriate career choices based on their family's occupations, traditions and cultural beliefs. Socio-economic status of the family may have been an underlying influence for young people in the career decision-making process. Family members offered support and sometimes held the power in the decision-making process for their younger family members.

Both the male and female young people's awareness of gender as a predisposing factor in career choice was likely to be directly related to external factors such as their family's background and experiences as well as their environment including the media. Many male participants were motivated by external factors such as status and success while some female participants were motivated by internal factors such as personal satisfaction and making a difference. Young people's perceptions of nursing were also seen to be directly linked to gender influences. Images of nursing were largely formed through negative stereotypes portrayed through the media, which categorised nursing as a poor career choice for both male and female young people. These predisposing factors are significant when considering the next chapter's findings in relation to the young people's search for a career choice. The predisposition stage influences the young person's pathway in searching for a career.

Chapter Five

Search Stage

Introduction

Most of the discussion and findings from the focus group interviews related to the search stage of the decision-making process. From childhood, we begin to consider our possible career choices based on our interests. Even very young children have ideas about what they want to be when they grow up. For some young people, this idea is brought into adolescence and they continue to pursue their dream. Others explore many interests throughout adolescence as part of their identity development. While the previous chapter outlined the important influences for young people within the family environment, young people spend much of their time searching their career choices within the school environment and interacting with the media.

The search stage of career decision-making is an important step in choosing a career and links closely to the young person's identity development. The search stage occurs when the student begins to search out options for tertiary study. It can be an extremely enjoyable time when young people dream about their future and their ideal career choices. Conversely, it can be an extremely frustrating and stressful time when young people face the realism of the possible career choices available to them. For some young people, it can be a defining time in their identity development in which they may find it difficult to envisage the future.

Three themes developed as factors in this research that influenced the young person's search for a career within these different environments (Figure Two). Career aspirations and interests were important factors in the search process and linked both to the previous discussion of family, parental and gender influences and to their current interests and beliefs. A second theme related specifically to the educational experience of the young people and included factors related to academic achievement and subject choices. Discussion around nursing as a career interest developed a third theme that highlighted the invisibility of nursing as a career choice. This theme linked to lack of

information from the school environment as well as lack of visible positive images portrayed through the media.

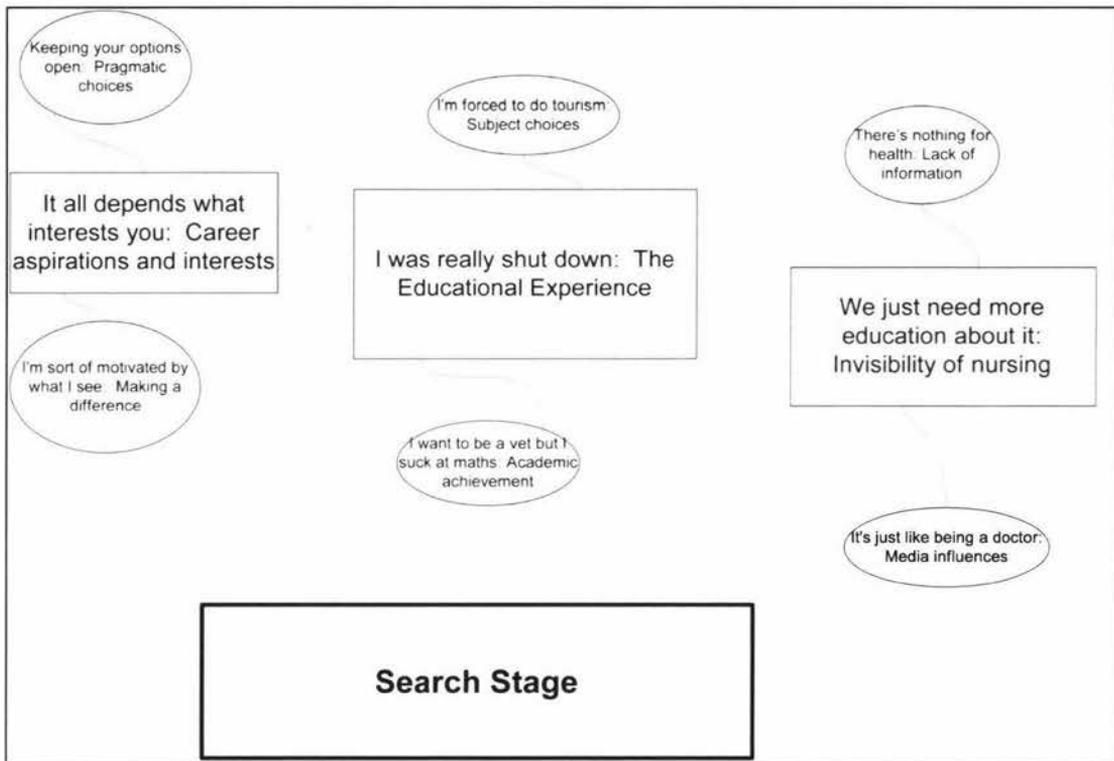


Figure Two: Search stage themes and categories

“It all depends what interests you”: Career aspirations and interests

One theme identified for the search stage of decision-making was the importance of the young person’s aspirations and interests. Much of the literature reviewed also focused on young people’s career aspirations and interests particularly in relation to nursing (Al-Kandari & Lew, 2005; Boyd et al., Cohen et al., 2004; Dockery & Barns, 2005; Hemsley-Brown & Foskett, 1999; Rossiter et al., 1998; Seago et al., 2006). This literature confirms the importance that young people place on searching for their career choice based on their interests and perceptions regarding that career.

In the discussion around career choice, participants shared their ideas around different careers that they were considering. The participants voiced a great deal of emotion when they spoke either about their dream jobs or when they discussed what they believed were the realistic options available to them. Two distinct groups emerged with many participants who expressed a desire to ‘make a difference’ through their career

choice while some participants who chose to 'keep their options open' to pursue a variety of career choices. The participants were also specifically asked to discuss their interest in nursing as a career choice. However, much of the discussion around their interest in nursing emerged in a later theme related to the invisibility of nursing as a career choice.

“I’m sort of motivated by what I see”: Making a difference

Many participants who had clear ideas about their career choices linked their choices to their passions and dreams. These participants viewed career choice as something that began with their passion and then linked to personal satisfaction and making a contribution to society. One participant expressed a life long interest in fashion, and this seemed to give her the confidence that she would be able to follow this career dream.

I think...I sort of...my passion for...how am I going to say this... fashion um is like... has got like stronger because I’ll see things in shops and what people are wearing and it makes sort of annoyed that... so I want to change fashion. I want to make a change in it because I don’t like seeing the same thing and I figure that clothes are big part of everyone’s life. I mean you don’t see naked people running around so I figure everyone should dress, you know uniquely. I’m sort of motivated by what I see. (FG3I female)

As well as her personal interest in fashion, this participant believed that she could make a difference in people’s lives through her work in the fashion industry. Highly motivating factors for this participant were the combination of personal interest, self satisfaction and making a difference in the lives of others.

Some participants linked personal satisfaction and making a difference on a slightly smaller scale with a focus on making a difference for an individual rather than for society as a whole. For these participants, they seemed motivated by doing what made them feel happy and that made others feel happy as well. One participant drew on her pleasure experienced through her school debating team combined with perception of helping others as seen through television lawyers, to choose a career in law.

I was involved in a debating team and we debated about stuff that made me feel good yeah, like good things, we debated about good things and it just felt nice and yeah like you see on TV the lawyers and I just want to help people and wanted to make me feel good. Yeah that's what made me choose (FG5V female).

She felt that these positive experiences gave her both personal satisfaction and the possibility of helping others which were important motivating factors in career choice. These young people were considering the intrinsic rewards that their career might offer them in terms of personal satisfaction and perhaps a level of respect from others.

Many of the participants who were undecided in their career choice spoke of their aspirations for 'celebrity type' jobs as a career goal. These are the popular careers that young people might be exposed to through the media. Participants from all of the focus groups joined enthusiastically in the discussions around what types of career choices they might have, sharing ideas that included being a "flight attendant"; "pilot"; "doctor...yeah ER"; "I want to be a doctor like House"; "supermodel"; "motivational speaker, a leader like prime minister"; "president or professional sports player". They openly expressed their desire for these celebrity type or high profile career dreams with the assertion that if they believed in themselves and worked hard, that they could achieve this goal as one young man expressed: "the army and the chef ... and a leader ... you can be all of that... That can happen [laughter] ...Just believe in yourself and it will" (FG1 male). Exposure to the life experiences of celebrity figures through the media undoubtedly have an influence on young people and this was particularly identified as an influence for the group of young people who were following their passions.

Participants seemed drawn to celebrity careers because of their desire to be a 'hero' or like a 'hero' that the participant looks up to. One participant identified his reason for choosing a career with the police as follows: "police...so I can be a hero" (FG4Q male). Another participant spoke about the impact on the September 11th plane crashes on his career decision-making. He had recently watched a documentary and became motivated from this to find a career where he could make a difference in the world.

I was watching this thing on about 9/11 plane crashes and the people who took over the plane from the terrorists...yeah and like it made me want to help people...yeah, like stop it from happening again. (FG2F male)

For this participant his actual career choice was not clear for him yet, but he felt motivated by the event and believed that his career choice could make a contribution to society.

Another participant was also considering an amazing array of career choices all with high profile images and the potential to do *big things*.

Mine's always from one to another, it sort of flips back from pilot to doctor, to pilot to surgeon from brain surgeon, plastic surgeon, I'll like ...Um I'm not too sure because there is like three major things that I want to do and they are both in like complete different directions so it's like ...cause I either want to be like a plastic surgeon, a pilot or something to do with sport so like I've got like big things so if I couldn't be one thing I'd probably just skip onto a completely different sort of like ... (FG3J female)

Whilst this participant voiced her *dream job* ideals she later indicated some hesitation in relation to the reality of fulfilling this dream. This could be related to a risk of embarrassment or fear of commitment or failure in obtaining this dream job.

