



An ethnographic exploration of the communication skills of
Generation Z student nurses.

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Abstract

Aim: This study aims to identify if Generation Z student nurses possess unique communication skills and if so, how this may influence clinical nursing practice.

Background: Generation Z, born on or after the 1st of January 2000, are entering higher education and the workforce and understanding the influences that have shaped this generation may help them realise their potential whilst preparing and supporting them to develop the resilience needed for the challenges of a nursing career

Method: A three Phase ethnographic methodology was used in this study. Phases 1 and 2 were used to develop themes, due to the limited available literature on Generation Z student nurses. One-to-one interviews were conducted in Phase 1 with Generation Z student nurses and in Phase 2 with Practice Supervisors and Practice Assessors. The themes that emerged through Phases 1 and 2 were used to inform the development of Phase 3, which used fieldwork observations and one-to-one interviews to triangulate the observation data. Phase 3 recruited six Generation Z student nurses, who were observed in clinical placement over a three-month period.

Findings: The data gathered across the three phases of the study was analysed using thematic analysis. Four overarching themes were generated from the data, 'Interpersonal communication', 'The changing face of communication', 'Collaborative practice', and 'Generation stereotypes.' The findings demonstrated the complex nature of communication in clinical nursing practice and suggest that generation theory does not effectively capture individuality. Although Generation Z may possess different communication skills they were not observed in this study.

Conclusion: The recommendations for practice focus on fostering a supporting working environment where there is not a 'culture of fear'. Nursing leadership should not focus on generational traits to lead and manage their teams but provide person centred leadership and management to foster a sense of belonging.

Declaration

I declare that this thesis, which I present for the award of Clinical Doctorate is entirely my own work. This study has received ethical approval from the appropriate ethics committees before each phase of the study commenced. I confirm that generative artificial intelligence has not been used to generate the data for this study, nor has it been used to generate the final thesis. I have not been involved in any collaborative work that is included in this thesis.

A handwritten signature in black ink that reads "Cameron Smith". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Cameron Smith

11th February 2025

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Chapter 1 Introduction

1.1 Here come Generation Z

Generation Z is widely described in the literature as the first digitally native generation. As a group they are considered the most diverse generation, highly educated and open minded (Chicca and Shellenbarger 2018; Gabrielova and Buchko 2021). They have been brought up in an 'always on' world with access to the internet and their formative years defined by the rise of smartphones and social media (Schroth 2019). There are numerous terms used in relation to Generation Z, including but not limited to the iGen, Homelanders, Net Gen, Gen Next, and Post-Millennials (Chicca and Shellenbarger 2018; Swanzen 2018). Some of the literature stresses the importance of understanding Generation Z, their differing beliefs, values and behaviours, and how this may impact on the workplace and management of Generation Z employees (Schroth 2019).

Understanding how being brought up in an 'always on' world and the influence this has on Generation Z's communication skills is important in nursing where communication is central to providing safe and effective person-centred care. With the rise of the smartphone and social media, face-to-face communication has reduced, with Generation Z deemed to have had less opportunity to develop their communication skills (Schroth 2019). Communication is an essential skill in nursing, the foundation to high standards of patient care and identified by the Nursing and Midwifery Council (NMC) as a skill that all nurses must possess (Nursing and Midwifery Council 2014). Therapeutic communication enables emotional and physical support whilst fostering empathy (Ross et al. 2024). Good communication skills can enhance person-centred care, but this relies on the development of effective nurse-patient communication to ensure that individual patient needs are understood and met (Cortés-Rodríguez et al. 2024).

1.2 Who am I, why am I interested?

I am a registered adult nurse and lecturer in nursing. I completed my mentor preparation in 2015 mentoring student nurses in my clinical role before moving into lecturing in 2017. Since becoming an academic the concept of generations has become fascinating. Throughout my clinical career the concept of generational differences never crossed my mind. My transition into higher education highlighted what I can only describe as a generation gap between me a millennial, born in 1989, and the Generation Z student nurses I engage with every day, which at times feels vast. I was hearing terminology and slang that I had not come across previously. For example, Gucci, to me is a luxury Italian fashion brand but it is used as a term in a simulated practice learning session to describe a patient who is showing clinical improvement. As a millennial it had not crossed my mind that 'Gucci' could mean 'Good'. 'You slayed that lecture', a term which again I was unfamiliar with but used to express praise. I had not started to feel that I was 'getting old' until I became a lecturer where suddenly I felt 'old'. Now, in my mid-30's the term 'old' is unreasonable but it did provoke my interest. It made me question how or if generations differ, and if there are differences, how might these influence clinical nursing practice.

1.3 Why this research? Why Now?

1.3.1 The current challenge

The National Health Service (NHS) is under ever increasing pressure. The National Audit Office (2016) highlights that in 2014, 17,800 nurses and midwives left the NHS before the age of retirement with a further 7,500 retiring from the service. Additionally, between 2018 and 2022, 43,000 registered nurses left the register. This number represents registered nurses between the ages of 21 and 50, who are therefore, deciding to retire early or leave the profession before retirement age; some of these nurses only a few years into their careers (Royal College of Nursing 2024).

The Nursing and Midwifery Council (NMC) (2024) emphasise in their 2024 annual report that although there is currently the highest recorded number of registered nurses, midwives and nursing associates with the NMC there is still a considerable number of registrants opting to leave the register. This number is down from the 2018-2019 annual report which stood at 4.2% but remains at 3.4% in the past 12-months. Of note and of concern 20.3% of the nurses, midwives, and nursing associates who left the register in the past year did so in the first 10-years of their career with the majority stating that they have no intention of returning (NMC 2024). Retirement remains the main driver for people leaving the register with other reasons for choosing to leave including health; with many noting that the role they were in significantly impacted upon their mental health and wellbeing causing burnout (NMC 2024). The Scottish Government (2018) further highlight that NHS staffing is at a record high in Scotland, however 33.1% of nurses are over the age of 50 which is unsustainable in the long term.

The Coronavirus (COVID-19) pandemic put further pressure on the NHS and the wider healthcare systems with vacancies in nursing and midwifery increasing from 4.5% to 9% between March 2017 and September 2022 (Audit Scotland 2023). However, the Care Quality Commission (2023) reported a 5% increase in staffing levels between May 2022 and May 2023 with 4.4% of this increase linked to professionally registered staff such as nurses, doctors and paramedics. Whilst staffing levels have increased, staff are reporting being overworked, stressed and exhausted in their roles, so much so that they feel unable to deliver safe and effective care (Care Quality Commission 2023).

Additional challenges persist with applications to study nursing. Although there was an initial increase in applications following the pandemic there has been a significant drop in applications across the United Kingdom for September 2023; with the largest drop in applications in Scotland down 24% on applications from the same period in 2022 (Ford 2023). Applications in Scotland for 2024 are once again showing a downward trend with a further 8.3% drop in the application cycle (Royal College of Nursing 2024); with the retention and recruitment of staff becoming more of a

challenge for the NHS. If recruitment and retention is to improve it is important to understand what motivates each generational cohort (Jones et al. 2016).

Factors cited for nurses exiting the profession are multifaceted. Although there are many nurses choosing to leave the profession within the first 10 years of registration, the data does not clearly identify the age or generational categories that are leaving-aside from those who are retiring who would likely fall into the Generation X or Baby Boomer generational groups. Kim et al. (2021) suggest that Generation Z choose to leave the nursing profession because of four key factors. Organisational factors such as the culture one is exposed to within the working environment, as well as the leadership and management. Environmental factors, such as the levels of stress created by the position one has, workload, and financial concerns. Individual factors, such as individuals' motivation for the role, job satisfaction and burnout. Finally, external factors such as an adequate work/life balance can all play a part in the decision-making process when deciding to remain or leave the nursing profession.

To recruit and retain staff, those in nursing and healthcare management roles may benefit from understanding the diverse needs of the multi-generational nursing workforce (Tussing et al. 2024). There is a risk of bias and stereotyping based on perceptions of generational characteristics. Thus, understanding the specific needs at an individual level as well as the generation, investing time in developing a collaborative working relationship with people may enhance the recruitment and retention of Generation Z in nursing (Chicca and Shellenbarger 2019).

There has been growing consideration given to how Generation Z may impact the nursing profession. Generation Z's dependence on social media may result in underdeveloped interpersonal and social capabilities (Chicca and Shellenbarger 2019; Kim et al. 2021), which may pose a particular challenge within the nursing profession.

1.3.2 Generation Z

Generation Z have been enrolling to undergraduate nursing courses for several years with some of these Generation Z student nurses now registering as qualified nurses. Generation Z are essential to the health service with recruitment and retention of Generation Z in nursing and healthcare being vital for the delivery of the highest standards of person-centred care (Sillero et al. 2023). However, with applications to study nursing in decline particularly in Scotland (Johnson 2024), coupled with the number of nurses and midwives choosing to leave the profession within the first 10 years of registering currently sitting at 20.3%, (Nursing and Midwifery Council (NMC) 2024), there will undoubtedly be an impact on service provision and the delivery of healthcare in the years ahead.

Evidence suggests that Generation Z are reluctant to devote their whole career to the nursing profession and will look to move into specialist nursing roles which will enable them to expand their careers (Jones et al. 2016). If they feel unsupported by their employer, they will seek out opportunities elsewhere or leave the profession altogether (Tourangeau et al. 2014). This will reduce tenure and increase mobility within the health service as Generation Z seek out their preferred role within the nursing profession (Jones et al. 2016). Furthermore, 17.6% of Generation Z student nurses express a desire to leave the nursing profession within the first two years of employment (Kim et al. 2021). This will prove problematic with the current number of registered nurse, midwives and nursing associates opting to leave the register.

Although the picture around recruitment and retention is currently bleak Generation Z could help to transform healthcare; with some of the literature suggesting they are loyal, and compassionate, advocating for their beliefs whilst striving to make a difference (Hampton and Keys 2016).

Understanding the influences that have shaped Generation Z may help them to realise their potential whilst preparing and supporting them to develop the resilience needed for the challenges of a nursing career (Aslan et al. 2023; Hampton and Keys 2016). One of the main influences on Generation Z is technology, as the first

generation to be born and raised exclusively in a technological world they value immediate communication (Chicca and Shellenbarger 2018; Hampton and Keys 2016). Consequently, the use of electronic communication may impact on Generation Z's ability to develop their face-to-face communication skills essential to nursing practice (Hee and Yeojin 2023; Sherman 2021).

When I set out to study Generation Z there was limited literature on this generation specific to the nursing workforce. Although there is a growing body of evidence, there is still limited research specific to the communication skills of Generation Z student nurses and how these communication skills may impact on the future of clinical nursing practice. Generation Z appear to be intensely discussed and scrutinised with numerous media articles being published daily, with many of the articles reporting unfavourably around various characteristics Generation Z are believed to possess.

The challenge with the study of generations is that individuals are grouped together based on suppositions of common experience based on a range of birth years. This potentially leads to adverse perceptions which may have a damaging influence on individuals (Costanza et al. 2023). When I started this study, I had my own preconceptions of Generation Z, through my own media consumption and experiences with individuals from Generation Z. However, the aim of this study was to explore the possible communication skills that Generation Z may possess and how this may influence clinical nursing practice both positively and negatively. In doing so, it was important to consider what different skills and needs were attributed to Generation Z in the wider literature. Section 1.3.3 will explore the '*perceived needs*' of Generation Z and provide a rationale for why I use this terminology.

1.3.3 The perceived communication needs of Generation Z

Throughout this study I refer to the '*perceived needs*' of Generation Z. I have used this terminology intentionally to identify between the empirically distinguished needs and the needs that are purported, assumed or inferred by the wider literature in relation to Generation Z.

Although several academic studies claim to having identified different generational characteristics, the empirical and theoretical underpinnings to support differing characteristics is somewhat lacking and inconsistent (Costanza et al. 2023). Moreover, Rudolph et al. (2020) suggests that the theoretical underpinnings on which generational research is based has been challenged and that there is limited empirical evidence to suggest that generations exist, and that individuals can be accurately assigned into a generational group.

In the context of my study, the '*perceived needs*' of Generation Z refer to the communication challenges that are attributed to Generation Z in the wider literature but are not necessarily supported by empirical evidence. The reason that I refer to Generation Z's needs as '*perceived*' is due to the limited empirical evidence to fully support the challenges that Generation Z may have in relation to their communication skills. For example, the literature reports that due to the reliance on technology during their formative years Generation Z may lack confidence, social, listening and problem-solving skills required to develop professional relationships (Chicca and Shellenbarger 2018; Schroth 2019; Stein-Parbury 2021). At the same time, other studies indicate that Generation Z are confident and ambitious (Benítez-Márquez et al. 2022), with a preference of in-person communication in the workplace (Hampton and Keys 2016). In addition, with generation theory lacking decisive underpinnings there is a difficulty when applying it to manage the behaviours of individuals within a wider generational group. These contradictory reports demonstrate that the underpinning evidence is not definitive enough to define the characteristics of different generational groups.

Therefore, I have used the term '*perceived needs*' to acknowledge that generational differences described in the wider literature are not necessarily based on empirical research findings, and that generation theory is reported to lack theoretical underpinnings. This makes it difficult to apply different generational characteristics confidently.

The aim of my study, therefore, is to add further empirical evidence to the current literature and identify whether Generation Z student nurses possess different

communication skills, and if so, in what ways. I use the term '*perceived needs*' to describe the communication preferences, behaviours, and characteristic attributed to Generation Z in the wider literature. Referring to the different generational needs and differences as 'perceived' I recognised the potential limitations of the current literature due to constraints of generation theory. The subsequent sections of this chapter will consider Generation Z in more detail and discuss the current theory in relation to generations.

1.4 The Background

1.5 Talkin' 'bout my Generation

To understand Generation Z, it is important to consider what generations are. The study of generations looks at various interactions all occurring simultaneously. This encompasses the interactions between an individual and family, biology, society, social structures, culture, and historical events all shaped by the time and the place in which they occur (Bristow 2016). Throughout history the notion of generations has been redefined (Thorpe and Inglis 2019), and a persistent debate remains about the construct of social generations (Bristow 2016).

The main challenge with the study of generations is that a generation is not born, a generation is made (Costanza et al. 2023); and although a social generation may share birth years, age, location in time and significant life and historical events during decisive developmental stages, the way in which everyone will experience these significant events will shape people differently (Bristow 2016). The early generational theories aspired to explain changing societal beliefs, values and attitudes from one generation to the next through collective experiences (Rudolph and Zacher 2018). There are, however, beliefs that generations rather than existing objectively are simply a social construct used to rationalise the complexities in an ever-changing society, aging, and the perceptions of age-specific differences (Twenge 2017).

Historical definitions of generations define them as the period it takes for a father to be succeeded by a son, and suggest a generation lasts around 30-years, a

somewhat slow and incremental change (Jaeger 1985). The term generation plays an important role in framing family relationships from parent, to child, to grandchild, but also providing a crucial role in defining non-familial relationships; a concept that connects people across an age range and a socio-historical place in time (Foster 2013). Mannheim (1952) suggests that most generation theories support the idea of 15 but predominantly 30-year intervals between social generations. However, this remains a relatively arbitrary number and fails to take into consideration the numerous external factors that influence and shape a generation. Furthermore, the 30-year interval for the emergence of the next generation has not been consistent (Berger 1960); with the increasing pace of social change, generations no longer emerge consistently, or incrementally, with the 30-year period not accounting for the increasing speed in technological developments or social upheaval in the 20th and 21st century (Berger 1960). As a result of these more rapid changes, Berger (1960) proposed that the generations are now shrinking.

Defining generations by merely carving up the population based solely on birth years and location in time seems somewhat illogical (Berge and Berge 2019). By doing so there is a failure to take into consideration numerous influencing factors, such as social class, cultural background, and globalisation (Thorpe and Inglis 2019). Millennials, for example, have a birth date approximately ranging between 1981 and the mid to late 90's, a period spanning approximately 19-years. Bristow (2019) explains that with over 13 million Millennials in the United Kingdom alone, it would be irrational to presume the experiences of a 20-year-old Millennial would be the same as the issues faced by a 35-year-old Millennial. Therefore, the theory of generations needs to draw on more than age, location, and historical place in time (Mannheim 1952).

By arranging people into generational cohorts, individuals are simply socially categorised. This is imprecise and presumes that the experiences that shape a person and a generation are experienced in a similar way (Bristow 2019). There is a potential issue with drawing individuals into a generational cohort, and presuming generations emerge in a regular cycle. Furthermore, generation categorisation will

often excessively emphasise certain characteristics which are applied to all individuals across the same age categories (Bristow 2019).

Generational differences are used to rationalise changing behavioural patterns, and altering societal values, beliefs and shifting work ethics (Rudolph and Zacher 2018). Yet, Rudolph and Zacher (2018) argue that a true study of generations has not been undertaken. Beliefs around generations and generational cohorts often prove divisive, with individuals either strongly agreeing or disagreeing with the theory. Furthermore, Rudolph and Zacher (2018) state that the evidence around generations is somewhat lacking, with the current body of research being based around theory and logic alone, rather than being verified by observation or experience. Although there are conflicting beliefs around categorising generations and the difficulties in determining a clear definition (White 2013), the concept of generations is familiar. The generational groups are discussed below:

The Baby Boomers, born between 1946-1964 (Swanzen 2018; Tussing et al. 2024), born in the post-war decades, and seen as a symbol of freedom, a sign of optimism, and sometimes referred to the 'Lucky Generation' (Bristow 2019). Now widely portrayed as the 'Problem Generation' who fully benefited from employment opportunities, a generous welfare state, ease of homeownership and education, who's pensions, and healthcare costs will negatively impact proceeding generations (Airey 2021).

Generation X, born between 1965 and 1980 (Swanzen 2018) or 1964 -1980 (Tussing et al. 2024), Generation X came of age at a time of accelerating globalisation and technological advancements, a generation that witnessed the invention of cable television and videogames (Slepian et al. 2024). Generation X adopted technology in all aspects of their lives to streamline tasks and enhance time efficiency, Generation X were shaped by events such as the Watergate scandal, Thatcherism, Personal Computers, the HIV and AIDS epidemic and the fall of the Berlin wall (Berkup 2014).

Millennials/Generation Y born between 1980-1994 (McCrindle 2021) 1981-2000 (Kim, Chae and Yoo 2021; Swanzen 2018) a digitally savvy, over protected, and self-absorbed generation, predominantly the children of the 'Baby Boomers' (Novak 2016). A generation who was defined by the September the 11th terrorist attacks, the subsequent war on terror, the financial crisis of 2008, the death of Princess Diana and the collapse of the Soviet Union (Berkup 2014; Bristow 2016).

Generation Z, born 1997-2012 (Kim et al. 2021) or 2000 and later (Tussing et al. 2024) the first 'digitally native' generation (Bristow 2019, Jassen and Carradinis 2021, Schroth 2019). Coming of age with the arrival of the smartphone, social media, and the rise in social justice movements (Schroth 2019). Generation Z are seen as more accepting of diversity, they are more racially and ethnically diverse than previous generations, who seek out greater flexibility in the workplace, and place higher value on work-life balance and job security (Mahapatra et al. 2022). However, Generation Z have significantly higher instances of anxiety and depression, compared to previous generational cohorts (American Psychological Society 2018).

Alpha Generation, born 2010-2025 (Swanzen 2018) or from 2012 onwards (Kim, Chae and Yoo 2021; McCrindle 2021) the newest generation, with the literature suggesting this generation were born from 2010 onwards. Therefore, they have not yet entered the workforce but are in primary and secondary education, with the oldest Alphas now entering their early teen years (McCrindle 2021). This is a generation that will be immersed in a technologically connected world; however, categorising the Alpha generation demonstrates the challenge with defining generations. Augusto dos Reis (2018) describes Alpha as the first 'digital generation' or the first 'digital natives.' The term 'digital natives' is also widely used to describe Generation Z as well as Millennials (Bristow 2019; Jassen and Carradinis 2021; Schroth 2019; Venter 2017). This demonstrates the overlap and confusion when trying to apply attributes to specific generational cohorts.

The challenge as demonstrated above is the differing opinions on the beginning and end points of each generation. The difficulty with defining generations becomes more complex when you consider micro-generations, the individuals who were born on the cusp of one generation ending and another generation beginning (Ward 2023); with micro-generations having a distinguishing combination of characteristics from across the preceding and succeeding generational groups (Pursglove 2023). There is little available research on micro-generations with much of the categorisation coming from the grey literature but drawing them into the conversation further confuses the categorisation of generations. Pursglove (2023) outlines four micro generations which sit on the cusp of the generations described above: the Zillennials born between 1993 and 1999, the Xennials born between 1977 and 1983, the Boomerex generation, born between 1961 and 1968, and the Shhh-oomers, born between 1942 and 1948. Although micro-generations add another layer of complexity, they may explain some of the variations in characteristics seen within the generations and the lacking agreement on birth years across the literature (Swanzen 2018).

The 2020 Coronavirus pandemic has recently increased supposition about the next generation, the post-Alpha generation born in 2020 during the height of the pandemic and the COVID-19 lockdowns. 'Generation naming' has already resulted in terms such as Coronials and Illennials emerging within the literature, as well as deliberation around the behaviours that this so called 'COVID Generation' may possess, shaped by the influence of social distancing, increased caution, and thriftiness (Rudolph and Zacher 2020). Not only did the pandemic draw conversation about the next generation, but there has also been consideration around the perceived impact of the pandemic on current generations. Twenge (2020) theorises that the Coronavirus pandemic is Generation Z's September the 11th, but bigger, and more impactful globally than both 9/11 and the Great Depression. However, this potentially draws further generalisations about 'the generations', with Twenge (2020), highlighting that the pandemic was of particular concern for Generation Z, as they are already a vulnerable group, with higher incidence of anxiety and depression (American Psychological Society 2018). The danger here, as with all presumed

generation specific characteristics, is that they are all-encompassing based solely on birth years and location in history.

These views on generations and perceived generational differences can harbour negative overtones and can lead to ageism and discrimination (Rudolph and Zacher 2020). This can impact upon both the individual being categorised, and on wider society. Therefore, it is essential to better understand generations, provide a more robust scientific foundation and reduce inaccurate or unsubstantiated perceptions around generations (Costanza et al. 2023). Generational theory stems from early sociological philosophy, where shared experiences mould the values, attitudes and behaviours which characterise one generation to the next (Rudolph et al. 2021). The next section of this chapter will consider two generational theories, Mannheim (1952) '*The problem of generations*' and Strauss and Howe (1991) '*Generational theory*' which are both still widely applied in generational research.

1.6 The theory of Generations

1.6.1 '*The problem of generations*' Karl Mannheim

In 1928 Karl Mannheim introduced his theory '*The Problem of Generations*'. His theory was firmly rooted in the discipline of sociology. Mannheim was not the first to theorise and attempt to explain the phenomenon of the generations, but his work is widely regarded as pivotal in contributing to the understanding of generational theory (Pilcher 1994). Unlike theories that preceded, where a positivist and a romantic-historic approach had been applied to theorising the generations, Mannheim conceived '*The Problem of Generations*' by embracing the very complexities involved in examining the phenomenon (Bristow 2016).

Positivist approaches had a desire to rationalise the progression of historical development, basing this on biological lifespan and the overlap between one generation and the next (Mannheim 1952). However, Mannheim (1952) suggested that what becomes problematic after this simplification is defining the time it then

takes for one generation to be surpassed by the next; with a variety of estimations on the duration of a generation, it becomes complex to determine the natural start and end points of a generational cohort. Mannheim noted that defined generational intervals exist only within biological-genealogical theory where there are definitive periods of the next generation coming of age (Jaeger 1985; Mannheim 1952).

Unlike the positivist approach to generations the romantic-historical interpretation of the generations considered that the historical events that one experiences during their formative years will construct the values, beliefs and behaviours that people possess (Mannheim 1952). These historical events experienced collectively will develop shared perceptions within a generational group (Timonen and Conlon 2015). The romantic-historic view considers that each generation will possess unique attitudes and characteristics, fashioned by societal changes during individuals' formative years (Mannheim 1952). The romantic-historical view does not group people together based solely upon similar birth years but considers peoples' development and collective experience that goes onto shape their generational identity (Mannheim 1952).

The origin of Mannheim's theory was that people from a set age group were defined by historical and social events, social class, education and ethnicity during their formative years (Costanza et al. 2023; Parry and Unwin 2021). The experience of these events goes onto shape the individuals' perceptions of the world and result in the differentiation between generations. Importantly, and unlike generational theories that preceded Mannheim, he rejects the idea of a consistently emerging change in the generations and does not reference specific dates of birth in his theorising (Jaeger 1985). Mannheim highlighted that one of the challenges with defining the generations, was lack of a multi-nation approach, for example, the German theorists dismissing the theories from other nations (Mannheim 1952). Considering the generations from various perspectives could provide a resolution to the problem of defining the generations (Rudolph et al. 2021).

Mannheim considered a generation to be a 'social location', rather than a group of individuals who solely share a physical vicinity and similar birth years. At the very

least, to belong to a generation, one must also share a location in history (Parry and Unwin 2021).

Mannheim's '*The problem of generations*' continues to be prominent in the study of generations. Although there are limitations to Mannheim's theory, it has a multifaceted approach, considering how culture and historically influential events can drive change in society. As such Aboim and Vasconcelos (2013) advocates for the continued use of Mannheim's theory as it still provided appropriate insight for the study of generations.

1.6.2 Strauss-Howe

Strauss and Howe (1991) deviate somewhat from Mannheim's theory of the generations. Strauss and Howe (1991) focus on a 20-year, non-overlapping cycle for the emergence of a new generation (Costanza et al. 2023). Each new emerging generation will possess one of four personality traits which emerge in a recurring pattern that repeats roughly every 80-years (Bristow 2016; The National Academics of Sciences, Engineering and Medicine 2020). According to Strauss and Howe (1991) the recurring generational traits are idealistic, reactive, civic and adaptive. Unlike Mannheim, Strauss and Howe (1991) defined generational cohorts with clear beginning and end points, with defining birth years (Costanza et al. 2023).

Strauss and Howe's (1991) theory is scrutinised as there is limited underpinning empirical evidence to support it (The National Academics of Sciences, Engineering and Medicine 2020). Like Mannheim's generation theory, Strauss and Howe (1991) rely on the influence of historical events. However, the historical events described by Strauss and Howe have been retrospectively linked to their theory, which can result in confirmation bias (Rudolph et al. 2021). The historical events that Strauss and Howe use to define the emergence of generations vary in impact. Furthermore, historical events, such as 9/11 will be experienced differently depending on the geographic location of individuals at the time these events occur (Rudolph et al. 2021).

A further limitation of Strauss and Howe's theory is the lack of evidence to support the beginning and end points of each generation. This creates ambiguity when defining the birth years of each generation (Costanza et al. 2023). Although there are clear limitations to Strauss and Howe's theory the clarity, they provide in birth year range resulted in this becoming a popular theory in social science and the wider media and continues to be widely used in the study of generations.

1.6.3 So, who are Generation Z anyway?

"The children of austerity, whose lives beat to the staccato of school test results and streaks on social media; the so called 'digital natives', lost in communication and incomprehensible to those for whom a phone is a useful device rather than an extension of self" (Bristow 2019 p62).

An online Google search demonstrates the interest in Generation Z. Articles written about Generation Z include companies being encouraged to re-consider post-work socialisation to daytime socials to be inclusive of Generation Z employees (Manning 2024). Their disengagement with Disney (Beckett 2024); a mistrust in British institutions (Morini 2024); and the reason why they are turning into 'old codgers' by taking up traditional crafts (Rear 2024). These articles were all published within a 3-day period in August 2024 and only a small selection of the available articles. There were many more articles focusing on Generation Z published within a matter of days of each other.

Chillakuri (2020) alludes to similar attributes between Millennials and Generation Z, there are however, characteristics that set Generation Z apart from Millennials and all other previous generational cohorts. Generation Z are regarded as a distinct culture (Edwards-Maddox et al. 2021), because they are the first generation that do not know a world without the internet, the first 'digital natives' (Jassen and Carradini 2021). Growing up in a world consumed by social media and instant messenger, Generation Z are spending less time face-to-face with their friends and peers. They are a generation who spend their time differently, are viewed as risk adverse with different views on religion, sexuality and politics. There is a perception that

Generation Z are growing up at a slower pace than preceding generational cohorts (Twenge 2017). As with all generations there is common ground, and common experiences which connect Generation Z together (Edwards-Maddox 2021). Although Generation Z may possess unique characteristics, they are connected to previous generations through a shared culture and heritage (Mannheim 1952).

1.7 Generation Z's influence on the workplace: The wider context

The current workforce is made up of four Generations, the Baby Boomers, Generation X, Millennials and Generation Z (Costanza and Finkelstein 2015), yet there is limited research supporting generation differences (Costanza et al. 2012). This said Smith (2005) states that Generation Z will greatly impact working environments and will potentially create the largest generation gap ever witnessed; and therefore, believes it is essential for working environments to consider how this generational shift may impact on the workplace (Smith 2005).

If Generation Z are forced to fit within traditional working environments, there is a high risk of disengagement (Half 2015). Janssen and Carradini (2021) highlight that although Generation Z's personal habits and attitudes have been widely discussed, there remains little research on how their personal habits and the professional expectations of technology and communication platforms will translate into the workplace. Generation Z are confident using online communication, and do not perceive a difference in online and in-person communication. As such, Generation Z may have challenges with some skills such as written and verbal communication, with technology and social media influencing the ways in which they communicate.

Although there are perceived differences in Generation Z's attributes in the workforce, there is a current lack of evidence to demonstrate the true impact of generational differences in the workplace. Generation theory lacks decisive underpinnings and therefore, categorising people into generational cohorts to manage their behaviours and needs should not be utilised in wider workforce planning (National Academies Science, Engineering, Medicine 2020; Rudolph and Zacher 2018). Much of the current literature concerning the impact of generations in

the workforce explores the generations before Generation Z. As Generation Z have now entered and continue to enter the workforce, the interest in them has grown, with the body of research and evidence increasing (Mahapatra et al. 2022; Schroth 2019).