I'm a wee bit undecided, I want to either go in the direction of like medicine, I'd love to be a plastic surgeon but that's a little bit far fetched you know so probably go to uni and do something there but not quite sure what yet. (FG3J female)

In discussing nursing as a career choice, participants also believed people would choose nursing because of their desire to make a difference by helping people. "They help people to get through their sickness" (FG5W male). "It's noble...because you are doing a good deed... by looking after people" (FG2F male). A few participants thought nursing would be a positive career choice due to the public recognition it might give to themselves or their family. "Yeah, people will [look] up to you because you help them

out...” (FG1 male); “Inspiration...yeah, people might look up to you if you have a good career...yeah my family yeah they will” (FG1 male). While previously participants had discussed negative images and stereotypes of nursing, this discussion shows that some participants were aware of positive aspects of a nursing career.

Reasons for not choosing nursing also focused on the young people’s career aspirations and interests and included comments such as “[It was] boring...not to be sad but...”(FG1 male); “ It just might not be where your passion is around. There may be other things around that you want to do more” (FG3I female); “You might have different interest or something miss” (FG1 male); “I’m just not interested in it [nursing] It’s not my thing. It’s not my thing. It’s not what I want to be. There’s just something about nursing...I don’t know. I’m just not comfortable with nursing [laughing]” (FG5Y female).

This general lack of interest in nursing seemed to dominate all the focus groups. Whilst participants identified some positive aspects and images of nursing, only one of the participants in the study indicated that they would choose nursing as a career choice and this was because her parents wanted her to do it, it was not her first choice for a career. Some participants qualified their rejection of nursing by saying that it was nothing against nursing per se but was rather a personal choice based on their own interests. This study suggests that while positive images of nursing do exist, the important career characteristics that young people desire in terms of the celebrity status and making a difference are not perceived as characteristics related to nursing. Much of literature reviewed also highlighted that young people’s perceptions of the positive aspects of nursing were heavily outweighed by the negative images that they perceived (Al-Kandari & Lew, 2005; Cohen et al., 2004; Hemsley-Brown & Foskett, 1999; Rossiter et al., 1998; Seago et al., 2006).

“Keeping options open”: Pragmatic choices

A second group of participants indicated that searching for career choices was more closely linked to keeping their options open. Rather than dreaming of ideal careers, these participants were considering careers that they felt were attainable based on their current interests. They also showed some awareness of the possibility of pursuing a

variety of career options in their lifetime. These young people took a pragmatic approach by choosing subjects that would enable them to make different career choices: “yeah, you try to keep your options open cause you’re not too sure” (FG2B male). One participant said he had deliberately chosen different types of subjects so that he could get experience in different possible career pathways.

I’m sort of doing more like sort of physical education and photography. Yeah my subjects are all completely different so....Completely different then say if you wanted to do something with science I would take all of the sciences because it’s in that line. But mine are all different because I’m doing BS [business studies], IT [information technology], photography, PE [physical education], so those subjects are like all different. It’s just so that I’ve got experience in lots of different things. (FG2C male)

This participant wanted an opportunity to explore many interests before he decided which career pathway he would choose. While this approach may be useful in exploring options, it could make it more difficult for the participant to meet tertiary education entry criteria later on with such an eclectic mix of subject choices.

Even participants who had decided on a general career pathway saw the benefits of keeping their options open as they discovered what subjects they enjoyed the most. One participant had decided on a pathway related to science but was taking all three science choices to aid him in choosing a specific career. “Don’t know really yet. Took all the three sciences yeh and that will be like my turning point.... see what I want to do. Don’t know yet” (FG2H male). This participant had narrowed his pathway into sciences but was still keeping his options open by taking a range of science subjects.

Participants who were searching for careers based on current interests and subject choices discussed the fluidity in their decision-making. Two female participants discussed how they were now exploring different career choices based on their current interests. Both had previously wanted to be teachers but now one participant wanted to be a make up artist and the other wanted to be a lawyer. When this participant was asked when she decided that she wanted to be a lawyer she replied: “Last week [laughter]... I was thinking about what I wanted to do after I finished school and ...”

(FG5Yfemale). Another participant also said she had changed her interests from studying law to going to beauty school.

When I was young I was quite interested in arguing and I was good at it [name of another participant] knows. Yep. Then I got interested in law. Yeh, since I was young I wanted to be a lawyer yeh. But I sort of went off my lawyer and went onto hair. I love hair and makeup so that's what I'm – beauty school – now. (FG5X female)

This participant seemed quite happy to explore options based on her interests without giving serious consideration to the differences in the career choices she was considering. Another participant also discussed a carefree approach to his decision-making approach. "It's just where the wind takes you; basically, it's just where the wind takes you. You could end up here, there, over there, wherever. All depends" (FG2E male). This participant seemed to view his career decision-making in a light hearted manner living for the here and now rather than for the future. These young people seem to be living very much in the moment with their career ideas changing, even on a weekly basis.

Part of the desire for keeping their options open, was the young person's awareness that they could have more than one career in their life. Some young people seemed to have this view in mind already with multiple career choices being considered. One participant said he would change his ideas dependant on what he liked: "yeah, I'd try things if I like them. [And if you don't like it choose something else?]Yeah, I'd go on to the next one" (FG5W male). These young people wanted to have the options to explore different career choices particularly when they are still exploring different interests.

Career fluidity was raised as a positive quality related to nursing as a career choice as it was viewed by participants as a good career move that would give a person good life skills. Some participants focused on the practicality of having nursing skills.

...also it would be a really, really good skill to have. I mean even if you didn't take it as a career it would be something really good to have like because like my mom she could have been a nurse but she's not. But it's really handy to have

someone that knows their stuff. And nurses know their stuff. And it's just depending on if they want it as a career or if they want it as just to have it in their lives as something to help other people out just... (FG3G female)

Other participants focused on the value of nursing as part of the bigger career plan perhaps as a stepping stone to other career options: "it will look good on your curriculum vitae... yeah so when you move somewhere" (FG1 male); "it can be a really good career move" (FG3I female). One participant indicated although nursing might not currently be an area of interest; it could be something that a person might choose later.

You might like you look at nursing and you might think 'oh no I'd never do that' but then you might think 'yes I want to be a nurse.' So it might not just be what you're going for. (FG3I female)

Some participants also viewed nursing as a positive career choice because they were aware of different roles in nursing and the variety of options this might give in terms of career choice. One participant whose mother was a nurse shared the different jobs that she had.

Isn't there different types of nursing? Like for disabled people and old people and stuff. Yeah my mom was old people and now she's doing ET [ears, nose and throat] and... yeah and lot of them aren't that recognised. Like they're not really publicised other than like emergency nurses. (FG3K female)

In this theme, some young people were consciously making subject choices and considering attainable career options while others who were much undecided seemed to be exploring very random ideas based on current interests. A lack of clear career pathways was evident for most participants in this group. Some participants discussed the fluidity of their career options which were often changing often on a weekly basis for some. Nursing was viewed as a positive career choice for those who were thinking of more than one career choice. However, most participants indicated that nursing was not a career choice that interested them at present.

“I was really shut down”: The educational experience

While the *dreaming* aspect of the search stage is an important part of career decision-making, the young people also recognised the reality of the environments in which they were living, particularly in relation to their educational experience. The second theme that emerged in relation to the search stage of decision-making was related to the young people’s interactions and relationships with school personnel such as teachers, career counsellors and deans. Some participants shared their negative experiences and their lack of academic achievement that had led them to a level of apathy regarding their career options. The experiences of this group included difficulties in making subject choices and a perceived lack of support from within the school environment leading to an overall feeling of pessimism towards the future. This theme is supported by findings undertaken by other New Zealand researchers (Boyd et al., 2001; Boyd & McDowall, 2003; Hawk et al., 2001; McKinley, 2000) in relation to the importance of the nature of the school and good quality student teacher relationships particularly for Māori and Pasifika students who made up a significant portion of participants in this study

“I wanted to be a vet but I suck at maths”: Academic achievement

Some participants felt that their lack of success in certain subjects at school limited their career choices. One participant wanted to study to be a veterinarian or a nurse but had been told that she couldn’t due this due to her lack of academic success in maths. This participant said she got this information both from her teachers and her family members.

I wanted to be a vet but I suck at maths so I’m going to do something to do with French like an interpreter or something. I have to do French, something with French because it’s the only thing I’m good at really... it’s like my best subject. So I just have to go with that. But I don’t learn it easy... it just maths, it just doesn’t stick. Science is alright. Yeah I wanted to be a nurse when I was not that young...like two years ago except I’m bad at maths so I just ruled it out.
(FG3P female)

This participant felt disheartened about her career choices because she felt she had to base these choices on subjects that she was doing well in, at present that subject was French. This participant mentioned this lack of choice for careers on several occasions

during the discussion and her voice indicated her lack of enthusiasm for both school and for thinking about her future. She seemed to resign herself to the fact that she couldn't follow her passion and that there were no pathways open for her to pursue this dream. She felt let down by both her family and the school because she perceived that she had been given a label of being a non achiever.

Some of the participants from focus group one felt that their career choices were limited because of their general lack of success in school. "Like some us seventh formers [are] still doing fifth form work" (FG1 male). One participant identified lack of confidence and particularly low self esteem as an influence in limiting their career choice. "Yeah if you've got low confidence. Yeah, that's the big one eh, yeah that's the big one... low self esteem that's the biggest one there" (FG1 male). While this participant earlier discussed grand ideas of ideal career choices, in reality he believed that his choices were very limited because of his lack of self confidence was most likely linked to lack of academic achievement.

Some participants also linked their apathy around subject and career choice to perceived lower expectations from their teachers and career advisors. One participant shared her negative experience in discussing her subject choices with the dean.