Although there is a belief that Generation Z and Millennials have many shared characteristics, Schroth (2019) suggests that Generation Z brings with them differing values, beliefs and behaviours to the workplace and there is a need to understand these unique characteristics to effectively manage these employees. Yet, there is a potential issue here, if Generation Z are managed based on decisions around perceived beliefs on generations and generational differences this may stray into stereotyping (Parry and Unwin 2021). These stereotypes of people who fall into different generations may result in people being overlooked within the workplace based on these stereotypes, or perceived beliefs about their generation, versus a focus on individual's unique characteristics and abilities (Rudolph et al. 2021).

There are conflicting views on generational differences and the need to manage these employees differently based on this. Considering age and career stage, may better rationalise these generational differences (Rudolph et al. 2021). There is an additional risk when looking to manage people or make decisions based on generation. Whilst the Equality Act (2010) does not specifically identify generations, it defines age as a protected characteristic, this should prevent discrimination within the workplace and wider society. As such, a reliance on generation stereotypes risks discriminatory practice.

With a limited pool of literature, and the ambiguity with generation theory, relying on the generational stereotypes' risks potential and unwanted legal issues (Costanza and Finkelstein 2015). Additionally, adapting working practices in multi-generational workplaces to satisfy one generation will likely dissatisfy others (Leslie et al. 2021).

The literature that is currently available considering the potential impact Generation Z may have on the workplace is growing but somewhat contradictory. There is a belief that they may be less engaged in the workplace, more disruptive than previous generations (Berge and Berge 2019), will be unable to resolve conflict effectively, or

problem solve when face-to-face communication would be favoured or required (Janssen and Carradini 2021). Contrary to this, Rue (2018) indicates that Generation Z value collaboration preferring this to hierarchical structures (McCrindle 2021) and still appreciate face-to-face communication (Leslie et al. 2021). Given the contradictory beliefs and stereotypes of Generation Z in the workplace it is important to better understand their influence by undertaking further empirical research.

To ensure that this study does not draw conclusions based solely on perceptions the study was designed over three phases. Firstly, Phase 1 and 2 explored peoples experience of Generation Z student nurses and Generation Z student nurses' perceptions of themselves and within nursing practice. Phase 3 was developed on the themes generated from the analysis of the Phase 1 and 2 data. Phase 3 used these themes deductively to guide the fieldwork observations, whilst allowing for inductive themes to emerge from the fieldwork observations.

1.8 Communication theory in nursing

The NMC (2014, p.9) states that *“All nurses must use excellent communication and interpersonal skills. Their communication must always be safe, effective, compassionate, and respectful.”* Good communication allows nurses the opportunity to build rapport and trust with patients and their families (Afriyie 2020; Gregory 2024); as well as facilitating effective teamwork and supporting clinical decision making (Kilpatrick 2012). Communication is a complex phenomenon, shaped by one's personal values, and affected by how people feel during an interaction (Pavord and Donnelly 2015). Interpersonal communication relies on the transmission of information, meaning, and emotion through both verbal and nonverbal messaging (Hargie 2010).

Several communication theories exist, both broadly and within the context of nursing and healthcare. The linear model of communication developed by Shannon and Weaver (1949) is widely considered one of the most influential models of communication theory (García-Marco 2016). Originally developed in research mathematics to explain data transmission in phone communication (Gillespie and

Schiffman 2018), with the linear model having since been widely applied to other disciplines across the social sciences and healthcare (Gillespie and Schiffman 2018; Mohorek and Webb 2015). The linear model is a one-way static process of communication; in which messages are transmitted between the sender and the receiver (Getchell et al. 2023). The linear model comprises of five concepts essential in communication: the sender, encoder, channel, decoder and receiver (Mohorek and Webb 2015). Shannon and Weaver's model consider how noise and other external factors may affect communication, with emotions, environmental factors and technological issues impeding communication (Thompson 2018).

While widely adopted, linear models of communication have been critiqued for oversimplifying the complexities of communication (Thompson 2018). They are effective for defining single exchanges of information, but less effective at representing the complexities of communication in healthcare contexts and the potential for interference (Webb 2011). Further criticism of the linear model is the absence of non-verbal communication cues, such as body language (Gillespie and Weaver 2018).

Unlike Shannon and Weaver's linear model, Barnlund's (2008) transactional model of communication provides a more realistic account of the actions that occur during face-to-face communication (Pavord and Donnelly 2015). Where Shannon and Weaver's model consider communication to be one directional, the transactional model considers communication a simultaneous process; the interpretation of the meaning and how meaning is shared during interactions with others (Pavord and Donnelly 2015).

An important benefit of the transactional model is that it balances the power dynamic of those involved in the interaction, and unlike Shannon and Weaver's model a transactional approach considers the importance of both verbal and non-verbal cues (Du Pré and Foster 2016). Moreover, the transactional model recognises the impact of environmental, social and personal influence which can shape how communication is received and interpreted (Du Pré and Foster 2016). Pavord and Donnelly (2015) explain that communication fails when it is misinterpreted with meaning negotiated by the individuals involved in the interaction. For example,

language used within one social group may be interpreted differently out with that social context. The transactional model takes into consideration all elements of communication, encompassing facial cues, body language (including orientation and posture), tone of voice, and choice of language (Pavord and Donnelly 2015). Therefore, the transactional model may better explain the complexities of interpersonal communication in nursing and healthcare.

Alongside the Linear and Transactional models of communication the Communication Accommodation Theory (CAT) provides a valuable understanding of the complexities of communication. The Communication Accommodation Theory seeks to illustrate and anticipate when, how and why people adapt their communication during social interactions (Giles et al. 2023). The Communication Accommodation Theory has been used specifically in healthcare contexts and inter-professional communication, studying how intergroup and interpersonal dynamics effect the communication between professionals and patients, as well as interprofessional communication (Giles et al. 2023; Watson 2020).

Communication Accommodation Theory is comprised of five communication strategies. Approximation, where individuals will alter their style of communication to gain approval; this can include alterations in accent, language, and rate of speech. To gain approval in hierarchical healthcare systems, junior staff, such as student nurses may attempt to match the linguistics of senior staff (Watson 2020). Within my study the need to adapt communication is discussed in more depth in relation to the findings in section 5.2.1 '*Verbal communication*'. Interpretability involves ensuring one's communication is understandable. Discourse management involves a focus on the non-verbal aspects of communication, such as leaning forward and nodding to demonstrate interest and engagement. In addition, interpersonal control relates to the ways individuals navigate power dynamics in interactions and manage emotional expression (Watson 2020). These strategies may prove particularly relevant to Generation Z student nurses where they are required to navigate hierarchical relationships with their Practice Supervisors, Practice Assessors and other members of the multi-disciplinary team.

Although Watson (2020) highlights the benefits to communication when employing

these five communication strategies, there is a risk of over-accommodation which can be portrayed as patronising, lacking authenticity and reinforcing stereotypes. If individuals under-accommodate this can potentially lead to miscommunication and emotional distress (Giles et al. 2023).

While communication theories such as Shannon and Weaver's linear model, Barnlund's (2008) transactional model, and Communication Accommodation Theory provide a foundation to communication, in nursing communication is also underpinned by professional standards and professional communication models. There are several nursing specific communication theories including but not limited to Peplau and Arnold and Boggs. Peplau's theory of interpersonal relations focuses on the nurse-patient relationship, with three key concepts involved in the development of therapeutic nurse-patient relationships, orientation, working and termination (Joan and Carroll 2024). Peplau's model was originally developed for use in mental health nursing, however, it is now widely applied across the fields of practice to facilitate the development of nurse-patient relationships (Joan and Carroll 2024).

Although Peplau's theory is widely influential in nursing, it was specifically designed to explain nurse patient communication. As this theory focuses on the nurse patient relationship it is less applicable to my study, which focuses on the communication skills of Generation Z student nurses with their Practice Supervisors and Practice Assessors. Therefore, the broader communication theories may be of more relevance in explaining the communication dynamics in my study.

Unlike Peplau's theory which focuses on the nurse-patient relationship, Arnold and Boggs (2011) present a practical framework for communication with patients, relatives and colleagues. Arnold and Boggs framework highlights the need for communication to be purposeful. They emphasise the therapeutic use of self, and strategies that can support the development of professional relationships; active listening, questioning, clarifying and providing feedback, with an ability to adjust and adapt communication depending on culture and clinical situation (Arnold and Boggs 2011). This framework can provide practical guidance to nurses which may help to inform and develop the skills required in professional interactions.

Effective interpersonal communication is a skill that nurses need to develop, sustain and strive to continuously improve (Pavord and Donnelly 2015). It is essential for student nurses to build effective verbal and nonverbal communication skills. The “Future nurse standards of proficiency for registered nurses” highlight that communication is the foundation of developing safe, compassionate and person-centred care. Nurses across all fields of practice are expected to demonstrate an ability to communicate with people of all ages who have a range of mental, physical, cognitive and behavioural challenges (NMC 2018). Developing effective communication skills can be challenging, especially when considering the potentially stressful situations student nurses are attempting to develop these skills in, while communicating with the multidisciplinary team, patients and their families (Jin et al. 2023).

Interpersonal communication is a fundamental skill in nursing and in healthcare (NMC 2018). Poor communication remains a concern, with several high-profile public enquiries highlighting ineffective communication, including the Mid Staffordshire NHS Foundation Trust Public Inquiry, The Muckamore Abbey Hospital Public Inquiry and the Thirlwall Inquiry. Communication in clinical environments often prove difficult, with confidence, experience, and the environment creating potential obstacles (Foronda et al. 2016).

The challenges around communication are heightened by perceived generational differences, as discussed in some of the wider literature, and in particular, the perceived communication differences of Generation Z as they enter the nursing workforce. Whilst Generation Z are often seen as confident and ambitious (Benítez-Márquez et al. 2022); their reliance on technology during their formative years may lead to less confidence with face-to-face communication (Chicca and Shellenbarger 2018). In addition, Generation Z may lack some social skills, the ability to develop relationships, and verbal communication skills (Chicca and Shellenbarger 2018). Nursing relies on social competence; and therefore, nurses need to have effective interpersonal communication skills and an ability to form relationships (Stein-Parbury 2021).

With the introduction of smartphones reducing the amount of face-to-face

communication people have Generation Z may not have all had the opportunity to learn the rules of in person communication; including listening, questioning, forming relationships and the ability to problem solve (Schroth 2019). And although Generation Z rely on technology to communicate, in the workplace there is evidence to suggest they prefer face-to-face communication and collaboration (Hampton and Keys 2016).

The theories and frameworks highlighted in this section demonstrate the complexity and the significance of communication in nursing - both in patient care and professional relationships. The underpinning theory provides an important lens to consider the communication skills of Generation Z student nurses, who may encounter challenges when developing interpersonal and professional communication in healthcare environments.

1.9 The questions

Following my initial reading the following research questions were developed.

The primary question that this study seeks to answer is:

‘Are Generation Z student nurses different from previous generational cohorts, in their communication style? If so in what ways?’

Additionally, there is one secondary research question that this study will endeavour to answer:

‘Do Generation Z student nurses communicate differently in clinical practice compared to previous generational groups?’

1.10 The structure

This thesis is organised over six chapters and a description of each is detailed below.

1.10.1 Chapter 2 Literature review

This chapter will detail the systematic approach to the literature search. The literature review will discuss the key literature in relation to Generation Z in nursing practice. This chapter will provide a detailed discussion around the inclusion and exclusion criteria, the search terms used and a discussion around the key themes identified literature.

1.10.2 Chapter 3 Methodology

This chapter will discuss the methodology and justify choosing a focused ethnographic approach to the study. There will be a discussion which considers the methods used to conduct this three-phase study, the chapter will consider the ethics, recruitment, consent, methods of data collection and some of the specific considerations when undertaking ethnography, including entry to and leaving the field of observation, and reflexivity. There will be a discussion around the systematic approaches taken to analyse the data across the three-phases including the use of Computer Assisted Qualitative Data Analysis Software (CAQDAS). This discussion will detail Reflexive Thematic Analysis and consider specifically how it was applied in this study.

1.10.3 Chapter 4 The findings

The findings will start by reaffirming the research question. This chapter will then present the key findings and themes which were generated through the analysis of the raw data. Phase 1 and 2 will be presented alongside each other, with the findings from Phase 3 being considered separately. The chapter will conclude by drawing the themes from across the three phases together.

1.10.4 Chapter 5 Discussion

This chapter will interpret and explain the findings and will be structured using the overarching themes that were identified following the analysis of the raw datasets: *'Interpersonal Communication,' 'The Changing Face of Communication,' 'Collaborative Practice,' and 'Generational Stereotypes'*. This chapter will consider the findings in the context of the current literature, and how the findings align or differ with the existing body of evidence.

1.10.5 Chapter 6 Recommendations and conclusions

The final chapter will consider any recommendations based on the findings of this study and consider the potential implications for clinical nursing practice. This chapter will outline any limitations to this study and consider areas for future research. This chapter will conclude with my own personal reflections on the research process, the insights I have gained, and considerations for how I may approach similar ethnographic research in the future.

Chapter 2 Literature Review

2.1 Introduction

This chapter will consider the current literature in relation to Generation Z. Within this chapter the systematic approach taken when searching the literature will be discussed and current literature to provide the basis for this study presented. This chapter will conclude with a discussion around the gaps in the current literature and how this study aims to address some of these gaps.

2.2 The Literature Search

2.2.1 The original search - 2018

The initial literature review was undertaken in 2018 as part of the original research proposal. Undertaking the initial review of the literature before commencing the empirical phase of the study is important as it can influence the study design (Dekkers et al. 2022).

This literature search yielded a limited available pool of evidence in relation to Generation Z; with little evidence regarding Generation Z's communication skills and the influence these may have on clinical nursing practice. The search terms used for the initial literature review were kept relatively broad as it was predicted that there may be limited available evidence. Therefore, the initial search terms were, '*Generation Z*,' '*Clinical Practice*,' '*Workplace*,' and '*Integration*.' Boolean operators were also applied during the initial literature search. There are different terminologies used for generational groups, and therefore 'OR' was applied in the search terms, with '*iGen*,' '*Generation me*,' '*@Generation*' and '*Net Generation*' to ensure a broad search was conducted and literature was not missed due to the differing names used in relation to Generation Z. This search was conducted over five databases, CINAHL, Psych Articles, ERIC (Educational Resources Information Centre), Emerald and the Web of Science. This returned 1695 results which were reviewed manually

to determine their suitability for being included in the literature review. The articles suitable for inclusion in the literature review was refined down to five.