Yeah, I was really like shut down by one of my deans cause I was choosing my options I was like I didn't know what I wanted to ...I had one option left and I didn't know what to do with it ...and so she asked me what I wanted to do and I said in like the direction of like medicine and you know plastic surgery and she like basically said well you're not smart enough for that so choose something else. And I was like...oh my God! I was really...yeah... offended by that.
(FG3J female)

This participant felt that the dean hadn't listened to her or supported her in her career choice. She felt that she was being encouraged to follow what she perceived to be a lesser career pathway which perhaps the dean felt was more suited to her academic achievement. Participants seemed to have very little practical knowledge regarding subject choice and how this might link to tertiary education entry criteria. This may explain why career's advisors and teachers felt that they must give realistic advice to

young people rather than encouraging them to follow their dreams. This participant felt that this was not just her experience but was a change in direction of the school as a whole.

Oh I just wanted to say that part of the thing at school this year is that they seem to lowering the standards a little...like they are saying just get like as much as you can cause you've already got so many credits ... or just do that subject because you are not smart enough to do this one just don't even bother. And it's just I hate that so much. (FG3J female)

Unlike the previous discussion from participants from focus group one who highlighted lack of confidence as an issue, these participants felt confident in their career choices but felt unsupported by their teachers and the school system as a whole.

Yeah, I'm so unhappy with the school system this year. I just think that's screwed up, like we can do other things...It's so different now... that someone isn't going to do something they want cause the school system has told them they're not good enough at maths. (FG3I female)

This participant felt that young people were being discouraged from following their interests because of limitations placed on them based on academic achievement. Lack of academic achievement and negative experiences within the education environment were seen as significant influences for career decision-making for many of the participants. However one participant was aware that even without academic achievement at school, there were still options available to allow young people to follow their career choice.

Yeah and like at uni you can do like bridge courses so if you don't achieve something now, like if you actually can't do it, you can still do it and you can come back and say like I could do it ...so up yours. Look at me now! (FG3M female)

Knowledge of different career pathways gave this participant confidence to overcome negative experiences at school and look to the future for improving her academic achievement.

“I’m forced to do Tourism”: Subject choices

Some participants also felt that their choices of subjects and ultimately their career choices were limited due to decisions made by the school in relation to what subjects were taught and the bigger issue of the politics of education. Participants in focus group three discussed the decisions that their school had made regarding subject choices and the negative impact this was having on some students in terms of lack of opportunity to explore different career pathways.

FG3I female: Yeah and also I think its stupid how they’ve cut down on the amount of classes just because of like class numbers ...like there’s not enough people to do this so therefore you can’t do it but you know it may be your career pathway. Yeah and now I’m forced to do Tourism which has nothing to do with what I want to do. We’ve got a class of 7 in my textiles class and for some reason they [the school] wouldn’t do multi media studies just because there – how many were there? There were like heaps...there were like at least 10 people who wanted to do it but...

FG3J female: Yeah in 4th form we start having the options of horticulture and stuff and there is about 20 people want to do and they say we’re not going to bother making a class because there’s not enough. So now like no one in our year level could do horticulture.

FG3M female: Like you can’t do Māori at school anymore eh?

FG3O female: But now like stuff we couldn’t do like now they [the third forms and stuff] can do. It’s like...that’s not fair because we’re behind and they’re going to be ahead.

One participant from this group took her concerns regarding lack of subject choice to the principal but she felt that it was the Board of Trustees who made the decisions

regarding what subjects were offered: “he [the principal] didn’t really have much to do with it though; it’s the Board of Trustees”(FG3J female). Some participants in focus group three also felt that the school’s values and focus were also factors in the subjects that were available for choice. Several participants commented on their perception of their schools focus on music and sport: “it’s like in school...it’s like music or sport.”; “athletics yeah like...yeah sports and athletics.”; “yeah music is so much like...” These participants felt that the school mainly catered for young people interested in these subject areas and if they were not interested in those areas then they did not get as many opportunities.

For some participants the teacher was identified as a negative influence on subject choice.

I reckon teachers as well cause like I don’t know if you get a real crap teacher you sort of like blame them. Like I was interested in graphics but last year I didn’t get a really good teacher so I just lost interest in and now I don’t want to do it.(FG2B male)

This comment highlights the importance of the role of the teacher in motivating young people and fostering interest in different career choices. A negative experience with a teacher and a subject could lead to the young person dismissing that subject as a possible career choice.

Much of life of a young person is spent within the educational environment. It is not surprising that this environment plays a significant role in enabling their search for a career. However, it is disturbing that most of the young people in this study voiced negative experiences of low academic achievement sometimes linked with low self esteem. Along with these negative personal experiences, a sense of dissatisfaction was also voiced related to the education environment in terms of support from school personal and support from the system in providing them with opportunities to pursue their career interests.

“We just need more education about it”: Invisibility of nursing

The previous theme highlights the importance of positive educational experiences in helping the young person to search for possible career choices. In the discussion regarding young peoples searching for information about nursing as a career choice, a third theme related to the invisibility of nursing became apparent. Nursing was viewed as invisible as a career choice because of the lack of information from within the school environment and because of an absence of a positive nursing role portrayed in the media. As discussed earlier, most of the young people’s views on nursing were based on stereotyped images from the media and nursing was not visible to young people as a positive career choice.

Gordon (2005) believes that the relative invisibility of nursing in the media has a significant impact on public perceptions of nursing and nurses’ work. Historically nurses were not valued for their knowledge; they were valued for their virtues. These virtues, which were also important for women, included the virtues of silence and invisibility. According to Gordon (2005) nurses only receive negative coverage in the media such as taking strike action. In these situations nursing is often portrayed as involved highly skilled professional working in a stressful, generally a result of staffing shortages, overcrowded hospitals for little monetary reward (Hallam, 2000). Whilst this image may gain public sympathy for nurses, it does nothing to boost the visibility of a professional image of nursing.

“There’s nothing for health”: Lack of information

Participants identified lack of information around nursing at school as a career as one of the main reasons for apathy towards nursing. This was linked to lack of subject choices at school that they believed linked to nursing.

And you seeing your like third form there is nothing...no subject that will support like nursing. Yeah it’s like when you start you have to do language which I think like is useless...and you have to choose from like three things like computers. It’s like real limited eh. There’s nothing for health. (FG3H female)

I reckon so many people at school would take nursing if it was an option. I'd rather take nursing than tourism. (FG3G female)

These participants felt that they had no opportunity to try 'nursing' at school because there were no subjects directly related to nursing. The importance of subject and interests was discussed earlier when the participants gave examples of how they were making career choices based on subjects that interested them.

One participant felt that if young people were given the opportunity to try subjects related to nursing at school, it could interest more people into nursing as a career choice.

But the thing is though they have all these options for us to do so we choose them and they say 'heh I really like this I'm going to stick with this' ...and once you get to uni you say 'but there's nursing' but that wasn't in school so I never considered... (FG3G female)

Some participants made the link between taking science as a subject at school and doing nursing however they felt that the links between these two subjects were not clear.

But already you do have the sciences like...but biology should have more to do with people. Yeah but it's like all plants and ecosystems and stuff now it's like...I took it just cause I wanted to learn about how the body works and yeah they teach you about plants and communities (FG3M female).

This participant was frustrated with the lack of subject choices that could allow her to explore nursing and health as a possible career choice. The participants identified this earlier as an important factor in helping them search for different career choices. With no subjects related to nursing at school, the young people felt that nursing was not a visible career option for them to consider.

"It's just like being a doctor": Media influences

With a lack of information about nursing at school, young people are reliant on gaining most of their information regarding nursing through the media. Almost half of the

respondents in Law and Arthur's (2003) study also indicated that the main source of information that helped them in learning about the nursing profession was the mass media.

It seems overwhelmingly obvious that the negative images of nursing and the invisibility of any positive nursing images have created a perception in young people that nursing is the least desired career within the health care professional team. The participants seemed to have an unclear image of nursing from the entertainment programmes that they watched suggesting that the media image of nursing is often invisible or unclear. For example, in television dramas nurses are generally seen as busy background presences with the male doctors as the foreground stars of the shows (Hallam, 2000). In most of the television programmes mentioned by the participants in this study, they were often unclear as to which characters were doctors and which characters were nurses: "Is that like Bonita in Shortland Street? Is that that job that Bonita does in Shortland Street? Is that nursing?" (FG2A male); "Grey's ...Are they doctors? What's the difference between a nurse and a doctor?" (FG4T female)

One participant was influenced by both what she had seen on television and also what she knew from second hand knowledge from her brother, whose girlfriend is a nurse:

More qualified as in like um they're busy [doctors]...like I see on TV some time the doctors get growlings from the patients from not helping this person and I just think there is just some stuff that the nurses don't know that the doctors do know. (FG5V female)

Um I'm not really sure, because I think nurses and doctors are quite the same I mean like some of the nurses, like my brother's girlfriend she's like a professional nurse wait just a nurse, I don't know about professional , sorry, like she's in the ICU and she said it's just like being a doctor because sometime like I said before , sometime the doctor's aren't available and some stuff that she has to learn and he says sometimes she'll come home late yeh, sometimes she will come home late sometimes she's there two days straight and ... (FG5V female)

In both of these examples, this participant referred to the role of the nurse in relation to the role of doctor - either as being inferior to the doctor or the same as the doctor. Even with some second hand knowledge about nursing, she was unclear what nursing involved and was unsure whether it even equated to the status of professional.

Several participants equated the status of doctors to be linked to their higher education although not all participants were really clear as to how the education for the two careers differed. Some participants believed that “you learn more...you learn more to be a doctor than a nurse” (FG2E male) and that “nurses are more general...doctors learn like for a specific area” (FG2F male). Other participants thought that the education of doctors and nurses were similar; “yeah, yeah, I’m not saying...nurses aren’t you...they are like doctors. Yeah I mean to be a doctor and nurse you do through one medical school eh? To be both?” (FG5V female) and equated the differences between doctor’s and nurses in terms of status to be related to the doctor’s own perception about their status. Participants commented that: “doctors are more cockier than nurses. They think they know everything” (FG2A male) and that “the doctors themselves think of themselves as more higher than the nurses do. They think the nurses are like you know ...” (FG3J female). Hallam (2000) believes that the respect and status accorded to doctors by the public is based on the trust derived from their perceived control of specialised knowledge.