To ensure a robust search of the literature was undertaken, and due to the limited literature found through the initial searches, Google Scholar was also used to broaden the reach of the literature search. Google Scholar has become an increasingly recognised search tool for literature reviews as it can provide links to additional sources, such as unpublished materials and grey literature which may not be accessible through the more traditional databases (Dekkers et al. 2022). Although increasingly used the issue with Google Scholar lies in its transparency, as searches undertaken will not always be reproducible and thus should be used as a supplementary method, and not the principal search method (Gusenbauer and Haddaway 2019).

As well as Google Scholar, a web-based search using Google was used in 2018 to aid in scoping the literature. Using these alternative search strategies yielded limited additional evidence in 2018. One source was identified initially as being appropriate, yet following further analysis was discounted as the focus of the article predominantly discussed Millennials, whilst combining the characteristics of Millennials and Generation Z. Although there are some perceived generational similarities between Millennials and Generation Z, literature combining these generations in their discussions were excluded as the purpose of this study is to primarily determine the different characteristics of Generation Z.

The study design was guided by the limited research available in 2018, and as such to develop knowledge and themes for the ethnographic fieldwork observations, Phase 1 and 2 developing themes was designed to guide and inform the design of the Phase 3 observations and interviews, whilst providing underpinning knowledge of Generation Z.

Although the five articles that were identified in 2018 informed the study design identifying a gap in the literature, these have now been excluded from the updated 2025 review. The articles do not fit the inclusion criteria as they do not specifically discuss Generation Z, are not specific to student nurses or the nursing profession or

are not empirical research. Two of the articles are literature reviews, one is a viewpoint piece, one discusses Generation Z but did not include any Generation Z participants in their research sample, and the final article, although is empirical research is not specific to the nursing profession. Excluding the articles from 2018 ensures the updated review is focused and relevant to the research question.

2.2.2 The updated search - 2025

The literature review was repeated in January 2025. I recognised through the research journey that there was a need to update the literature review. As the initial search was undertaken in 2018, a period of six years has passed. At the time of the initial review, Generation Z were just emerging in the workplace and as such with the passing of time there has been more opportunity to research this generational group. To ensure that all appropriate literature has been included it was important to re-run the search and undertake a systematic review of the literature. I undertook a systematic review to identify and critically appraise the evidence in relation to Generation Z. The reason I undertook a systematic review was to ensure a robust search of the existing literature was undertaken, with the critical appraisal of the evidence reducing potential bias using PRISMA framework to ensure transparency and reproducibility (Randles and Finnegan 2023). The purpose of the updated literature review was to identify primary research specific to Generation Z in nursing. To focus the updated literature review, the following review question was developed:

‘What are the unique interpersonal communication skills and communication strategies used by Generation Z nurses in clinical nursing practice’

By developing my own knowledge of Generation Z student nurses through the interviews and fieldwork observations, I identified a need to refine the search terms from the original literature review. The updated review used Population, Exposure, Outcome (PEO) to provide a structured approach. Unlike the original review, the only terms used to define the population is *‘Generation Z’* and *‘Gen Z.’* The term *‘iGen,’* used by Twenge (2017) to define this generational group does not appear to have been widely adopted. Notably, in a subsequent article published by Twenge in 2020,

the terminology she used has changed to Generation Z. The refined search terms are identified in table 2.1. The PEO table highlights the initial search terms, but through the search process additional terms were added to ensure a wide-ranging and comprehensive search was undertaken.

Tabel 2.1 PEO.

Population	'Generation Z' 'Gen Z'
Exposure	'Nurse'
Outcome	'Communication' 'Interpersonal Communication'

For the updated review, some of the databases being used in the search process have also changed from 2018; with the study specifically focusing on Generation Z student nurses and their perceived communication skills, Emerald was excluded in 2025. This database was searched originally due to the limited available research specific to Generation Z student nurses. However, Emerald has journals from business and management, librarianship, marketing, property, industry, engineering and training. These topics do not link specifically to Generation Z student nurses, and therefore, this database was no longer deemed suitable.

When re-running the literature review, two primary search terms were used initially in CINAHL. The search terms used were:

“Gen Z” OR “Generation Z”

These initial search terms returned 226 articles. ERIC, MEDLINE and Psych Articles were then added into the search with the above terms. This increased the number of identified articles, ERIC 330, MEDLINE 430 and Psych Article 6. The search was then refined further with the addition of:

*AND nurs**

With the inclusion of this search term the number of articles identified was 164, further search terms were then included:

AND communicat OR Interpersonal communicat**

With the addition of these terms, the total number of articles identified was 25. To ensure a comprehensive search was undertaken additional terms were added:

OR interpersonal skill OR conversation OR "professional relationship*" OR attitude* OR behaviour**

The inclusion of these search terms resulted in a total of 55 articles being identified. The combined search terms were:

"Generation z" OR "gen z" AND nurs AND communicat* OR "interpersonal communicat*" OR "interpersonal skill*" OR conversation OR "professional relationship*" OR attitude* OR behaviour**

I began the process of manually screening the 55 articles to identify the suitability for inclusion in the literature review. During the screening process, additional terms were identified within some of the articles. To ensure a complete search was undertaken, these additional terms were added:

"Generational differen" OR "generational divers*" OR "generation Z" OR "gen Z"*

These terms searched across the four databases returned 3634 articles. This was then refined with the inclusion of the below grouping of terms:

AND nurs AND communicat* OR "interpersonal communicat*" OR "interpersonal skill*" OR conversation OR "professional relationship*" OR attitude* OR behaviour**

With the inclusion of these search terms 204 articles were returned. One further search term was identified when reviewing some of the articles. And as such included in the top line of the search:

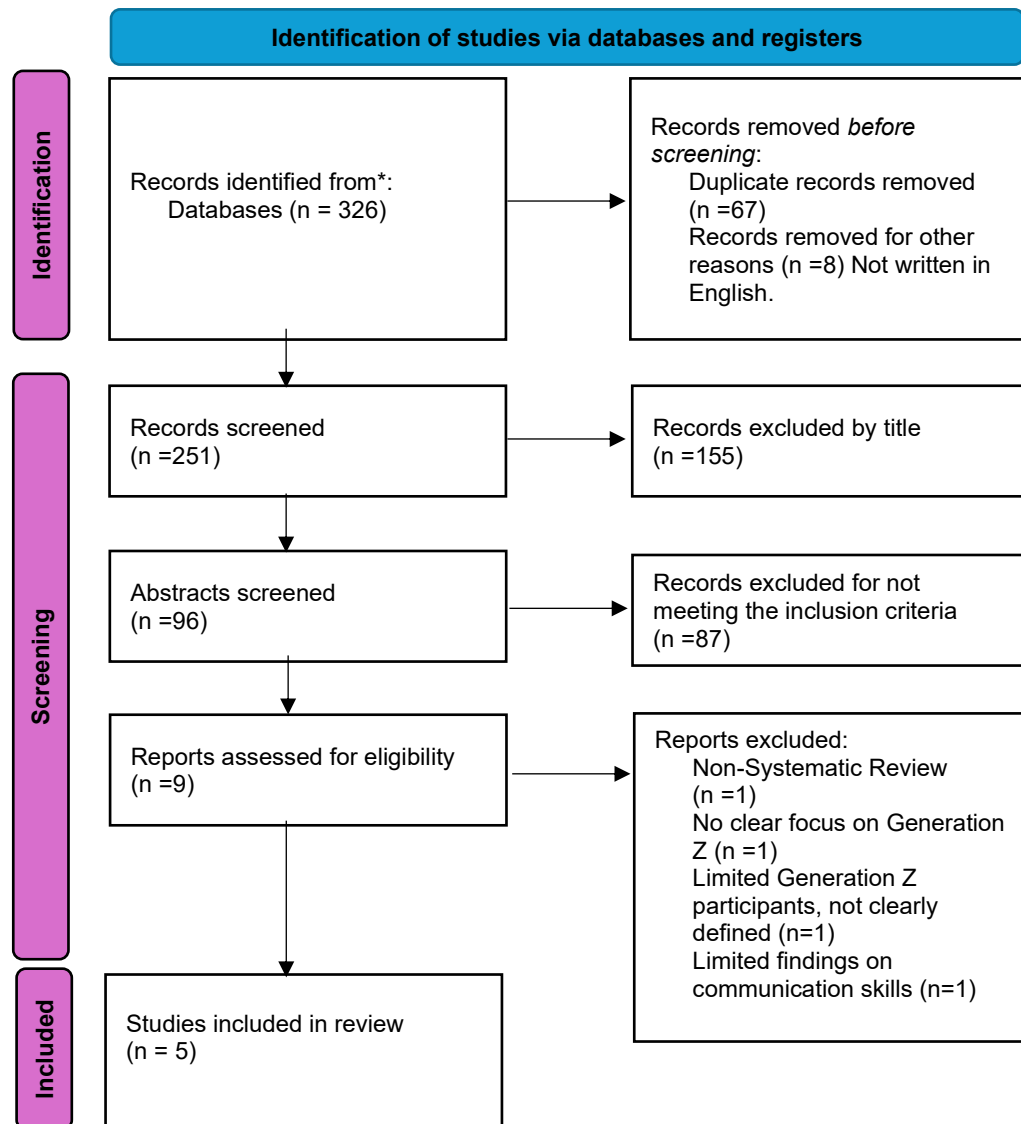
*"Intergenerational relation**"*

With this search term added 899 results were returned. This was refined by restricting the publication date from 2018 to 2025. The overall combination of search terms was:

*"Intergenerational Relation**" OR "generational* differen*" OR "generational* divers*" OR "generation z" OR "gen z" AND nurs* AND communicat* OR "interpersonal communicat*" OR "interpersonal skill*" OR conversation OR "professional relationship*" OR attitude* OR behaviour**

The search returned a total of 242 results. The articles were then manually screened for inclusion or exclusion. The manual screening identified nine articles which were relevant to this study and included for further analysis. To ensure a rigorous search was completed, the terms detailed above were then put through Web of Science. This identified 84 articles in total. Once the 57 duplicates had been removed these were manually screened, with no additional articles being identified for further analysis. To be included the articles needed to discuss Generation Z and communication specifically. The articles also had to explicitly reference Generation Z- articles without these combinations were excluded. The screening process for the 2025 literature search is detailed in Figure 2, the 2020 PRISMA flowchart (Page et al. 2021).

Figure 2.1: PRISMA flowchart



The search identified two qualitative studies, Patten (2025) and Serafin et al. (2020) and three quantitative studies, Lee et al. (2023), Cortés-Rodríguez et al. (2024) and Hee and Yeojin (2022). Table 2.2 details the design of each study as well as the geographical location of the data collection. To ensure the appropriateness of the studies identified the studies were appraised using Critical Appraisal Skills Programme (CASP) checklists. The critical engagement with these studies can be seen in Appendix 1. Two reviews were identified initially through the screening process but following further critique were excluded; one as it was a non-systematic review and the other provided limited detail on Generation Z's communication skills.

Table 2.2 Summary of studies.

Author(s)	Study design	Data collection location
Patten (2025)	Constructivist grounded theory	America
Serafin et al. (2020)	Exploratory descriptive	Poland
Lee et al. (2023)	Descriptive cross sectional	Korea
Cortés-Rodríguez et al. (2024)	Controlled cluster-randomised trial	Spain
Hee and Yeojin (2022)	Descriptive cross sectional	Korea

2.3 The review outcome

2.3.1 Communication skills in nursing

The five studies all identified communication as a theme. Focus groups conducted in Serafin et al.'s (2020) exploratory-descriptive study emphasise the specific challenges that Generation Z have with their communication skills. Serafin et al. (2020) recruited a total of 29 participants. The sample included seven Generation Z student nurses and nine Generation Z registered nurses, with the remaining sample encompassing nurse managers and clinical nurses with a minimum of 10-years clinical experience. Serafin et al. (2020) conducted four focus groups highlighting that although competent communication was deemed essential in nursing, it was a skill which Generation Z, the nurse managers and clinical nurses considered to be poorly developed.

Focus groups are a dynamic way to collect data. However, due to the artificial way they are conducted they may not provide a complete understanding of social interactions; with the conversations in focus groups potentially not reflecting real life

scenarios (Howitt 2019). The registered nurses from previous generations raised concerns around basic communication skills being impeded, specifically when initiating conversations with patients (Serafin et al. 2020). Serafin et al. (2020) acknowledge the limitations of focus groups on their findings, noting that some of the participants were familiar with each other, potentially influencing the depth of discussions. The Generation Z participants in Serafin et al. (2020), explained that their deficit in communication skills was a product of challenging situations, such as aggression or end of life care. Moreover, the Generation Z participants in this study emphasised a reluctance to communicate with other members of the nursing and medical teams; this was not due to age or generation but due to the attitudes displayed towards new registrants (Serafin et al. 2020).

The way in which people communicated with Generation Z was also highlighted by Patten (2025). The Generation Z participants discussed a tendency for previous generations to speak to them like children; with one participant explaining that although it was not expressed in a condescending way, she did at times note that she was not a child. This theme was repeated in Patten's (2025) study, where other participants discussed being mothered by previous generations. Unlike Serafin et al.'s (2020) study, Patten's (2025) findings do not suggest that this impeded Generation Z's communication skills, but does highlight insufficiencies in the way previous generations communicate with Generation Z.

Communication skills are perceived to differ between generational groups (Cortés-Rodríguez et al. 2024); with Generation Z's communication skills being influenced by the internet, social media and other electronic communication platforms (Lee et al. 2023). As online communication has become the norm, some Generation Z student nurses may have difficulties when faced with initiating conversations and asking questions appropriately (Cortés-Rodríguez et al. 2024). A perception endures that Generation Z have short attention spans due to how technology has influenced them in their formative years (Patten 2025; Serafin et al. 2020). Consequently, Generation Z may have underdeveloped communication, relationship and social skills (Serafin et al. 2020).

Lee et al. (2023) propose the influence of technology may limit Generation Z's abilities to communicate with members of the multi-disciplinary team and patients, although this is based on supposition. This study did not undertake a comparative analysis, with the sample only recruiting Millennials and Generation Z participants, and as such was unable to determine if Generation Z possess significantly different communication skills compared to previous generations. An additional limitation with Lee et al. (2023) is that although the sample was robust, with 188 participants recruited, they do not specifically differentiate between Millennials and Generation Z. The sample was categorised as 29 and below and 30 to 39. Grouping the participants in this way would create a mixed sample of Millennials and Generation Z in the 29 and below category, with Lee et al. (2023) defining Millennials as individuals born between 1982 and 2000. Additionally, while different generations are perceived to have varied communication preferences, Generation Z although considered 'digital natives' prefer face-to-face communication (Serafin et al. 2020).

While the perception of intergenerational communication differences persists, Hee and Yeojin's (2022) cross-sectional study found no significant differences between the type of communication Generation Z have in comparison to previous generational groups. They compared 79 Generation Z participants to a total sample of 164 Generation X and Y participants on the rhetorical sensitivity scale. However, there was a higher number of rhetorical reflectors in the Generation Z sample, suggesting a reluctance to assert themselves. The limited statistical importance relating to communication types in Hee and Yeojin's (2022) research suggests that Generation Z can effectively communicate with Generation X and Y. As a result, this can reduce the potential for a generation gap. Although there was little statistical significance in Hee and Yeojin's (2022) findings, a cross-sectional design only provides a single point of data collection (Spector 2019). Therefore, a cross-sectional study cannot differentiate between the cause and effect (Taris et al. 2021). Yet, Hee and Yeojin (2022) advocate for nurse managers to recognise communication differences to reduce intergenerational miscommunication and prevent Generation Z remaining in the rhetorical reflector, where they are unable to assert themselves in nursing practice.

These differing conclusions around generational differences in communication style and preference suggest that further research is needed to better understand Generation Z's communication skills and to identify if any significant differences exist.

2.3.2 Sense of belonging and competence

Developing a sense of belonging amongst Generation Z student nurses and new graduate nurses can enhance job satisfaction (Patten 2025). Patten (2025) explains that Generation Z nurses will develop their sense of belonging through various experiences within the clinical environment. Belonging is a subjective feeling, but in Patten's (2025) study it was conveyed as being comfortable and connected with the ability to contribute to the workplace; with one Generation Z participant explaining that with the genuine support of her preceptors a sense of belonging developed.

Similarly, Serafin et al. (2020) highlighted the importance of helping Generation Z adapt to the working environment. Participants in Serafin et al.'s (2020) study explained the importance of introducing Generation Z to the workplace by experienced mentors who have appropriate training. It was noted that in Poland, where this study was conducted, this poses a challenge where there is a significant lack of experienced staff members across certain organisations. To help foster a sense of belonging, previous generations should acknowledge the unique characteristics that Generation Z bring to the workforce.

Skill competence has a central role in fostering people's sense of belonging (Patten 2025; Serafin et al. 2020). Identifying levels of competence across the generations in nursing will help to identify areas and tools to support professional development (Patten 2025). Any deficit in skills competence can impede the integration and sense of belonging amongst Generation Z nurses in the workforce (Patten 2025; Serafin et al. 2020). Generation Z experience higher levels of stress and anxiety compared to previous generations. In nursing these feelings were influenced by the working environment, time pressures and managing difficult situations (Serafin et al. 2020). Generation Z participants in Serafin et al. (2020) discussed managing stressful

situations; although participants felt that they required support at certain points to talk through difficult situations, this support was not guaranteed. The environmental and time pressures result in an impeded ability to develop belonging and settle into the workplace. To overcome the challenges associated with the nursing profession Serafin et al. (2020) consider the importance of support networks and robust transition programmes to support integration into the nursing workforce.

Communication is identified by Patten (2025); Serafin et al. (2020) and Lee et al. (2023), as an essential skill competency, helping Generation Z to connect with other generations within nursing teams, developing therapeutic communication and supporting socialisation and integration. More developed communication competency can lead to higher job satisfaction, reduce stress, and improve patient care and satisfaction, resulting in enhanced job satisfaction (Lee et al. 2023).

Cortés-Rodríguez et al. (2024) explored, through a controlled cluster-randomised trial, how Generation Z acquired their communication skills, comparing standardised patient simulation and role play to develop person-centred communication skills with the elderly. Cortés-Rodríguez et al. (2024) conclude that both methods significantly improved Generation Z's communication skills, with no statistically significant difference between either intervention. Therefore, using these methods in nurse education can help Generation Z overcome any deficit in their communication skills.

The studies highlight the complex relationship between communication skills, developing a sense of belonging and adapting to the workplace. They suggest that with appropriate support during the transition into clinical practice, Generation Z can enhance their communication skills enabling them to adapt and integrate into the nursing workforce. Addressing Generation Z's communication skills development at an undergraduate level, through appropriate teaching methods including role play and simulation can provide Generation Z with the communication skills essential in providing person-centred care.

2.4 Gaps in the literature

The literature review undertaken in 2025 shows an increase in empirical research since the original review in 2018 with literature now considering Generation Z's influence on nursing. However, a gap in the literature remains that this study aims to address.

Of the studies included in the updated literature review, all five focus on Generation Z in nursing with communication being discussed to varying degrees. The primary focus of these studies is new graduate nurses or registered nurses. Only one of the studies, Cortés-Rodríguez et al. (2024), specifically considers Generation Z student nurses. Although this controlled cluster-randomised trial examined Generation Z student nurses communication skills, it aimed to identify the influence of either a standardised patient simulation or a role-play workshop on the development of patient centred communication skills. Whereas my study aims to identify the different communication skills of Generation Z student nurses in clinical nursing practice.

Unlike the methodologies used in the five studies identified in the updated literature review, my ethnographic study aims to provide a rich and in-depth exploration of Generation Z student nurse. My study aims to identify any differing communication skills they may possess by observing them in clinical practice. Whilst there is more available research on Generation Z in nursing, this ethnographic study will contribute unique perspectives by examining Generation Z student nurses communication skills through experiences of Generation Z student nurses and their Practice Supervisors and Practice Assessors.

2.5 In Summary

Although further evidence has been published in relation to Generation Z in nursing practice since the initial 2018 literature review; there remains limited empirical evidence that specifically explores Generation Z student nurses communication skills, and the implications that any unique characteristics may influence clinical

nursing practice. The concept of generations creates interest, and this is clear through the general web-based searches out with the scope of the literature review. However, much of this is grey literature which is based on perception rather than empirical evidence. Therefore, this study addresses a gap in the current literature and will enhance the available empirical body of evidence specific to Generation Z in the nursing profession.

Chapter 3: The Methodology

3.1 Introduction

This study uses an ethnographic methodology. Ethnography is a qualitative methodology with its origins rooted in anthropology (Madden 2010; Hammersley 2006). Ethnography provides a voice, a story told through the experience of people within the context of their own communities, enhancing our understanding of the world in which we live. This chapter will provide a detailed discussion and rationale for using an ethnographic methodology for this study, which will include a discussion around focused ethnography and my methodological position. This chapter will continue with a discussion and rationale of the recruitment process and the participants involved in the study. This will be followed with a discussion around maintaining confidentiality and anonymity, my engagement with the reflexive process and, insider/outsider positionality. This chapter will outline consent, data collection for Phases 1, 2 and 3, including semi-structured interviews with registered nurses, Generation Z student nurses, and participant observation in the field, as well as entry to the field and leaving the field of observation. To conclude this chapter there will be a discussion around the thematic data analysis used to analyse the breadth of data gathered throughout each phase of the study.

3.2 The study aim

The aim of this study is to understand if Generation Z student nurses, born on or after the 1st of January 2000 are different from previous generational cohorts in their communication style and if so in what ways.

Ethnography has been chosen as the methodology for this study. Ethnography is a qualitative social science methodology allowing researchers to understand societies, cultures, and sub-cultures (Madden 2010). Owing its underpinnings in anthropology ethnography immerses the researcher within the culture that is being investigated

(Simmons 2007). Ethnography has evolved significantly from its anthropological beginnings becoming more accessible with the modern ethnographic methods where prolonged periods of field work are no longer a required feature, but with the option to triangulate data with flexibility in the data collection methods being applied (Andreassen et al. 2020). Traditionally ethnographic research was a long-term commitment; researchers entered the field and would remain there for upwards of a year, actively participating in the daily routines of the culture or society they were studying (Knoblauch 2005). These traditional underpinnings are not always practical for research undertaken in healthcare settings where the researcher may not be able to fully immerse themselves in the daily routines, being involved in care delivery or undertaking procedures (Bressers et al. 2020). However, applying focused ethnography allows for a narrower field to be observed (Andreassen et al. 2020). Unlike traditional ethnography, researchers undertaking focused ethnography will be familiar with the settings, context or culture being investigated (Gelir 2021). Where traditional ethnography is open, the boundaries of the studies defined during fieldwork focused ethnography is more constrained and aims to explore only specific phenomenon such as interactions and social actions (Knoblauch 2006). This may be one of the reasons why ethnography is becoming increasingly popular in healthcare and health professions education research (Bressers et al. 2020). The suitability of focused ethnography in healthcare research will be explained in further detail in section 3.4 where I will discuss the benefits and the limitations of focused ethnography against traditional ethnography.

As this study aims to explore the communication skills of Generation Z student nurses and the potential influence on clinical practice a focused ethnographic approach was chosen. As the course lead in the university where the Generation Z participants were being recruited from it would have been inappropriate for me to become fully immersed and actively participate in the clinical environment. The flexible approach to focused ethnography has allowed for more distant observation with the ability to contextualise the observation data with triangulation in the form of interviews.

3.3 Methodological positioning

When undertaking research, the foundation is consideration of a research paradigm as this will steer the research process. A research paradigm in the broadest terms is a belief system and theoretical framework constructed with assumptions about ontology, epistemology, methodology and methods (Porta and Keating 2008; Rehman and Alharthi 2016). In social science there are four overarching paradigms: Positivist, Post-positivist, Interpretivist and Humanistic (Porta and Keating 2008). Positivism likens social sciences to physical science based around the belief that one reality exists (Ryan 2018); with the world existing as an objective entity without the values of the researcher or the participants influencing the research (Porta and Keating 2008). To achieve this, complete separation must exist between the researcher and the participant (Park et al. 2020). The challenge with positivism is that the researcher must then describe and analyse an objective reality. This does not suit this study where the aim is to understand the communication skills of Generation Z student nurses through their eyes, providing the participants with a voice to explore their perceptions.

Ethnography will be frequently described as interpretivist or anti-positivist, where actions or events are analysed based on the beliefs, norms, and values of the culture or the society in which it takes place (O'Reilly 2009). An interpretivist paradigm involves the social phenomenon being understood through the eyes of the social actors rather than through the interpretations of the researcher who will not predict or control the phenomenon. Therefore, an interpretivist approach has been taken in this study with the social actors being the Generation Z student nurses and the Practice Supervisors and Practice Assessors, where the data has been triangulated to understand the participant's perception.

Ethnography originates in British and American social anthropology (Fetterman 2010). The term ethnography is derived from Greek essentially translating as 'writing about people' (Madden 2010), with culture being the broadest phenomenon studied. However, ethnography can be applied to narrower phenomenon exploring specific

aspects of culture or sub-culture (Brewer 2000). Ethnography, unlike alternative qualitative methodologies, does not have a set data collection method, therefore, data can be gathered through various means (Brewer 2000). What distinguishes ethnography is the participant observation in the field, with other data collection methods acting as triangulation, with the intention of building an understanding of social meaning (Madden 2010).

Alternative qualitative methodologies were considered for this study; however, ethnography provides the unique opportunity to immerse oneself in a culture or subculture, through participant observation (Harrison 2018). This allowed me the chance to observe the communication that takes place between Generation Z student nurses and previous generational cohorts to determine if differences exist whilst also providing the opportunity to both triangulate the observation data and provide the participants a voice through the one-to-one interview.

3.4 Ethnography

Ethnography has long been used in healthcare research, with the origins stemming from medical anthropology (Rashid et al. 2015). Medical anthropology explores an array of health-related issues, aetiology, societal and environmental factors that influence health, cultural systems, and political influences, with ethnographic research being widely conducted by medical anthropologists. (Panter-Brick and Eggerman 2018; Rashid et al. 2015).

Ethnography as a research methodology has grown in popularity over the past few decades and can be applied to healthcare research in various ways (Savage 2000a). Ethnography alongside other qualitative research methodologies is valuable as it allows us to understand people's experiences that would otherwise not be told through the application of more scientific methodologies (Higginbottom 2013). Ethnography has proven particularly valuable to understand the experiences of patients or service delivery which in turn can support the modernisation of the National Health Service (NHS) (Savage 2000a).

Focused ethnography has emerged alongside an increasing number of other qualitative methodologies applied in healthcare research (Higginbottom et al. 2013). Ethnography allows us to describe culture and portray a story, learning about people by learning from them, participating in activities, interviewing the people within the communities or sub-cultures and collecting artefacts (Higginbottom et al. 2013).

Unlike the traditional origins of anthropological ethnography, focused ethnography concentrates on a specific phenomenon within cultures or sub-cultures and focuses in on an identified problem or question (Wall 2015). Much debate surrounds focused ethnography (Vindrola-Padros and Vindrola-Padros 2017), it should not be seen as a rival of traditional methodology but as an alternative method.

Nevertheless, anthropologists remain sceptical suggesting that much contemporary research in social science, healthcare and education fails to meet the criteria for the definition of anthropological ethnography (Wall 2015). In contrast to traditional ethnography where researchers fully immersed themselves for long periods of time within the communities they were studying, focused ethnography does not involve the same duration of observation where a specific phenomenon or sub-culture is observed, often during operational hours of a workplace or social institution (Shattnawi 2025).

As such, the observation is deemed part time (Müller 2021). And so, focused ethnographic observations are more likely to last months rather than the many years of immersive observation in the traditional anthropological ethnographic studies (Hammersley 2006). These short periods of observation do highlight some potential issues with a focused methodology. Undertaking shorter periods of observation on a part time basis, where visits to the field are undertaken at varied intervals, one only observes behaviours in set situations. The potential danger with this is presuming that the behaviours one observes are a product of the situation rather than the holistic view of the people being observed (Hammersley 2006). This does result in a general claim that focused ethnography is superficial in comparison to the traditional anthropological ethnography (Knoblauch 2005).

Observations within the field play a central role within ethnography. Ethnography has developed from its anthropological underpinnings becoming more accessible to researchers (Cruz and Higginbottom 2013). Focused ethnography is predominantly seen in healthcare research and is quick to undertake in comparison to traditional ethnography with fieldwork being undertaken over much longer periods of time (Rashid et al. 2015). Focused ethnography may not have the conventional features of traditional ethnography, but ethnographers are no longer undertaking research in unfamiliar surroundings; with new ethnographic research being conducted in surroundings which are familiar to the researcher and within a more defined sub-culture (Trundle and Phillips 2023). Traditional ethnography places an emphasis on the time that is spent in the field, the longer the researcher spends observing in the field will result in a more comprehensive understanding of culture being investigated (Andreassen et al. 2019). However, this idea has been widely discounted by more contemporary literature, with shorter periods of observation yielding valuable findings (Kelly 2022).

Focused ethnography provides a different observation position compared to traditional ethnographic fieldwork (Andreassen et al. 2020). In traditional ethnography there are wide ranging positions of observation, this could prove inappropriate in the context of focused ethnography and within the context of nurse education with the observer not always able to participate actively. To overcome this the use of method triangulation can be applied where short observations are combined with other data collection methods such as interviews (Flick 2023). To supplement the observations undertaken for Phase 3 of this study method triangulation was used and one-to-one interview's undertaken to explore the context of the observations, and the participants experiences in greater depth (Appendix 2). Higginbottom et al. (2013) emphasise that data triangulation with the use of interviews will help validate the observation data. Validation of the observations can also help shape any further observation phases, as well as providing supplementary data on phenomenon that may not be observed, such as the participants thoughts and feelings (Rinaldo and Guhin 2022).

There are, however, limitations with interviewing with individuals bringing their own motives, and conscious or unconscious bias to the interview (Harrison 2018).