Nursing is less visible as a profession in terms of the specialised knowledge and roles it includes. Some participants justified the differences in status of the doctor and the nurse based on their perceptions of the different roles.

[Nursing]It’s just like doctors but doctors are more qualified. They [nurses] do stuff with people [laughing]. I don’t know...like they get to know you and ...they carry around the booklet or they help the doctor’s; the doctor’s right hand. (FG5Z female)

This participant identified the nurse’s role by the tasks she perceived nurses to do. She saw the doctor as taking the main role and making decisions with the nurses in the background as the doctor’s assistant. Most of the participants equated nursing to a role as anyone who wasn’t a doctor including caregivers, bedside nurses and doctor’s

assistants. This is consistent with other studies (Cohen et al., 2004; Hemsley-Brown & Foskett 1999; Rossiter et al., 1998) where nursing was perceived negatively by young people as a career as more 'hands on' and 'busy' with many responsibilities and tasks related mainly to caring for patients in hospital and obeying doctor's orders .

Another participant also viewed the doctor's role as more important. However, she did identify an important role of the nurse as being with the patients.

Me personally I think that doctors are there cause how [name of another participant] said they are more qualified and they have more appointments and things. And I just reckon the nurses are there...are more there to the patients then they are then the doctors. Like do you get me? Like the nurses are always there to ...like the patients see more of the nurses then the doctors. (FG5V female)

Other participants tried to defend the work of nurses as being as important as doctors even if they were unclear as to what it was that nurses did. One participant felt that the nurses role was more demanding than a doctors: "they [nurses] do more work...they still do more work like they run around and doctors like...like nurses are sticking people up and stuff and they get really screwed up and ..." (FG3M female). Another participant viewed the nurse as getting difficult tasks: "But that's the difference between a doctor and a nurse. Like the doctor sees the going down hill sort of bit and the nurse sort of like ... [has to deal with it]" (FG3H female). Both of these participants viewed the nurse's role in a negative manner although they were both unclear as to what the nurse really did. It seems again that these perceptions of nursing were largely related to images from the media and were seem as particularly negative in comparison to role of the doctor who was seen as the boss, with higher status and intelligence and earned more money and respect from others.

Several participants with some knowledge around nursing expressed concern for the invisibility of what nurses do in terms of caring for people and the lack of recognition and respect that this is given.

People have to get over that sort of bridge between...yeah if you were to give a sort of like...forget the fact that doctor's are sometimes more respected yeah than nurses...yeah people think of them as if they are...but nurses have such a...they are more closer with the people. But people need to see that. (FG3J female)

These participants believed that the negative images of nursing made it invisible as a positive career choice. While some of the young people thought that they would like to explore nursing as a career choice, they felt that they had little knowledge or opportunity to see what nursing was about. This had led to some of the young people thinking that nursing was not a visibly desirable career choice and they were confused by media influences in relation to the differences between medicine and nursing.

Conclusion

In this chapter, the participants clearly identified that the search stage of career decision-making is a complex process with a range of emotional responses. Many participants were considering following their interests especially if these interests were lifelong and if they were supported through their subject choice and relationships within the school environment to do so. Some participants were undertaking a more realistic approach to career decision-making considering their current interests and levels of academic achievement while keeping their options open. Again this was a positive experience if the participants felt supported by the school environment. A few of the participants were experiencing apathy towards their future career opportunities based on lack of academic achievement and negative experiences in the school environment. These participants felt limited in their opportunities both now and in the future. It is evident that the support of parents, family members and positive relationships within the school environment are critical at this time.

This chapter also explored the participants' interests in relation to nursing as a career and surfaced many reasons why young people may not choose nursing. These reasons included a lack of support through the school environment in relation to information and subject choices related to nursing, as well as lack of confidence or academic achievement that would support the young person to undertake the tertiary study

necessary to pursue nursing. The importance of the media influence on the visibility of nursing as a positive career choice was also significant for participants in this study. Predominately negative images of nursing portrayed as a lesser health career was a deterrent for young people.

Chapter Six

Choices Stage

Introduction

This chapter explores the third stage of the decision-making process, choices. Within the New Zealand context, young people are expected to begin to seriously consider career choices as they enter in Year 11 of their secondary school study (age 16 years). At this stage young people will begin to study subjects towards the National Certificate in Educational Achievement [NCEA] which is awarded at three different levels to students from Year 11 to Year 13 (refer to Appendix Seven for a description of each Level). The numbers of credits achieved at each of these levels are used to determine whether the young person is eligible for entry into university directly from secondary school. National entry requirement standards have been established by the New Zealand Qualification Authority through consultation with universities and the New Zealand Vice-Chancellor's Committee (refer to Appendix Seven for university entrance requirements).

In the previous chapter, young people identified that they chose subjects mainly based on what interested them at the present and what they felt they were likely to be successful in. Some young people felt limited in their subject choices related to poor academic achievement or lack of support from the educational environment to pursue certain interests. While the young people understood that an interest in different subjects could lead them to a specific career pathway, they did not seem aware of the entry requirements for tertiary study related to different career choices or the other possible barriers that may hinder their choices.

Two themes were identified related to the choices stage; finding out how to do it and barriers to career choices (Figure Three). An important aspect of finding out about different careers options was through obtaining individual career advice usually from a teacher or someone who they respected. The opportunity for practical experiences related to different careers was also identified as a positive factor in finding out more about different career choices. The second theme for this chapter focused on the

barriers to making a career choice. Barriers identified included a lack of information about tertiary education requirements, financial considerations in relation to tertiary study and the level of commitment required by some tertiary study particularly nursing.

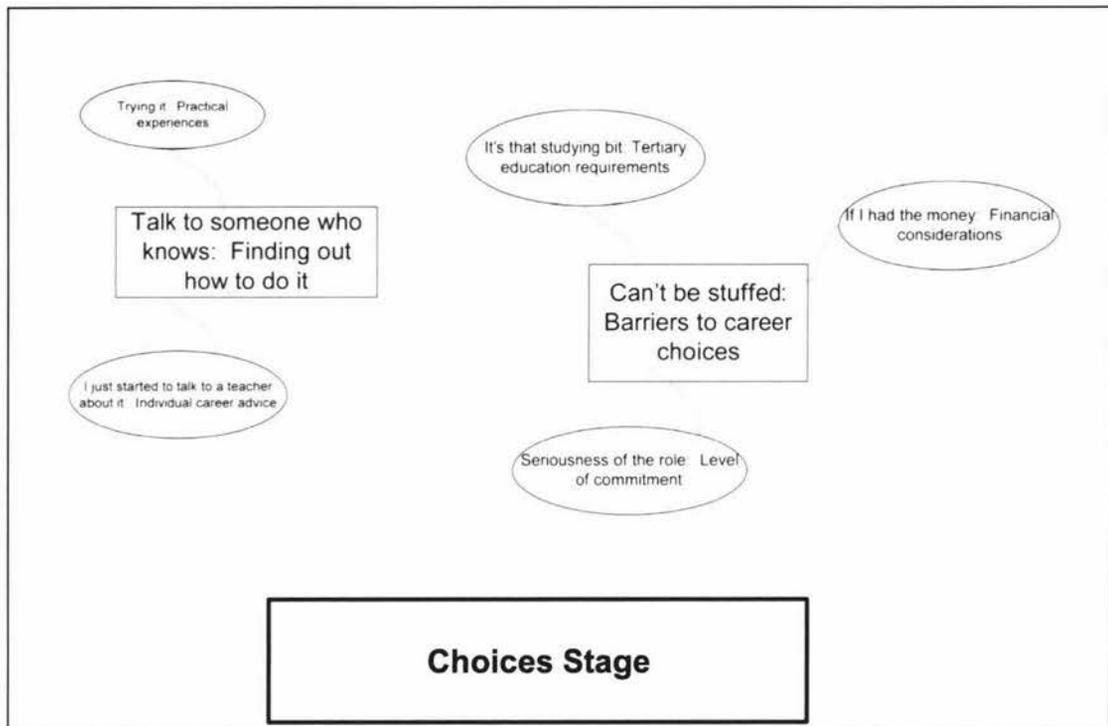


Figure Three: Choices stage themes and categories

“Talk to someone who knows”: Finding out how to do it

The predominant theme for the choices stage centred on discussion related to how young people ‘find out’ how to pursue different career options. Participants identified a number of different people who they could seek advice and support from in making career decisions. Previously parents and family members were identified as an important source of support for young people in making career choices. In this theme, young people also identified the opportunity to gain individual career advice as a positive factor in making career choices. School personnel such as teachers and careers advisors were identified earlier having both positive and negative influences on young people’s academic achievement and subject choice. School personnel were also identified as having influence both positive and negative in relation to career choice. Positive experiences mainly involved an interested teacher or an opportunity to hear first hand about the possible career choice from someone who’s doing the job. Negative experiences included not being listened to or supported by a career advisor and by careers evenings.

Young people also valued the opportunity to gain practical experiences related to different career choices. They identified knowledge of how to gain practical experiences as well as shared information about their own experiences in trying out different interests.

“I just started to talk to a teacher about it”: Individual career advice

The positive experiences that the participants’ spoke of in terms of “finding out how to do it” involved talking to someone on an individual basis. Some participants spoke of being supported by an interested teacher who gave them advice regarding their possible career choice. One participant said that to make a career decision you should:

...talk to careers advisor to get more information about it. Talk to someone who knows more information about it so that can give you more information to go and talk to people ...who can give your relevant information. (FG1 male)

Most participants acknowledged that careers advisors were available for advice if you wanted to seek them out “you just go to the careers [deans] office and they might tell you” or in some cases “they came to the classes to offer advice” or “they are not at school but they come”. One participant shared a positive experience of how the career advisor had helped her to choose her subjects.