Ethnography has evolved and developed, with the methodology changing significantly from its anthropologic origins (Rashid et al. 2015). As a diverse methodology, there are divisions in opinion as to what constitutes ethnographic research, and what factors must be present for the research to be called ethnography, such as the duration of fieldwork (Opara and Petrucka 2024).

Hammersley (2006) asserts that there is an increasing body of ethnographic work which heavily relies on interviews, with some ethnographic research relying solely on interviews. This draws questions around the validity of the methodology where field work observations are absent. Debate surrounds the use of interviews and other data collection methods within ethnography, where some researchers suggest that the core basis should revolve around field observations only (Hammersley 2006). However, interviews give the participants a voice, where they can express their perspective, therefore meeting the principles of ethnographic research (Hammersley 2006). By ruling out interviews as part of data collection within ethnography, there is a risk that the researcher fails to interpret what they have observed within the field. They risk not considering the perspectives of those within a culture or subculture which forms the underpinnings of ethnography in its most traditional form (Müller 2021).

Although there are contrasting opinions on the application of focused ethnography it can prove an effective and efficient way to gather data on a range of distinctive topics of interest in healthcare (Andreassen et al. 2020); hence the increasing popularity of a focused ethnographic methodology. The short-term design of focused ethnography is a befitting approach for this study. Andreassen et al. (2020) outline the benefits of this approach in medical education, where education takes place across a variety of settings, and within a set time frame. This means that the flexibility in focused ethnography can capture data and activities more effectively than the traditional anthropological approach. Nurse education, like medical education, is episodic taking place across a range of settings and is constrained by time. The flexibility in focused ethnography provided the opportunity to undertake the

observations during the time student nurses were on clinical placement within the eight-to-ten-week placement blocks.

3.5 Culture

3.5.1 Defining culture

This section will address the wider concept of culture before considering nursing and healthcare specific culture and how these concepts relate to ethnography.

Ethnography has traditionally been used to explore culture, focusing on what people say and do and how these are intertwined (Savage 2006). Culture in its broadest sense is defined as a system of shared beliefs; the term culture being used to encompass people's way of life, belief systems, rituals and customs (Jenks 2005). Culture has been a key concept in ethnography; defined as a sustained way of living, encompassing how behaviours manifest, how we speak, think and feel. In essence cultural identity is a collective understanding, and it distinguishes one group of people from another (Salzman 2018). Culture is profoundly linked to groups of individuals, often by location, ethnic, racial and socioeconomic backgrounds. Culture has also been used to define the formal and informal structures within institutions and organisations (Eisenhart 2018).

As people grow and develop, the social interactions experienced help the development of 'self'; with culture being a learned phenomenon, not something that people inherit (Salzman 2018). Through copying, punishment, reward and reinforcement children learn how to act and behave within society, with these societal interactions developing our understanding of the world and the culture around us (Allan et al. 2016). Individuals within societal structures will be socialised and behave and experience society and culture differently. Gender, as a construct, can have a significant influence on how men and women are viewed within societal and cultural norms (Allan et al. 2016).

The way in which men and women are viewed within society is of particular significance in the nursing profession, where the demographic is female dominated.

Therefore, the way in which women are viewed within societal and cultural structures will influence the way the nursing profession is defined (Allan et al. 2016).

3.5.2 The influences on the culture of healthcare

Healthcare organisations are highly variable, defined by clinical speciality, profession and hierarchy (Mannion and Davies 2018). While healthcare professionals are committed to delivering safe and compassionate care, organisational culture is complex, influenced by several factors, including health policy, public perception, leadership, routine interactions and staffing levels (Beardsmore and McSherry 2017). Beardsmore and McSherry (2017) highlight that the use of bank and agency staff can be detrimental in the delivery of safe, compassionate care, with the focus being diverted away from patient care to the support of staff unfamiliar with the environment or the complex needs of patients within their care.

Significant ethnographic studies in nursing and midwifery have investigated culture in clinical practice, revealing how values, rituals, hierarchies, and emotional labour influence everyday care (Hunter, 2004; Savage, 2000a). Savage (2008) highlights that the term culture, although used widely within healthcare practice lacks clarity. There is the presumption being that people will know what culture is and how this is relevant in terms of healthcare organisations; with culture often used as a management tool in organisations to influence behaviours and enhance performance. However, culture is not static, organisational culture will be influenced by the nursing staff within areas of practice, with Savage (2008) highlighting that ward sisters/charge nurses and other senior nursing staff having more influence on ward culture compared to other more junior staff. As such culture in healthcare is a flexible process and will be shaped by everyday interactions and underlying power dynamics within the healthcare system. Ethnography, with its diverse methods of data collection can prove particularly valuable for exploring healthcare organisation's dynamics; comparing the formal structures and organisational expectations with the actual behaviours demonstrated in practice (Savage 2000b).

3.5.3 The impact of healthcare culture on staff experience

As discussed in section 1.3.1, one of the challenges nursing faces in the current climate is nurses opting to leave the profession; many within the first 10-years of registering (NMC 2024). This trend has the potential to impact on the culture within the nursing workforce. To address the challenges faced with recruitment and retention of nurses and student nurses, mentorship programmes can foster a community and a culture of learners grounded in humanistic care. Developing nurses who are knowledgeable, competent, resilient and who demonstrate compassion will ensure nurses and student nurses are supported. This in turn can reduce stress and anxiety (Kramer 2024).

Hunter (2004), for example explores how the culture of midwifery practice can often negatively influence midwives' experiences, and how this has resulted in midwives leaving the profession. Hunter (2004) illustrates how the emotional and professional tensions arise due to conflicting cultural ideologies. One that aligns to a medical model, promoting a structured and interventional approach which aligns with organisational priorities, with the other emphasising women-centred midwifery, focusing on relationship midwifery. These competing ideologies can cause emotional strain and burnout, most notably impacting upon new graduate and early career midwives who are having to navigate an organisational culture where their professional ideals can clash with organisational expectations.

These ethnographic studies in nursing and midwifery practice provide an insight into how culture is experienced in healthcare organisations. The aim of this study is to explore the communication skills of Generation Z student nurses in practice. Generational differences are used to rationalise changing behavioural patterns, altering societal values, beliefs and work ethic and thus changes in culture (Rudolph and Zacher 2018). As Generation Z are considered the first 'digital natives' with fewer face-to-face interactions than previous generational groups, Generation Z may have less experience in managing interpersonal conflict or building supportive social networks (Kramer 2024). This focused ethnography is therefore particularly

important to explore how Generation Z's communication skills are influenced by culture in healthcare organisations.

3.6 Field of study

Observations in the field of enquiry are key to ethnographic research, allowing us to gain an understanding of a culture, or sub-culture, and allows the ethnographer the opportunity to observe behaviours, and build an understanding of the experiences of insiders within cultures and sub-cultures (Bressers et al. 2020). The field of enquiry in ethnography would usually be a physical location, a space in which social and cultural interactions occur (Coffey 2018). Once the field of enquiry has been identified, pre-fieldwork investigation can commence. Pre-fieldwork can take many forms, with Coffey (2018) suggesting this may involve scoping research on specific settings, informal discussions, and the consideration of access to the field. This pre-fieldwork can help develop the lines of enquiry and lead to a more focused research design.

Although Coffey (2018) suggests that pre-fieldwork enquiries may involve informal discussions, when I commenced this study there was limited literature available on Generation Z in the workplace, with little research specific to Generation Z in nursing or healthcare. Therefore, prior to the Phase 3 fieldwork, I undertook Phase 1 and 2 Developing Themes. These were formal one-to-one interviews with Generation Z student nurses and registered nurses. These phases allowed me to identify themes which fed into the Phase 3 fieldwork. Appendices 3 and 4 provide examples of the Phase 1 and 2 interview schedules. Once I had identified the themes from Phase 1 and 2, I proceeded to Phase 3 with observations in the field and a one-to-one interview offered to each participant.

Gaining access to the field of observation can prove challenging and time consuming, with numerous ethical and methodological considerations (Roitenberg 2021). Access to the field and the participants in this study, as with many ethnographic studies (Van Maanen 2011) proved no less challenging. Access to the field relies on careful negotiations (Reeves 2010) and buy in from the organisation; in

this study the NHS health board, and the gatekeepers who were approaching the clinical areas and the potential participants on my behalf. Without buy in from the gatekeepers, access to the field would not be possible (Roitenberg 2021). However, the process of gaining ethical approval made me engage with the gatekeepers in the organisations and helped me to build rapport with these key individuals.

Furthermore, having personal contacts within the field or with access to the population being studied can make access easier (Reeves 2010). As such, I was also able to draw upon my former and current contacts within the field, where I have previously established professional relationships. This was beneficial when negotiating access, as I was able to attend the Education Forum to discuss and raise awareness of my study, generating interest in participating in Phase 3 prior to the ethical approval being granted.

Although access to the NHS sites was granted by senior gatekeepers within the organisation, following ethical approval there were further negotiations required, with the Charge Nurses becoming gatekeepers to the potential participants within their clinical area. The Charge Nurses were a key channel of communication. There was also negotiation required to access the Generation Z student nurses through gatekeepers at the participating university.

One of the main challenges faced with the Phase 3 observations was developing rapport with the staff in the areas. I predominantly engaged with the nursing teams throughout the fieldwork observations, but the clinical areas had wider multidisciplinary teams, as well as support services such as the domestic staff and porters.

The multidisciplinary team and support service staff were out with the field of observation but still wanted to know who I was and more importantly why I was there. I also experienced varying degrees of suspicion, notably from the domestic staff in one of the ward areas specifically. Building rapport is important in ethnography, and researchers should be prepared to confidently answer the questions that they will inevitably be asked (Harrison 2018). I had several undocumented conversations with consultants, physiotherapists, occupational

therapists and support service staff during the fieldwork. I found that speaking confidently about my study, answering their questions and providing a rationale for undertaking participant observation supported me in developing relationships in the field. Pre-fieldwork visits were also undertaken, which will be discussed in section 3.6.5.

3.7 Participants and recruitment

This study aims to identify if Generation Z poses any unique communication skills. This study has taken place over three phases:

- Phase 1 – Developing Themes: Individual interviews with Generation Z student nurses.
- Phase 2 – Developing Themes: Individual interviews with Practice Supervisors and Practice Assessors.
- Phase 3 – Observations and Individual interviews.

The term ‘developing themes’ is used to define Phase 1 and 2 of this study, reflecting the exploratory purpose of these phases. When I commenced this study there was limited literature on Generation Z student nurses and their communication skills. As such, Phases 1 and 2 were designed to build my foundational understanding of Generation Z which then informed the design of the Phase 3 observations.

Undertaking these exploratory phases in focused ethnography is methodologically robust. Focused ethnography explores a specific question, with the researcher having underpinning knowledge of the culture or subculture (Shannon, Soltani, and Sugrue 2023). As a novice researcher undertaking a focused ethnography, I recognised the need to develop an initial insight and underpinning knowledge of Generation Z’s communication before entering the field, to ensure I was better prepared to interpret what I may observe in practice.

Although undertaking interviews prior to the observations is not a common feature in traditional anthropological ethnography, a focused ethnographic methodology has pre-determined areas of enquiry which are used to structure data collection (Trundle and Phillips 2023). The purpose of Phase 1 and 2 was to develop themes that guided and informed the structure for the Phase 3 observations.

As this study uses a flexible focused ethnographic approach, unlike the traditional non-probability sampling involving casting a wide net seen in anthropologic ethnography, purposive sampling was used. Sample size in ethnography is determined by the number of people within a culture or sub-culture being studied, therefore placing a number on sample size can prove difficult (Higginbottom 2004). In focused ethnography, purposive sampling can be applied, meaning that a number can be set when sampling. When under time restrictions and with limited resources, as is the case when undertaking a clinical doctorate programme, this is a practical approach to address the research questions. The characteristics identified for the purposive sampling were determined through the process of applying for ethical approval and were consistent across the three phases of the study. Another feature of focused ethnography is that it tends to focus on smaller pockets of society, and small subpopulations. I decided to therefore only study one group of students and chose to recruit BSc/BSc (Honours) adult nursing students, this being the largest cohort of students in the participating university.

3.7.1 Phase 1 recruitment

There are various viewpoints on when Generation Z were born, with literature suggesting a range of anything between 1995 and 2000. The inclusion criteria for Generation Z student nurses for this study was a date of birth from the 1st of January 2000 onwards. The decision to recruit Generation Z students from the 1st of January 2000 onwards was because of the literature around micro-generations. Literature suggests that those born on the cusp of one generation ending and another beginning will possess characteristics of the preceding and proceeding generational groups (Kolnhofer-Derecskei et al. 2017). Pursglove (2023), suggests that the Zillennial micro-generation was born between 1993 and 1999. Therefore, those born

in 2000 onwards may possess the unique characteristics of Generation Z more potently than Millennials. Phase 1 of this study recruited Generation Z student nurses, born on or after the 1st of January 2000, from the BSc and BSc (Honours) Adult nursing cohorts. Invitations were sent to both male and female participants.

Recruitment for Phase 1 was challenging. Following approval from the NHS, Invasive or Clinical Research (NICR) (Appendix 3) and School Ethics Review Panel (SERP) (Appendix 4), a participant invitation was sent to all undergraduate student nurses, on the BSc and BSc (Honours) adult courses, by e-mail. The invitation being sent by an impartial administrator in the school of the participating university.

The first invitation was sent to the Generation Z student nurses on the 3rd of November 2021. This generated one note of interest from an eligible participant. Despite this initial interest, there were no further notes of interest from potential participants. A follow-up invitation was sent on the 1st of December 2021, as with the first recruitment invitation one potential participant responded expressing an interest in being involved in the study. When I sent follow up communications to arrange interview dates there was no further contact from the potential participants.

As the first two attempts at recruiting participants through e-mail invitations generated a poor response an alternative approach to recruitment was taken. Before an alternative approach was taken the proposed recruitment methods an amendment was made in my ethics proposal, and updated approval gained through SERP. The changes to participant recruitment included sharing the participant invitation on social media platforms as well as the university bulletin, pulse newsletter and through the Stage Leads monthly e-mail updates for the undergraduate BSc and BSc (Honours) nursing courses. The participant invitation was subsequently shared on the university Facebook page and Twitter accounts; this resulted in one further participant noting an interest in the study.

Social media has become an increasingly popular way in which to recruit participants to research studies. Platforms such as Facebook, Twitter, Instagram and TikTok are cost effective, and far reaching, potentially improving the recruitment of younger

people, and those in traditionally difficult to reach groups (Gelinas et al. 2017). Social media platforms are fast evolving, as are the behaviours of target audiences (Tandon et al. 2021). It is important to therefore consider the audience that is being targeted for recruitment. Whilst recruiting for Phase 1, this was something that I did not take into consideration, presuming that Generation Z would engage with all social media platforms, therefore, the only social media used in the recruitment to Phase 1 was a university Facebook page and Twitter account. Yet, Anderson and Jiang (2018) and Lang et al. (2022) highlight that although Facebook has a diverse user group, with people from a range of age groups and generational cohorts having accounts, older adolescents are currently less likely to use their Facebook account, and therefore this may have not been a suitable platform for this study, considering the target participant group (Lang et al. 2022).