I had help to choose mine [subjects]. I had... I think they were career advisor’s they came and we each got interviewed to go and they just asked us what we were interested in and I said law and she gave me the subjects that came in with law like History, English, so she basically, that lady basically helped me get my subjects that I’m doing now. (FG5V female)

Even though this participant didn’t know the careers advisor, she found the one- to –one interview a positive experience and felt listened to and encouraged by the careers advisor’s non judgemental approach.

Another participant spoke of being influenced by a visitor to the school who came to speak about their career.

Cause there was one [person who] came to our school that was in the army and it was like he said he gets paid training and he gets paid for whatever he does on his course and what was he like. He was an officer. (FG4R female)

For some young people talking to someone who they viewed as an expert helped them along their career pathway. This participant was obviously impressed by hearing first hand experience about a career opportunity. In these instances these positive experiences seemed to relate to the level of trust or respect that the young person afforded to the advisor rather than a personal relationship with that person.

Participants from focus group two spoke of their negative experience with a career's evening held at their school:

FG3K female: They have the careers evening once a year I think and they have a whole bunch of people come into the hall and the gym and set up their stalls and like you go and find out information about the subject what to do.

FG3J female: That was dumb it didn't do anything for me.

FG3L female: They've got such a limit range of like ...basically all they had was like army and the navy and teaching.

Whilst the participants acknowledged that the careers evening offered them information about different career choices it seemed to not satisfy their desire for some personal inspiration or motivation towards a career choice.

Another important aspect of making a career choice was having an awareness of pathways to different career options. One participant had first hand knowledge of pathways into jobs through a friend who had left school and was moving towards her career goal.

My friends doing the course – she left school last year and she’s doing the nursing course and she’s doing a bridging course between school and nursing because [she] wasn’t the right age and so she’s like learning all that stuff there.
(FG3J female)

This participant’s knowledge regarding possible career pathways through a friend’s personal experience was another important source of positive information regarding career options.

The literature also points to the importance of individual career advice given by someone within the school environment who the young person respects and trusts. In two New Zealand studies, (Boyd et al., 2001; Boyd & McDowall, 2003) course teachers were the people identified most often by the participants as providing them with career transition support. Careers educators were viewed as acting as career brokers by connecting students with people or sources of information related to a particular career pathway.

American participants from Lindholm’s (2006) study were often specifically critical of their high school teachers and guidance counsellors and linked these interactions with their decision to forgo college. Although most participants recalled one or two outstanding teachers, the overwhelming sentiment was that teachers and counsellors today were generally ineffective in helping prepare students for life after high school.

“Trying it”: Practical experience

As well as getting advice from trusted individuals, young people valued opportunities to interact with people who they perceived to be experts and who were linked to industry. Participants from focus group one described other ways that they got information about careers: “just an army...they [recruitment team] come to our school”; “Work and Income” [the government agency for social welfare benefits]; “Partners Porirua” [a youth transition service]; “Learning Shop” [a one stop career’s advice service in Porirua]. Participants valued the opportunity to gain advice through trying a career or course “like doing S.T.A.R. courses” or undertaking “work experience”. These

opportunities were often linked to programmes in their schools such as the Gateway programme.

Yeah, I'm still doing a course on lawyer and ...yeah on law and I'm still doing that and ...yeah, it's just my Gateway teacher, her brother is a professional lawyer and so sometimes he comes in and helps me. Just me and two other kids that want to be... it's just part of our class, its part of our class. It's because I was interested in law and then I just started to talk to a teacher about it. Yeah and then she told me about her brother. (FG5X female)

These young people were given the opportunity to explore their career interests and have some classes specifically tailored to these interests. The participants responded very positively about the Gateway programme and the opportunities it gave them to gain advice about their career interest from people already working in that area.

Past experiences in engaging with nurses were also identified as having a positive or negative influence on the young person's perception of nursing. "I think like if you have an experience with nurses you sort of gain a respect for them and you sort of think heh, I quite like to do that sort of thing like..."(FG3H female). This participant felt gaining experience through interactions with a nurse could be a positive influence towards seeing nursing as a possible career choice. However one participant's experience with nurses had given him a negative perception of nursing.

Our nurses are too relaxed and they take your time to see you...you wait for ages. Yeah, cause you're sore as and they're like... 'I'll be back' and who knows what their doing... You go to After Hours [medical centre] and you wait for four hours. (FG1 male)

This participant viewed the nurses who dealt with in the After Hours⁸ medical centre as uncaring and inefficient.

⁸ An After Hours medical centre is open evenings and weekends for urgent medical and accident services. Local doctors and nurses are rostered to work in these centres.

“Can’t be stuffed”: Barriers to career choices

A second theme in relation to career choices involved perceived barriers to different career pathways. These barriers included tertiary requirements regarding entry criteria, costs and time associated with tertiary study and the level of commitment required for undertaking certain career pathways. These factors became barriers for the young people mainly because of their lack of knowledge and information regarding different career pathways.

“It’s that studying bit”: Tertiary educational requirements

Most participants seemed to have very little practical knowledge regarding subject choice at secondary school and how this links to tertiary education entry criteria. Some participants blamed the ‘school system’ for putting limitations on their career choices through required standards or for discouraging students from subjects due the likelihood that they will not attain the required standard for entry into tertiary studies.

As discussed earlier, some participants felt that the school system was streaming students with some students being encouraged to just strive to achieve credits and others being supported to pursue a more academic pathway because they were smarter. Most participants indicated that they chose their subjects at secondary school mainly based on their current interests or career choice interests rather than because of entry requirements for tertiary study. One participant who was interested in pursuing a career with the police was unaware of the entry criteria regarding fitness however he felt that he could meet that standard without even knowing what it was. “I can pass that [Laughter]” (FG4Q male). These young people did not seem to be receiving or seeking out any advice or support in this area.

Participants from focus group one discussed the educational requirements to become a nurse as a deterrent for them. While they weren’t really too clear on what type of study was involved, they knew it involved going to either university or polytechnic. “Is it easy? Is nursing easy?” (FG1 male); “It’s that studying bit” (FG1 male); “Too much learning” (FG1 male); “Can’t be stuffed...lazy” (FG1 male); “Because you’re too cool...too cool” (FG1 male); “Is there a lot of paper work? I don’t know if I can deal with all that paper work” (FG1 male).

This group's level of reluctance to undertake tertiary study was earlier explained by one participant who said

Yeah the exams and stuff...too hard...like some us is seventh formers [are] still doing fifth form work. (FG1 male)

This group was discouraged by their current experience with study and were reluctant to consider pursuing further study. Low self esteem could also indicate poor levels of individual support and encouragement for these young people in their education experience.

“If I had the money”: Financial considerations

The consideration of costs and time involved in studying for different careers were also identified as a barrier for some participant's career choices. One participant who was considering hairdressing or teaching said that she felt that she should choose the shorter course first, in case she changed her mind.

Cause when you do hairdressing because it's shorter than teaching like just in case when you did the course when you finish the course you can always change your mind. I reckon like heaps of other will say what they want to do when they grow up but later on in life they might want to do something else. (FG4R female)

This participant might have been considering the costs of study and pragmatics of choosing a shorter less expensive course because she was unsure of her ultimate career goal. Time involved in study could be linked to financial considerations, as the longer the course, the more time the young person will remain reliant on others for financial support. With young people also striving for independence, this could be an important factor for some.

Participants seemed to have little knowledge regarding the time and money that might be required for some career choices. When asked about this in terms of whether this

might influence their decision-making some said: “It might”, some said that “If it took a long time [i.e. four years]” and “cost a lot of money [\$6000]” that this would probably stop them for pursuing this career choice unless they had the money; “If I had the money yep, if I didn’t nah. And it’s also a money factor as well. You know payment like some people might like to work at McDonalds but don’t like the pay or...” (FG3I female). This discussion showed an awareness of costs of study as well as a consideration of potential income from different career options. The literature also highlighted cost as a potential barrier for young people making career choices (Harrigan et al., 2003; NZUSA, 2003). Choat’s (1998) study (as cited in Leach & Zepke, 2005) noted that young people from lower decile schools were less likely to undertake tertiary education.

“That’s like serious”: Level of commitment

Some participants seemed to be deterred by nursing as a career choice because of the level of commitment involved. Participants perceived that the length and type of study involved could be a barrier: “Think it takes long. Does it take long to become a nurse?” (FG1 male); “But it could put you off because you have to study for so long” (FG3K female); “You know like for nursing, you know how you study for three years, do you like go into hospitals?” (FG1 male); “Yeah and commitment, true... just too big a commitment to make” (FG1 male). Although many of the participants were not really sure how long different courses such as nursing might take they did indicate that this could influence the type of study they might do. One participant linked commitment to study to motivation.

I guess it’s like studying is like... if you can you can only study and enjoy it...
if you’ve made up your mind to really, really want to do it before you start
studying. (FG3L female)

This participant indicated that she would need to be motivated to pursue a longer course of study and that enjoyment of that study would be a significant part of that motivation.

Another participant was concerned that she may commit to a career that involved longer study and then find that she didn’t enjoy that type of work.

It depends on how a long a course takes though. Yeah but if you want to go to university and do a degree or a diploma they take so many years and like by the time you've finished studying you're not going to want to do it anymore. (FG3J female)

This participant also recognised the need to feel motivated towards completing a qualification as well as feeling confident that this qualification was going to continue to be an interest in the future. This level of uncertainty is similar to uncertainty previously highlighted when participants were discussing keeping their options open when making subject choices.

Several participants seemed attracted to the idea of trying many different things through shorter courses.