Although social media is a valuable and recognised recruitment tool, I could have utilised this more effectively by considering the platforms being used and the preferences of Generation Z, to further increase participant recruitment.

Although three potential participants had expressed an interest in the study, when proposed interview dates were scheduled only one of the participants responded. An attempt to communicate with the two other participants was made on two further occasions. However, neither of them responded to these e-mails. Therefore, it was presumed that they no longer wished to participate in the study, and no further communication was sent to them.

Due to the limited interest generated further amendments to the ethics approval were made to include a Panopto recording [a recorded video and presentation]. Video invitations can prove more engaging compared to written invitations, and participant information sheets. In addition, videos are more time efficient and more accessible to those with learning differences (Pontoppidan et al. 2021). There are, however, disadvantages to the use of videos as part of the recruitment process. There needs to be a balance where the video delivers the appropriate information to the potential study participants, without becoming too long. The Panopto which was sent provided students with an overview of the study and the aims of the study. This was added to the invitation e-mail and shared with the students by their personal tutors. The video

supplemented the written information, and unlike the social media posts, there was greater generation of interest with four further responses, resulting in five participants in total from the four separate recruitment cycles.

3.7.2 Phase 2 recruitment

Phase 2 of this study recruited Practice Supervisors and Practice Assessors who were born before the 1st of January 2000. The Phase 2 participants were required to hold a professional registration with the NMC (Nursing and Midwifery Council). To fit the inclusion criteria the Practice Supervisors and Practice Assessors had to have completed supervisor/assessor or mentor preparation, with one-years' experience of student supervision.

Recruitment for Phase 2 of the study proved less challenging compared to Phase 1. Before recruiting to Phase 2 of the study, approval was sought from NHS Research and Development (R&D) (Appendix 5) in addition to NHS, Invasive or Clinical Research Panel (NICR).

Once permission had been granted, the same initial approach was taken to recruit participants. Invitation e-mails were sent out by the Lead Nurse for Practice Education and Development and circulated in the Education Forum on the 25th of August 2021. This generated interest from four eligible participants between the 25th of August and the 21st of September. As the sample size for Phase 1 and 2 was set at 6 participants, the invitation was re-circulated on the 21st of September 2021 which subsequently generated notes of interest from five further eligible participants. With both invitations generating a response from nine eligible participants, exceeding the minimum sample size of six there were no further invites circulated for this phase of the study. By recruiting nine Practice Supervisors and Practice Assessors this ensured representation from three generations: Baby Boomers, Generation X and Millennials.

3.7.3 Phase 3 recruitment

3.7.4 Clinical areas

Recruitment for Phase 3 assumed a three-tiered approach as this Phase involved observations in a clinical environment with Practice Supervisors and Practice Assessors, and Generation Z student nurses. Recruitment for Phase 3 started by approaching the clinical environments. This included all wards and departments across the participating health board, with the ward and department sisters and charge nurses being responsible for providing their consent for the area to participate. The only criteria that the ward and department areas needed to meet was that they were allocated BSc and BSc (Honours) adult student nurses.

Recruitment for Phase 3 was achieved with the assistance of the gatekeepers within the NHS health board. With the Lead Nurse for Practice Education and Development sending the approved e-mail invitations to the ward and department Sisters and Charge Nurses across the participating health board.

Following the challenges in participant recruitment in Phase 1 and 2 of this study, to optimise recruitment of the clinical environments I requested the opportunity to speak with key stakeholders in the health board, who link closely with the clinical environments. I was subsequently invited to attend a Lead Educators meeting to provide an update on my study, the outcome of Phase 1 and 2 and the plans for Phase 3. This resulted in initial interest being generated across five clinical areas within the health board.

The gatekeeper for the health board circulated the participant invitations through the education forum, the weekly staff bulletin and directly to the ward and department Sisters and Charge Nurses. This resulted in two areas noting an interest indirectly through the gatekeeper for the NHS health board, and five areas directly contacting me to note an interest in participating in the study. I responded to all the interested wards and departments directly and offered to attend the areas in person to discuss the study further and offer any reassurances they needed. This was received positively by the five areas that had responded directly to me following the circulation

of the invitation. However, I did not receive a response from the two areas who responded indirectly through the gatekeeper. I re-sent the offer to attend these two areas after five-working days, unfortunately, there were no further responses, and therefore, at this point I presumed that they were no longer able to participate and did not pursue them further.

I arranged directly with the five remaining wards suitable times and dates to attend their area and meet them and their team where appropriate. When I went to each of the areas, I took the opportunity to discuss the wider context of my study, as well as providing them details on Phase 1 and 2, and how these previous Phases have led me to the final Phase that they were going to be involved with.

Ward A: My first meeting in Ward A was with the Charge Nurse. The opportunity to meet in person allowed me the chance to familiarise myself with the area and start considering the practicalities of undertaking the observations within this ward. This opportunity highlighted some of the potential challenges of observational research. The area was hot and busy, with a high volume of staff from across disciplines. It was also noisy and with limited space in specific areas that may have been difficult for positioning myself when undertaking the observations.

Following my initial visit, I arranged three further follow up visits, with the purpose of familiarising myself further with the area, whilst also meeting and introducing myself to the staff members. The intention of this was to build rapport with the staff prior to recruiting the student nurses and undertaking the observations. This area was particularly accommodating and allowed me to walk around the ward independently. This allowed me to really consider the practicalities of undertaking participant observations. At the end of my second visit to the area I broached with the Charge Nurse if they were willing at this point to complete and sign the consent form for the clinical area.

Ward B: On my first visit to Ward B, I was met by the Charge Nurse and the Junior Charge Nurse. The Charge Nurse was keen to know more about my Clinical Doctorate studies as well as why I had developed an interest in

studying Generation Z student nurses. The Charge Nurse and Junior Charge Nurse were keen to tell me about some of their experiences with student nurses, including some of the specific challenges around communication and professional behaviours, not specifically with Generation Z, but with previous generations alike. The Charge Nurse was keen to sign the consent form on the day of our initial meeting, and as with Ward A we did this on a hard copy of the consent form, which I had taken with me to the visit. Unfortunately, I only had the one opportunity to visit this area before commencing the observations, and this limited the prospect of meeting some of the Practice Supervisors and Practice Assessors. However, I did get a tour of the ward, allowing me to consider the practicalities of undertaking the observations with minimal impact to the area.

Ward C: This area was very different to the other areas recruited as it was a perioperative area. Initially I was unaware that they were allocated BSc (Adult) nursing students, which I needed to confirm through the initial e-mail communications with the Charge Nurse. I had the opportunity to attend this area on two occasions prior to the student observations commencing, and I met two of the other team members on my second visit to the area. The Charge Nurse for this area signed the consent form electronically following my second visit to the area. Subsequently this area was not used in the observations as I did not recruit any Generation Z student nurses who were allocated to this area.

Ward D: This was a very large ward, which was split into multiple smaller areas where the students can be allocated to work depending on where their Practice Supervisor/Practice Assessor has been allocated to. Due to the size and nature of the area, there are three Charge Nurses. On my first visit I met with one Charge Nurse, who had sent the initial e-mail to me expressing their interest in participating. The Charge Nurse was keen to arrange a follow up visit with me at a time and date where the other Charge Nurses would be present before signing the consent form. The Charge Nurse also wanted to speak with the Unit Nurse Manager to ensure they were happy for the study to

be undertaken in the area. The follow up visit was positive, with the Unit Nurse Manager expressing their willingness for the observations to go ahead in the area, as well as the other Charge Nurses expressing their willingness to be involved. We therefore agreed to sign the consent form electronically and I sent a copy to each of the Charge Nurses individually. This second visit was also an opportunity for a tour of the area. This was an area that I was unfamiliar with, and therefore it provided me an opportunity to consider how I would undertake the observations but also ask the Charge Nurse questions about the area and their thoughts on where I could position myself so to reduce any potential impact on service delivery.

Ward E: The initial contact with Ward E was somewhat sporadic, and there were several delays between e-mail communication. It took six weeks to arrange an initial meeting because of other competing priorities the Charge Nurse had. Our initial meeting was positive, and the Charge Nurse was eager to sign the consent form during our initial meeting. They were also eager to speak about their experiences of Generation Z student nurses. Unfortunately, due to the nature of the area on the day I attended it was not appropriate to have a tour of the area, and although there were several staff members on shift there were service delivery priorities which prevented me from meeting anyone on that visit. Subsequently this area was not used in the observations as I did not recruit any Generation Z student nurses who were allocated to this area.

Undertaking the initial groundwork described above was important to me, with the opportunity to embed myself in the areas leading up to the observations commencing, supporting the development of trust, legitimacy, and acceptance (Adams 2024). Although I took the opportunity to embed myself in a few of the areas, this was not feasible in each case, predominantly due to time constraints of working full time at the point of recruiting the areas, with embedding taking place mostly in my own time. The groundwork I undertook, was a relatively light touch approach, with the first opportunity for me to spend time in an area coming only seven weeks before the students being recruited commenced placement. Additionally, the areas

consented at different times which reduced the timeframe to undertake significant groundwork. On reflection the opportunity to undertake groundwork made the transition to observation easier in these areas, as I felt a sense of belonging. The areas I had less opportunity to build rapport with created a degree of anxiety for me when commencing the first few observations.

Following the initial response from the five areas discussed, one further Charge Nurse contacted me about participating in the study. I arranged to meet with this Charge Nurse on Microsoft Teams. I provided further details around my study, and we discussed some of the practicalities around the area's participation. The Charge Nurse expressed an interest in the research topic and explained that the team had recently been discussing generational differences, prior to the invitations being sent. Following our meeting, I sent the area some additional information and the Practice Assessor and Practice Supervisor participant information sheets and consent forms. Once I had sent this information, I did not receive a response from the Charge Nurse, after 14-days I sent a follow up e-mail asking if the area was still interested in participating and did not receive a response to the follow up e-mail either, therefore I did not pursue the recruitment of this ward further.

The five areas identified had a total student allocation of 31. Therefore, I felt I did not need to ask the gatekeeper for the health board to send out the clinical area participation invitations again drawing a close to the recruitment of clinical areas. The potential group of student participants (31) seemed adequate to achieve the minimum sample of five Generation Z student nurses stipulated in the ethics proposals.

3.7.5 Practice Supervisors and Practice Assessors

Once the clinical areas were identified and had agreed to participate, the e-mail invitation was sent to the Practice Supervisors and Practice Assessors in the areas by the appropriate gatekeeper. Like Phase 2, the Practice Supervisors and Practice Assessors had to be born before the 1st of January 2000, hold a professional registration with the NMC (Nursing and Midwifery Council), and have completed

supervisor/assessor or mentor preparation with one-years' experience of student supervision.

Practice Supervisors and Practice Assessors were asked to contact me as the Chief Investigator if they wished to take part in the study. This step in the process proved challenging, and I had to contact or speak to the Charge Nurses on several occasions as the Practice Supervisors and Practice Assessors were not always forthcoming. The communication between me and the Charge Nurses did reap results and I consented 15 Practice Supervisors and Practice Assessors across the three clinical areas that I undertook the observations in.

3.7.6 Generation Z student nurses

Following the recruitment of the clinical areas, student nurses allocated to these areas on placement were identified through the 'In Place' database and approached by the e-mail invitation. As with Phase 1, the undergraduate student nurse participants were recruited from the BSc Nursing (Adult) and BSc (Honours) adult courses, and must have been born on or after the 1st of January 2000, with all genders being eligible for recruitment.

As stipulated by the participating universities' ethics committee, I sent the invite to the Generation Z student nurses inviting them to partake in the study. From the initial e-mail invitations, I received a response from one potential participant. Following a further face-to-face discussion the student agreed to participate and signed a hard copy of the consent form (Appendix 6), as they were unable to sign the electronic copy on their mobile device. I then re-sent the participant invitation on one further occasion in the first round of recruitment, which resulted in a further participant consenting to participate in the study. The other two participants in this recruitment cycle were recruited because of my presence in two of the clinical areas. One student consented after expressing an interest in participating when I was observing another student, and the fourth student was consented following an informal meeting when I was in one of the areas whilst undertaking the groundwork. Before commencing the observations, I met with each participating student in the clinical

area, to complete the consent form, and plan the observation dates. Three of the four students had their off duty; the shifts that they were allocated to work, for the duration of their placements. In these instances, we selected suitable observation dates for the student and me. Once we had set provisional dates, I then e-mailed the student, copying in the Charge Nurse to the e-mail to confirm these dates were suitable for the area too. This also ensured all key persons had a record of the agreed observation dates.

The second cohort of student nurses commenced placement in November 2024. From the overall allocation of 31 students across the areas, there were eleven student nurses who met the inclusion criteria. The participation e-mail invitations, Participant Information Sheet and Consent Forms were sent seven days before the students commenced their placement, with two students responding to the invitations within 48-hours of these being sent, expressing their interest. Once the students had completed the consent forms, I requested their off duty to plan the initial observation dates. Although I had been observing in the clinical areas for six weeks at the point the second cohort of students commenced, I e-mailed both areas where these students had been allocated, highlight to the ward Sister/Charge Nurse that the student had expressed an interest and if they were happy for me to proceed with the observations.

The recruitment target for Phase 3 was a minimum of five Generation Z student nurses in total. Therefore, the minimum target was exceeded with the recruitment of six Generation Z student nurses. By recruiting six Generation Z student nurses, I had a sample that represented three years of the BSc and BSc (Honours) nursing course. This provided an opportunity to observe the potential development of communication skills between the different year groups. Had the recruitment cycle been stopped at the minimum of five, there would have only been representation across two years of the course. As the minimum requirement was exceeded the invitations were not re-circulated as they were when recruiting the first cohort of Generation Z student nurses.

3.8 The sample

The demographic of the rural area of Scotland where the participants were recruited is predominantly white, with 97% of the rural locality identifying as white, with 80% identifying as white Scottish and 12% identifying as white British. Therefore, across the rural areas this study recruited from only 8% of the population are from minority ethnic groups (Scotland's Census 2022). The lesser levels of diversity seen in the more rural areas where this study was conducted is representative of Scotland's rural population with only 2.1% coming from black or ethnic minority backgrounds. Across Scotland only 12.9% of the population are from minority ethnic backgrounds, however, the urban area where the participating university and health board are located does have a higher level of diversity with 13.4% of the population being from black or minority backgrounds (Foster 2024).

The homogeneity of the sample in this study reflects the demographic where it was undertaken, with low levels of ethnic diversity, which is reflective of the more rural location in Scotland. Whilst nursing is relatively diverse in terms of social class compared to other professions, social class advantages can influence individuals' career outcomes. (Snee and Goswami 2020). However, as my sample only has six Generation Z participants it is unlikely that social class would prove a significant factor. Therefore, my study does not focus on ethnicity or social class but contributes to the field by offering a detailed ethnographic account of Generation Z student nurses within a predominantly homogenous rural population. This provides a perspective which is currently underrepresented with much of the current literature on Generation Z student nurses and nurses conducted out with Scotland and the United Kingdom.