Like there are six month courses ...but there's lots of different courses you can do I mean I don't think people should have to stick with one thing. Yeah if you don't like school then go do a course. Cause you can do lots of different courses on different things. Do that course. Do another course. (FG3M female)

For this participant, the option of undertaking shorter courses was seen as a positive step in making career decisions. This participant perhaps was considering the possibility of exploring many different career options rather than making a commitment to one career choice.

Participants also believed that the commitment to the seriousness of the role of the nurse itself was a barrier to choosing nursing immediately following secondary school. "Yeah and sometimes nurses are responsible for their patients lives and that's sometimes daunting"(FG1 male); "...Cause I might do something wrong (FG4R female); "I think also people might think like straight out of school nursing isn't exactly like what they want to do...cause that's sort of something that's like serious"(FG3H female). These young people may have considered themselves too immature to undertake the responsibilities of being a nurse. Given their mixed perceptions and images around the

role of nurse, it is hardly surprising that they felt unsure that this was a role that they would enjoy or be capable of undertaking.

Conclusion

Career decision-making for young people is a complex task that is influenced by many factors. In the choices stage of decision-making, young people from the age of sixteen years are expected to begin to make choices towards their career pathway as they begin their NCEA qualification. However most of the participants in this study, who were just heading into this stage, seemed to have given very little thought into the pathway to their possible career choice. Participants were aware of people who they could seek advice from and valued individual career advice and practical experiences. A passionate, positive teacher or role model and practical experiences were identified as positive sources of advice and information. Participants limited practical experiences with nurses seemed to contribute to making nursing a less visible career options.

Barriers to different career pathways were identified in relation to tertiary education requirements particularly for degree study, financial considerations and the level of commitment involved. These barriers were identified as deterrents for choosing nursing as a career choice.

Chapter Seven

Influences on Career Decision-Making and Barriers for Choosing Nursing

Introduction

In this final chapter, four important insights that may be relevant in understanding the career decision-making process and in promoting nursing as a career choice for young people will be discussed. Firstly, the findings from this study suggest that it is crucial to provide culturally appropriate advice and support to parents because of the key role they have in the young person's career decision. Secondly, it is important that young people make positive connections with role models and mentors and are supported in exploring their career interests and aspirations within the educational environment. Thirdly, with the support of parents, family members and the community, the young person should be aided in developing a career pathway. Young people in this study identified difficulties in making choices around their career pathway and they would benefit from being given strategies for overcoming barriers related to these choices. Barriers identified that may hinder this process include negative experiences in the school environment including poor academic achievement linked with low self esteem.

Finally, the profile of nursing needs to be raised across all three stages of the career decision-making process. This could involve parents, teachers, career's advisors, the current health workforce, tertiary education providers and the media as well as the young people who may become tomorrow's health professionals. Addressing gender stereotypes held by both male and female young people as well as by parents, the educational environment and the community seems crucial in order to develop nursing as an attractive career option for young people. Recommendations and actions will be discussed in terms of strategies to encourage more young people to consider nursing as a career. This chapter will conclude with a reflection on the limitations of this study and implications for future research.

Career advice and support for parents and families

Overall, the young people in this study valued the advice and support of family members who they respected and trusted when making career decisions. The findings suggest that family members can influence young people into and also out of particular career choices based on their own occupations and experiences, consistent with the findings of other studies and literature (Leach & Zepke, 2005; Li & Kerpelman, 2007; Mullis et al., 1998; Paa & McWhirter, 2000). Participants with parents or family members with health professional careers indicated that this influenced them either positively or negatively in pursuing nursing as a career choice.

Cultural styles of career decision-making were found to be significant particularly for Pasifika young people who were the majority of the participants in this study. Tupuloa (as cited in Drewery & Bird, 2004) explains Pasifika young people are often expected to obey their families wishes in relation to study and career choice. This is a normal or expected pattern of development for Pasifika adolescents with young people having less autonomy in the decision-making process. Many of the Pasifika young people in this study discussed this model of family decision-making as part of their experience in choosing a career. These findings suggest that the Pasifika parents and elders need to be respected and supported as they help make career decisions for their young people. Further research to explore parents' roles and power in the career decision-making process for young people would enhance the findings of this study.

Developing connections and supporting the dream

The findings from this study also suggest that the importance of motivation and positive support from the education experience should not be underestimated as part of the young person's career decision-making. The young people in this study were motivated by careers in which they felt they could *make a difference* or that were linked with *celebrity* status. Erikson (1968) attributes this motivation to the young person's search for an occupational identity where they may over identify with heroes or celebrity figures as part of their own identity development. It is important to recognise that career choice is linked closely to both identity development and academic success and students must be supported in both areas in order to make their career choice.

Many of the young people spoke of the importance of positive connection in the school environment that gave them the confidence to be successful at school and to pursue their career aspirations. This research supports findings undertaken by other New Zealand researchers in relation to the importance of the nature of the school and good quality student teacher relationships for Māori and Pasifika students (Boyd et al., 2001; Boyd & McDowall, 2003; Hawk et al., 2001; McKinley, 2000). Young people in this study also identified the significance of negative influences such as uninspiring teacher that could turn them away from a career choice even when they might have been academically able to achieve this. Similarly studies by Lindholm (2006) and Vaughan et al. (2006) found that young people who felt unsupported or did not experience success at school felt limited in their career choices.

Overall the findings suggest that emphasis must be given to making individual positive connections through a variety of different channels including teachers, deans, career advisors as well as positive role models from the community. A motivating speaker could be just as influential as a career dean or teacher if the young person perceives the message as meaningful for them. It is important to ensure that young people have many options and opportunities to experience positive connections through work experiences, meeting with mentors, *hands on* real experiences and *taster courses* on different career options.

Developing career pathways into nursing

It seemed that the young people in this study were having difficulty in establishing a career pathway. As most of the young people in this study were only 16 years of age and were in the search stage of career decision-making, they were focused on their career aspirations and interests and had given little thought to making choices in relation to tertiary education. Vaughan et al. (2006) describe choosing a career as a process that can take several years and is one that most young people may feel ill-prepared. Their report suggests that a move should be made towards careers management, which addresses the role of the learner and worker, rather than career guidance, which is built on models of skill matching and vocational aptitudes. Although New Zealand schools are required to provide formalised career support to all students in the senior secondary

school (Education Review Office, 2006) there is evidence that the nature of that support varies considerably across schools (Vaughan & Kenneally, 2003).

It is important to recognise that young people will be at different stages in the decision-making process regardless of age and this will affect their receptiveness to different types of information or experiences. The types of information and support that the young people in this study valued were motivation and inspirational stories related to different careers. Using the media, nursing stories that visually depicted positive nursing images would be useful for young people at this stage.

In order to develop a career pathway for young people into nursing, information about different tertiary providers, entry criteria and costs related to nursing is necessary. Young people need to be aware of ways to staircase into degree study if they have not met the entry criteria directly from secondary school. With the increased focus on the individual responsibilities for young people in making subject choices and making career decisions within schools it is easy to lay the blame with the individual if some of them become lost in the process (Vaughan et al., 2006). Some of the participants indicated that the prospect of full time study for another three years was daunting at this period of their life.

Career fluidity was also identified as significant in terms of young people's consideration in regards to career choice. Wieck (2003) describes today's twenty something generation [Generation Y] as wanting as much as possible as fast as possible. Wieck argues that this generation may not see themselves as needing to work their way up the ladder as they have seen their parents do, but rather see each job as a stepping stone to their next achievement. According to Boyd and McDowall (2003), young people today need to be flexible and versatile in their career choice, prepared to have more than one career with skills needed to participate in the knowledge economy. Within this context, the skills and knowledge required for a career in nursing (such as decision-making, leadership and problem solving) and that were also identified in the literature as skills that young people sought in *ideal* careers (Cohen et al., 2004) need to be promoted as generic skills that would be useful for many career opportunities.

Addressing gender stereotypes and raising the profile for nursing

Gender stereotypes and a negative image of nursing were identified as the main barriers to young people considering nursing as a career choice. Overall nursing was not viewed as a desirable career choice by either the male or female participants based on the factors that motivated them towards a certain career path. The findings suggest that gender predisposed young people in relation to their motivation and attitudes about nursing as a career choice. Many of the male participants were seeking status and success and perceived nursing as both low status and generally low in financial rewards. Most of the female participants were deterred from nursing as they sought more non-traditional career choices which they deemed as more rewarding than the intrinsic rewards that they viewed that nursing might offer them.

The young people identified gender stereotypes as significant in relation to their attitudes towards nursing as a career choice. Both male and female participants identified nursing as a career mainly for females. It is disturbing that the mostly negative images described by the participants and portrayed in the media are the stereotyped images that are influencing both male and female young people's perceptions of nursing as a career choice. For young people today, the media plays a huge role in how they view the world. The power of the media in the twenty first century has been widely recognised as something that can enhance, distort or assist image formation. It can consciously or unconsciously affect behaviours in many ways such as influencing what people in society buy, their political preferences, how they interact in their workplace, their perception of social relationships and their career choices (Murray, 2002). It is hardly surprising that the media has had an influence on young people's career choice decision-making and particularly on their images of nursing. However, it is also interesting to note that nursing was mainly in the background or absent in most of the media that the participants identified, with doctors in the forefront.

Stereotypes of nursing are not just held by young people. From the findings of this research, it seems likely that parents and educational personal perpetuate these stereotypes and this influences the young people's perceptions. Stereotypes of nursing were also identified in many of the studies and literature reviewed (Al-Kandari & Ajao,

1998; Blasdell & Hudgins-Brewer, 1999; Bolan & Grainger, 2005; Dockery & Barns, 2005; Harrigan et al., 2003; Hemsley-Brown & Foskett, 1999; Law & Arthur, 2003; Mignor et al., 2002).

It is difficult to know how to begin to tackle the issue of changing the stereotyped image of nursing and making the 21st century role of the nurse visible to young people. Nursing care in the media is often equated with performance of tasks and not associated with clinical decision-making skills and independent thinking (Murray, 2002). Efforts need to be focused on raising the profile of nursing as a positive career choice for both male and female young people. Gordon (2005) argues that the nursing shortages are not primarily caused by the aging workforce but rather by the poor image of nursing. She believes that there is a

worldwide shortage of people willing to put up with conditions under which they are asked to deliver hands on care to the sickest, most vulnerable people in our societies for low pay, poor working conditions, treated by doctors as handmaidens and by institutions that view them as cheap and disposable (p. 9).

Buresh and Gordon (2006) believe that every nurse has a responsibility to inform the public about nursing by promoting nursing based on its specialist knowledge rather than its traditionally held image related to virtues. Instead of blaming the media for this poor image, nurses must actively engage in activities which bring positive images of nursing to the spotlight and raise the profile of nursing to a more realistic one.

Making nursing the choice: Taking action

A model of culturally appropriate family support

A model of culturally appropriate family support could be incorporated into the secondary school setting to support young people and their families in their career decision-making. This support is needed as soon as a young person enters the college environment with information given around NCEA, subject choices and entry criteria for tertiary education. Parents may need to learn about a secondary education system that is significantly different from their own and may need to be encouraged to adopt a broader approach and attitude towards subject choice that may differ vastly from the

schooling that they undertook. While the findings in this study indicate that young people are getting most of their information about subject choices from school and their teachers, it is their parents who they look to for support in making in those choices. It would therefore be useful for parents to understand the different subject choices and how these choices can contribute to entry into tertiary education and different career pathways.

This could be accomplished through parent information evenings involving educational personal, cultural leaders, nurses and health professionals from the local community, newsletters or career information packs regarding nursing as a career and subject choices. It would be useful to gain this support as much as possible through existing community networks. For example Pasifika nurses from the community could be invited to speak with Pasifika parents and community elders to discuss nursing career opportunities. Pasifika radio programmes are very popular with Pasifika community members and these could also be used to provide information and support in their native language.

Career Services (2007) are a New Zealand crown entity linked to the Ministry of Education that provides information and support regarding career decision-making. Their website includes several interactive tools to help young people link their interests with career choices. Parents could also use this site to support their young person in making subject and career choices. While this site includes some information regarding nursing, it could be enhanced with input from nursing professionals.

Taking nursing into the classroom

Nursing must also be made more visible within the confines of the secondary school curriculum as the findings of this study suggest that it is through experiences with different subject choices that young people begin to make career choices. Nursing as a career choice has been loosely linked to science and health in the secondary curriculum. However, the participants indicated that they found it difficult to visualize how a career in nursing was linked to those subject areas. With the young person's reliance on their current interests as an indicator for career choice, it is important that learning experiences in areas such as science and health are positive, challenging and rewarding.

The young people need to be able to clearly see the links between the health and science curriculum and nursing. Nurses could be brought into the classroom to work in partnership with teachers and to share their enthusiasm and experiences to motivate and support young people's interest in these areas. One college in the Porirua area has shown interest in having nursing lecturers involved in teaching some of the health curriculum to Year 10 to Year 13 students. This college has been working on developing young people's interest in health as a subject choice.

Another initiative already undertaken in this area has been a science teacher's workshop. Science teachers from local colleges were invited to attend a half day workshop at Whitireia to seek their support in steering students towards careers in health. The teachers were funded to be released from their classrooms for the afternoon and invited to an information session about each of the health careers programmes offered at Whitireia. They were also given information about career pathways into nursing and the support services available to the students in the tertiary environment. Teaching and learning ideas were shared between the teachers and the members of the nursing faculty involved in teaching science in the classroom. Another project is also underway involving Māori and Pasifika young people in science workshops on the Whitireia campus.

Possible future initiatives in this area could include school holiday programmes run by Whitireia for young people to give support for science learning or to enable young people to gain further credits for university entrance requirements.

Nursing role models

Young people need to be given the opportunity to see first hand positive images of nursing either through the media or through interactions with positive nursing role models from their own community. These opportunities could include working collaboratively with existing youth transition services such as Gateways. One initiative undertaken in the Porirua community has been an interactive health careers workshop for young people from local colleges who have expressed an interest in health careers. This idea has now developed into an annual 'reality health tour' that allows students to see up to the minute equipment and facilities such as the nursing practice suites, the

ambulance equipment, the Mobile Surgical Bus and the Patient Simulation suite– as well as meeting the health professionals involved in modern health care. These workshops have been organised in partnership with Partners Porirua, a youth transition service; Capital and Coast District Health Board, one of the largest employers in the Wellington area; and Whitireia Community Polytechnic. Feedback from students and staff involved in these workshops has been positive although there is no evidence that the workshops have resulted in an increased interest in nursing as a career choice.

This initiative has the potential to meet many of the components highlighted in the findings of this study as being important in career decision-making. The workshops had a deliberate focus on promoting the *wow* factor of nursing with an emphasis on high technology and high profile positions such as flight nurses. This focus is supported by the research findings in which many of the young people discussed their attraction to careers with *celebrity* type status. However, the research findings also suggest that these types of initiatives need to be more wide spread and ongoing in order to have a significant impact in changing the image of nursing for young people. The findings point to the importance of the individual connections that young people make with adults and how important these experiences can be in forming their perceptions of different career choices.

The findings also suggest that it is important to understand the differences between male and female young people in terms of motivation for careers. This could aid in making nursing more appealing to both sexes. This could include promoting different roles and types of jobs that nurses can undertake that may appeal to young men's motivation for status and financial rewards as well as the young women's desire for having a less traditional career pathway. It is important to help young people and their community to understand the complexity of nursing and different nursing roles and to relate nursing to the larger health care picture (Buresh & Gordon, 2006). The findings suggest that there was a lot of confusion between the role of the doctor and the nurse, particularly as it was displayed in the media. Nursing skills and knowledge need to be recognised and valued as essential and valuable assets to society by both young people and their community (Hallam, 2000).

All nurses can have a role in promoting nursing as a positive career choice to today's young people by offering practical experiences, sharing stories and sharing their enthusiasm and passion for nursing. Nursing role models or mentors from the community could be an excellent resource for young people in helping them to see realistic portrayals of nursing. Nursing students can also be role models and positive ambassadors for young people considering nursing as a career choice. This could be particularly successful if the students belong to the same community as the young people i.e. have attended the same college or are from a similar cultural background. Future projects could include nursing faculty members establishing ongoing closer links with young people through colleges in the community.

Limitations of study and implications for future research

Limitations

Two main limitations should be noted when considering the results of this study. Firstly, the nature and size of this qualitative descriptive study means that the results can not be generalised across different populations. As participation in this study was voluntary and involved a convenience sampling the nature of the participants involved may not be considered representative of the population even within this community. It is possible that different findings may have arisen from other participant groups.

Secondly, in this type of study, it is also important to recognise the researcher's standpoint, which could influence the interpretation of the findings. It is important to recognise that even while attending to issues of trustworthiness in this study, my own educational experiences, ethnic and socio economic perspective could influence my interpretation of the data. It is also possible that the translation of some of the data undertaken by the second moderator when the participants spoke in their own language could have provided a different interpretation based on her perceptions.

Implications for future research

The findings of this study suggest several areas for future research. Research with parents and educators to gain an understanding of their role in the career decision-making process and their perceptions of nursing, as a career choice would further enhance the findings of this study. This study could also be repeated in a different community to gain a different perspective.

A research project evaluating the effectiveness of some the recommendations and projects already being undertaken would be useful. The nursing curriculum needs to ensure that young people's needs are catered for. Consideration must be given to the differences in learning styles and the challenges of teaching a mixture of different generations in the classroom. Further research would also be useful in this area.

Conclusion

The purpose of this study was to explore how young people make career choices and why young people choose or reject nursing as a career choice. The literature review supported the need for qualitative research that could give some insight into young people's perceptions of nursing. Throughout this thesis I have referred to career decision-making as a process involving three stages. This study has highlighted for me the complexity of this decision-making process for young people and the importance of making positive connections and offering appropriate support during this process. It seems that many young people are well equipped to make career decisions when given positive support. This positive support often contributes to the young person's academic success and positive self esteem. However, the young people who have negative experiences leading to low academic success and low self esteem seem to have difficulties in seeing a pathway to any career choices.

As a nurse educator involved in recruiting people into nursing in New Zealand, this study also highlights the need for an inter-sectoral approach to raise the profile of nursing and make nursing a career that is attractive to young people. Parents, family members, community elders, nurses, careers advisors and educators need to join together to take action towards making this happen. Innovative projects to bring nursing into the classroom and into the lives of young people could make a difference. This study particularly aimed to gain the perspective of young people from the local community. With the majority of the population of the community being Māori and Pasifika young people (and potentially the future nursing workforce) and the majority of the participants being Māori and Pasifika, this research may provide some valuable insights and strategies for this community to aid in the recruitment of young people into nursing.

In undertaking this study, I really wanted to understand the young person's perspective in relation to choosing a career. It was important that this research was undertaken in a manner that allowed their voices to be heard and their views to be valued. My view on young people influenced what I expected to hear from these voices, but I believe that the voices have been strongly represented so that my views do not override those of the participants. What they tell us is important in helping to support them in making their career choices, something that is ultimately linked to their development as a person, and as the generation who will be responsible for our future.

Finally, while young people seem to be rejecting nursing as a career choice, the overall message is positive. With the right support, nursing could become the career choice for many young people and we may be able to say confidently to young people "Wouldn't you like to be *just a nurse* too?" (Buresh & Gordon, 2006, p. 277)

Appendices

Appendix One

Massey University Human Ethics Committee approval letters

Appendix Two

Information Sheet, Interview Schedule, Guidelines for Focus Group Moderator

Appendix Three

Consent form, Demographics Information

Appendix Four

Confidentiality agreement for Focus Group participants

Appendix Five

Confidentiality agreement for Moderator

Appendix Six

NCEA Levels and University Entrance



4 July 2006

Ms Leanne Pool



Dear Leanne

**Re: HEC: Southern A Application – 06/24
Choosing a career – why not nursing?**

Thank you for your letter dated 4 July 2006.

On behalf of the Massey University Human Ethics Committee: Southern A, I am pleased to advise you that the ethics of your application are now approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr John O'Neill, Chair
Massey University Human Ethics Committee: Southern A

cc Dr Jean Gilmour
School of Health Sciences
WELLINGTON

Prof Carol McVeigh, HoS
School of Health Sciences
WELLINGTON



30 March 2007

Ms Leanne Pool
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Karori
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Dear Leanne

**Re: HEC: Southern A Application – 06/24
Choosing a career – why not nursing?**

Thank you for your letter dated 28 March 2007 outlining the change you wish to make to the above application.

The change, to extend recruitment to local youth organisations, was approved and noted.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee. If over time, more than one request to change the application is received, the Chair may request a new application.

Yours sincerely

Professor John O'Neill, Chair
Massey University Human Ethics Committee: Southern A

cc Dr Jean Gilmour
School of Health Sciences
WELLINGTON

Prof Carol McVeigh, HoS
School of Health Sciences
WELLINGTON



Choosing a Career: Why not nursing?

INFORMATION SHEET

Introduction

My name is Leanne Pool and I am a nursing lecturer from Whitireia Community Polytechnic. I am looking for young people to participate in a research project around career decision-making. This project is not associated with recruitment for the Polytechnic. This research is part of my Master's degree at Massey University.

Purpose

The purpose of this research is gain an understanding of the decision making process in relation to choosing or rejecting nursing as a career choice. I am interested in hearing from lots of different young people, not just those who might be considering nursing.

Who can be a research participant?

I am seeking students who are 16 – 18 years of age. All interested students will be invited to attend an information session regarding this project and volunteer participants will be sought. Participants will be selected through a ballot if there are more potential participants than is required.

What will you do as a research participant?

You will be asked to be part of a discussion group who would meet with me at the school during school time. The session will last for about one hour and a youth worker will be involved in leading the group discussion. I will be listening to the discussion and taking notes to help ensure that the conversations are captured. The discussion will also be audio taped and transcripts of the tapes will be made.

During the session you will be asked to join into a discussion with 5 –7 other young people from your school. Some of the questions you may be asked to discuss are included on the interview question sheet that accompanies this information sheet. You will not be required to answer any questions that you feel uncomfortable about answering. Lunch or light refreshments will be provided during the session.

You will also be invited to attend a follow up session to review the discussion transcripts. You will have an opportunity to read what I write following the discussions to make sure that it is accurate and that you are happy with everything that has been recorded. I will review the discussions to determine common themes or important ideas and observations that I have noticed from the group discussion. This session will also last about one hour.

How will the information collected be used for the research?

Your participation in this group discussion will remain confidential and people participating in the group discussion will be asked to keep the conversations confidential to the group.

The original transcripts of the group discussion will be kept safely in locked cabinets and individuals who have participated will not be named on these documents. You will either be identified by a false name or by a number in the documents. Once the research is completed, the confidential documents related to this project will be stored at the School of Health Sciences, Massey University. After a five year period all documents will be destroyed.

Participants will be asked to supply information regarding their age, gender and ethnicity so that a profile of the participant group may be included in the findings.

A summary of the project's findings will be available to all participants and interested parties.

Participants rights

You are under no obligation to participate in this project. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the project at any time prior to, during or following the discussion group session;
- ask any questions about the project at any time during participation;
- provide information on the understanding that your name will not be used;
- be given access to a summary of the project findings when it is concluded.

I request that you discuss your participation in this research project with your parent(s)/caregivers and you will be asked to sign a consent form prior to the group discussion. You will also be asked to sign a confidentiality form agreeing not to share any information discussed within the groups with anyone.

For more information about this project you may contact:

Leanne Pool
Researcher/Master's student

Dr. Jean Gilmour
Research Supervisor

Nursing Centre of Learning
Whitireia Community Polytechnic

School of Health Sciences
Massey University
Ph 801 2794
Email j.a.gilmour@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 06/_24_ If you have any concerns about the conduct of this research, please contact Dr John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8635, email humanethicsoutha@massey.ac.nz.

If you are interested in hearing more about this research project please complete the section below and place it in the box provided at the school office or contact the school representative. The researcher will send you information regarding an information session to be held within your school.

Name
Phone number
Email address



Choosing a career – Why not nursing?

INTERVIEW SCHEDULE

Purpose

The purpose of this research is gain an understanding of the decision making process for young people particularly in relation to choosing or rejecting nursing as a career choice. We are interested in hearing from lots of different young people, not just those who might be considering nursing.

Interview questions

If you decide to participate, the following questions will be asked as part of the group discussion. You are being given the questions prior to the group discussion so that you have time to think about your answers.

- *What would you like to do when you finish school?*
- *Who/What influences you and your friends in making decisions about your career?*
- *How will you and your friends choose a career?*
- *What do you think of when you think about nursing as a career choice?*
- *Why might you or your friends choose nursing? Why not?*

The focus group will be run using a brainstorming format. You will be asked to write down your ideas on each question on separate paper and put this into a box. The group facilitator will read out responses anonymously so that all participants can be totally truthful in their responses. We will then discuss the responses.



Choosing a career – Why not nursing?

GUIDELINES FOR FOCUS GROUP MODERATOR

- ✓ Establishing ground rules at the start of the focus group interview including ensuring the participants understand issues around confidentiality, respect for others views, the importance of honesty and participants right to leave at any time
- ✓ Making the environment safe and comfortable for the participants
- ✓ Making the participants feel at ease
- ✓ Taking a non-judgmental stance towards all participants responses
- ✓ Managing the dominant group members to ensure that all participants have an opportunity to contribute
- ✓ Follow the interview schedule as a guideline for discussion

GUIDELINES FOR ASSISTANT MODERATOR

- ✓ Arranging the environment and refreshments so that it is safe and comfortable for participants
- ✓ Ensuring that tape recording is working through out the interview
- ✓ Note taking of the discussion including the order in which participant's spoke – to be used to verify transcripts



Choosing a career- Why not nursing?

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

- √ I have read the Information Sheet and have had the details of the study explained to me.
- √ My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- √ I agree to the interview being audio taped.
- √ I agree to keep confidential and not share anything discussed in the Focus Group.
- √ I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

**Full name –
printed**

.....

.....



Choosing a career- Why not nursing?

DEMOGRAPHIC INFORMATION

The following demographic information is requested so that a profile of the participants can be obtained:

Gender Male Female (Please circle)

Age 16 yrs 17 yrs 18 yrs (Please circle)

Ethnicity Please circle the ethnic groups that you belong to:

NZ European	Māori	Samoan	Cook Island Māori	Tongan
Niuean	Chinese	Indian	Other	

Please give your full name and contact details if you wish to receive a copy of the summary of the report findings

**Full name –
printed**

.....

Address:

.....



Choosing a career – why not nursing?

CONFIDENTIALITY AGREEMENT FOR FOCUS GROUP PARTICIPANTS

I (Full Name - printed)

agree to keep confidential all information concerning the project "Choosing a career – why not nursing?"

I will not retain or copy any information involving the project.

Signature:

.....

Date:

.....



Choosing a career – why not nursing?

CONFIDENTIALITY AGREEMENT FOR FOCUS GROUP MODERATOR

I (Full Name - printed)

agree to keep confidential all information concerning the project "Choosing a career – Why not nursing?"

I have read the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations involving human participants and I agree to uphold the principles

I will not retain or copy any information involving the project.

Signature:

.....

Date:

.....

Appendix Six

For young people in New Zealand the choices stage begins at the end of Year Ten when they start to choose NCEA subjects to study. Students may be awarded a qualification at the end of each level according to the following guidelines:

NCEA Level 1

NCEA Level 1 requires a minimum of 80 credits from level 1 or higher. Eight of these credits must be from numeracy standards and eight other credits must be from literacy standards. These skills can be assessed in English or in te reo Māori.

NCEA Level 2

NCEA level 2 requires a minimum of 60 credits at level 2 or above and 20 credits at any other level. Credits can be used for more than one qualification; so some of your NCEA level 1 credits can count towards NCEA level 2. At level 2 there are no specific literacy or numeracy requirements. These skills can be assessed in English or in te reo Māori.

NCEA Level 3

NCEA level 3 requires a minimum of 80 credits, of which 60 must be at level 3 or above, and 20 at level 2 or above. These skills can be assessed in English or in te reo Māori.

(NZQA, 6 April 2008)

Students are qualified for entrance to a university in New Zealand when they have obtained:

- “a minimum of 42 credits at level 3 or higher on the National Qualifications Framework, including a minimum of 14 credits at level 3 or higher in each of two subjects from an approved subject list, with a further 14 credits at level 3 or higher taken from no more than two additional domains on the National Qualifications Framework or approved subjects AND

- a minimum of 14 credits at level 1 or higher in Mathematics or Pangarau on the National Qualifications Framework AND
- a minimum of 8 credits at level 2 or higher in English or Te Reo Māori; 4 credits must be in Reading and 4 credits must be in Writing. The literacy credits will be selected from a schedule of approved achievement standards and unit standards.”

(NZQA, 1 February 2008)

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Research Supervision Statement

Date 20/2/2008

TO WHOM IT MAY CONCERN

This is to state that the research carried out for the masters thesis/research report entitled

Choosing a career: Why not nursing?

was completed by heanne Pool

in the School of Health and Social Services
Massey University, New Zealand, under my direct supervision. This thesis material has not
been used for any other degree. I played the following part in the preparation of the thesis:

.....
Advised on design and method, assisted with data
interpretation, read and commented on successive
drafts.
Thesis Supervisor

Ged Galloway PhD, RN.

This is to state that the research carried out for the abovenamed Masters thesis/research report
is my own work and has not been used for any other degree.

Student Heanne Pool.