The population recruited to the study were Generation Z student nurses from a University in Scotland, and Practice Supervisors and Practice Assessors from a health board covering a large geographical area in Scotland. In Phase 1 there were a total of five student nurse participants ($n=5$), they were all from Generation Z born on or after the 1st of January 2000. The participant invites were sent to all

undergraduate BSc (Adult) and BSc (Honours) Adult students across the four Stages of the course in accordance with the inclusion criteria identified previously. As the invitation was shared widely amongst all students, the students were asked to confirm their date of birth prior to commencing the interview, this ensured they did meet the inclusion criteria. Phase 2 had a total of nine participants ($n=9$), five ($n=5$) of the sample were classified as Millennials based on their year of birth, three ($n=3$) were classified as Baby Boomers based on their year of birth, and one ($n=1$) was classified as Generation X based on their year of birth. The invitation for this Phase was circulated widely across the participating health board, by the gatekeeper for the board. As with the Generation Z student nurse participants, staff were asked to confirm their date of birth to ensure they met the appropriate inclusion criteria. All participants across Phase 1 and Phase 2 were female.

The student nurse participants for Phase 3 of this study were also all from Generation Z, born on or after the 1st of January 2000 in accordance with the inclusion criteria discussed previously. The students were recruited based on the five ($n=5$) clinical areas that consented to participate in the study. The Practice Supervisors and Practice Assessors for this Phase were from a range of Generational cohorts, Millennial, Generation X and Baby Boomer; in total, ($n=15$) Practice Supervisors and Practice Assessors were consented for the study, similarly to Phase 1 and Phase 2, most of the Practice Supervisors and Practice Assessors were female ($n=12$), with three male participants ($n=3$). Although most of the participants across all phases were female, this is a typical demographic in the nursing profession, with 89.9% of the nursing workforce being female (NHS Education for Scotland (NES) 2022).

3.9 The pilot studies

Before commencing each phase of this study, I piloted the phases. Undertaking a pilot study has several benefits such as measuring feasibility, cost, and ethical issues (Prasad et al. 2017). Pilot studies allow the researcher an opportunity to test data collection methods and overcome potential methodological challenges (Wray et

al. 2017). As a result of the COVID-19 pandemic, I had to change my data collection method for the Phase 1 and 2 interviews. Unlike face-to-face interviews which I would have had a degree of confidence undertaking, conducting Microsoft Teams interviews was outside my comfort zone. Although by this stage I had been using Microsoft Teams for around 10-months, I had not used it as a tool for data collection. I was unsure how to record, transcribe and upload the recordings to my SharePoint. To support my development, I arranged to meet with a colleague who is part of the Technology Enhanced Learning (TEL) team at the university. He provided me with support on how to use Microsoft Teams accordingly. During this support session I recorded a mock interview and posed several questions in my interview schedule to my colleague. Following the mock interview my colleague talked me through the process of uploading the recorded Microsoft Teams interview to SharePoint. Piloting Phase 1 and 2 was beneficial, allowing me to proceed with confidence in both the interview schedule and the data collection methods; with no changes being made to the interview schedule following a successful pilot.

Phase 3 of this study used several data collection methods, with the primary data collection method in Phase 3 being ethnographic observations in clinical practice. This pilot took place in a clinical skills centre, where students and a staff were undertaking a simulated practice session. The purpose of undertaking this pilot was to consider my physical position within the area; with the clinical skills centre having similarities to the ward environments, I was going to be conducting the fieldwork in. During this pilot, I had the opportunity to consider how close I would need to be to hear their verbal interactions, and how I could position myself to view nonverbal communication skills. This was particularly helpful as it allowed me to consider some of the challenges of undertaking fieldwork within a busy environment.

However, the realities of undertaking fieldwork in the wards were a considerably different experiences to the short pilot I undertook. On reflection, for future ethnographic studies I undertake the pilot will be done in the areas that the study will be conducted. The clinical skills centre did not prepare me for the realities of fieldwork in busy ward areas. The clinical skills centre is a controlled environment, and although noisy and busy, it was not comparative to the wards the study was

conducted in. One of the main challenges that I experienced during my fieldwork was the environmental factors. The heat and the noise, I found difficult at times, and I was not prepared for this. Although the pilot in the wards would not have mitigated these factors, I would have been better prepared for the realities of fieldwork.

3.10 Ethical considerations

3.10.1 Risk and stress

Gaining ethical approval is fundamental to all research studies, informed consent a key consideration, but also anonymity, confidentiality and thought given to the potential risk, impact or stress a participant may experience (Rashid et al. 2015). Gaining ethical approval for ethnographic studies involving participant observation can prove challenging (Simmons 2007). Furthermore, undertaking an ethnographic study in a healthcare setting draws its own unique challenges (Mapedzahama and Dune 2017). The role of the ethics committee is to protect vulnerable individuals and the research participants. This study was relatively low risk discounting the interactions that occur between the Generation Z student nurses, patients and their relatives, and vulnerable individuals to minimise risk. However, the challenges in gaining ethical approval for this study were at times testing, with numerous amendments required prior to authorisation from the various ethics committees being granted. Prior to commencing Phase 1 of this study ethical approval was granted by the University of Stirling (NICR) and the participating university's (SERP) ethics committees. For Phase 2 ethical approval was granted by the University of Stirling (NICR) and NHS Research and Development (R&D). And for Phase 3 ethical approval was granted by the University of Stirling (NICR) (Appendix 7) the participating university ethics committee (SERP) (Appendix 8) as well as NHS Research and Development (R&D) (Appendix 9). Prior to commencing Phase 2 and 3 the Research Ethics Committee (REC) were consulted, however, as this research only involved NHS staff members REC approval was not required.

Although I aimed to minimise risk by not recruiting vulnerable participants, undertaking observations and interviews present the potential for participants to disclose or highlight concerns around patient safety or experience a manifestation of their own emotions. To address any patient safety concerns, it is important when considering the ethical implications there is an escalatory procedure. In this study concerns around patient safety and unprofessional behaviours were to be escalated to the sister/charge nurse at ward level and reported directly to the NHS health board and University of Stirling gatekeepers. To ensure all participants were aware of these risk management procedures, it was detailed in the Participant Information Sheets, (Appendix 10) and the consent forms (Appendix 6) that the participants all signed. To ensure participants understood potential risks and the escalatory procedures these were reiterated prior to the observations and one-to-one interview commencing.

In addition, this study had the potential to identify differences in the communication skills of Generation Z student nurses, which may result in competitive comparison or identify gaps in skills or knowledge, potentially resulting in othering. Othering arises through the identification of differences in the participants, within societal groups worth is often based on social norms, whilst identifying negative qualities in others (Hart 2022). Due to the potential differences in the communication skills of Generation Z student nurses there was a risk that the participants would be perceived differently from the social norm, and therefore, experience othering whilst on placement (Nye et al. 2023).

It is important to recognise that separating participants from their peers may cause discomfort and manifest during the one-to-one interview, depending on the questions being posed. Because of the possibility of the manifestation of emotions during the observations or interviews, the participants had the opportunity to pause or end the observation and one-to-one interview at any point. This was discussed with each participant when I obtained informed consent. Although the purpose of the one-to-one interview was to triangulate and contextualise the data gained through the observations; the wellbeing of the participants remained a source of consideration. It is therefore important to build in emotional support for participants. The challenge with social research, however, is the fluidity, all interviews will differ, and the

emotions manifested will differ between the participants (Mitchell and Irvine 2008). To ensure that emotional support was available to the participants in this study there was signposting to the NHS 'We Care' services and the participating universities wellbeing and counselling services.

A further consideration for me was that the Generation Z student nurse participants may have been concerned that the data gathered would be used within their assessment or to judge performance. When gaining consent from the Generation Z participants I made it clear that I was there as an observer and would not provide any feedback or opinion to the Practice Supervisors or Practice Assessors in relation to their performance. To ensure transparency this was addressed in the Participant Information Sheet (Appendix 10), which outlined that the data collected through observations and one-to-one interviews would only be accessible to me. I did, however, highlight to the participating wards, Practice Supervisors/Practice Assessors, and Generation Z student nurses that if I identified any patient safety issues or significant concerns around professionalism which were not addressed at ward level that these would be escalated to the Lead Nurse for Practice Education and Development for NHS health board and the University of Stirling.

I was also aware that the Practice Supervisors and Practice Assessors may have been concerned that the observations and interviews would be used to pass judgement on their performance. This was addressed in the Participant Information Sheet, which outlined that the data collected through the observations and interviews was only accessible to me. I also reiterated this to each Practice Supervisor and Practice Assessor when they consented to participate in my study. As with the Generation Z student nurse participants, I highlighted to all Practice Supervisors and Practice Assessors that if I witnessed any patient safety issues or significant concerns around professionalism which were not addressed at ward level this would be escalated to the contact for NHS health board and the university of Stirling.

3.10.2 One-to-one interviews

Participants in Phase 3 were offered an opportunity to be interviewed on one occasion following the period of observation for approximately 30-45 minutes. The interviews took place on NHS sites or at the participating university. Semi-structured interviews were used which allowed the interviews to be flexible depending on the specific observational data which was gathered during the observations. The one-to-one interviews provided an opportunity to explore the overarching themes, verbal and nonverbal communication skills, and the use of technology. Although the semi-structured approach provided direction, the one-to-one interviews differed slightly between each participant, guided by what I observed during the fieldwork. The interviews allowed triangulation to support and enhance the data collected through the observations, with the one-to-one interviews providing additional context and the opportunity to explore the participants experience in greater depth.

The interviews posed the Generation Z student nurse participants six overarching questions and the Practice Supervisor and Practice Assessors five overarching questions (Appendices 11 and 12). The questions posed during the one-to-one interviews were open questions which I individually tailored to the observational data.

The purpose of the interviews was to provide the participants with an opportunity to voice their perspectives on the observational data, providing clarification and context. By using only observational data there is a risk that I do not interpret this accurately and do not consider the perspectives of those within the participant groups. The opportunity to interview the participants provided greater depth and richness of understanding which I may not have observed, such as the participants thoughts and feelings.

3.10.3 Confidentiality and anonymity

Maintaining confidentiality and anonymity was a significant consideration during the three ethics approvals, throughout Phase 1 and 2 interviews and before, during and after the fieldwork.

Maintaining confidentiality and anonymity in Phases 1 and 2 did not prove challenging, Phase 1 and 2 involved an individual interview, conducted on Microsoft Teams. Unlike the group nature of observational data collection, the Phase 1 and 2 interviews were conducted on a one-to-one basis, therefore maintaining anonymity through pseudonymisation did not prove an issue.

Due to the nature of ethnography, it can be near on impossible to give the participants full anonymity, they are likely to be aware if there are other participants being observed in the same clinical environment and will know that I am there undertaking research (Walford 2018). However, the specific wards and departments in which the research has been undertaken have been anonymised and although the participants in the area may have an awareness of who else was participating in this study, during the transcription of the data, writing of the findings and dissemination, the names of the participants have been pseudonymised. To pseudonymise the participants, names were randomly allocated to each participant in all Phases of the study. Rather than referring to the participants as a Generation Z student nurse, Practise Supervisor, or a Practice Assessor, a pseudonymised name gives personality to the participants, this allows us to build a picture of the participants whilst maintaining confidentiality and privacy (Gullion 2016).

3.10.4 Consent

Gaining consent is one of the foundation principles of ethical research, with informed consent deemed best practice (Crabtree et al. 2012). Informed consent draws upon a range of principals where the participants are: *Informed*: understanding the purpose and the aim of the research, as well as how the data will be recorded, handled, and disseminated, *Voluntary*: where the participants have agreed to participate without pressure or coercion, and are *Competent*: with the participant able to make a considered decision around their participation (Xu et al. 2020).

Informed consent does create debate in relation to ethnography (Caeymaex et al. 2023). Ethnography can be undertaken covertly, with participants unaware that they are being observed or participating in research (Bengry-Howell and Griffin 2017),

and thus, not providing their consent. This study does not exercise covert observation, this formed part of the methodological rigor, where the ethics committees stipulated that I make it clear in the application that I was overtly observing prior to approval being granted.

Yet, due to the nature of ethnography, there will be people within the field of observation that are unaware of the study (Bengry-Howell and Griffin 2017). Specifically in this study, patients, relatives and other visitors or professionals within the ward areas. As such anyone who has not consented to participate were out with the field of observation and strictly no data was collected on the interactions the participants had with these individuals. Although patients, relatives, and other visitors or professionals were out with the field of observation, to raise awareness that the study was being conducted within the clinical areas, a poster was developed following guidance from NHS Research and Development and displayed in the clinical areas. In addition, patients were informed by the ward staff that the Generation Z student nurse and the Practice Supervisors and Practice Assessors were being observed.

For this study, informed consent was obtained from each participant across the three Phases. To ensure participants were informed, a Participant Information Sheet was provided to each participant when they expressed an interest in participating. Thereafter, the participants had a minimum of 24-hours to decide if they wanted to participate in Phase 1 and 2. In contrast, for Phase 3, the University of Stirling ethics committee stipulated a minimum period of 48-hours. Participants were afforded this time, and prior to commencing the Phase 1 and 2 interviews, consent was re-affirmed with the participants. Additionally, the participants were offered the opportunity to ask any questions they had either about the study or the consent form prior to the interview starting.

3.11 Positionality

It is important to discuss the researcher's positionality and consider the insider/outsider binary. In ethnography the researcher often becomes an insider,

essentially becoming a participant within the research, immersing themselves in the daily activities of the participants being observed. Therefore, it is important to consider one's positionality, explaining our orientation to the site and subject being studied (Khan 2018).

A researcher would be considered an insider if they share specific attributes with the participants being studied. Therefore, an outsider will not share attributes with the participants. Reflecting on our positionality allows us the opportunity to attune ourselves to the challenges we may face around familiarity and consider the presumptions or bias we may have around the participants or the site within the study. It also allows the opportunity to contemplate the benefits of having an insider perspective which may provide context and connections to the field. Reflecting on the position of an outsider allows one to consider some of the issues they may face, such as access and gaining entry to the field (Wiederhold 2015).

My positionality within this research falls both within the insider and outsider binary. As a previous student nurse, registered nurse and with extensive experience working in clinical practice I share several attributes with the participants in this study. I was a student nurse on placement, and a staff nurse within the hospital I am undertaking the observations. In my current practice education lecturer role, have contact with numerous areas within the hospital, on a regular basis. Thus, I am very familiar with the environment and several staff within the environment. There are benefits to insider binary, such as easier access to the field of study through existing connections, and less time required to familiarise oneself with the field (Gelir 2021). Yet, familiarity within a setting does carry some potential risks, where the significance of certain routines, behaviours and interactions could be overlooked without the researcher seeking clarity or dismissing the importance of what they observe (Caronia 2018).

However, I am also an outsider as there are attributes that I do not share with the participants I am studying. I am from the millennial generation, and not from Generation Z. Although I do share attributes with the Generation Z participants, unlike Generation Z, I did not grow up in a world where technology had infiltrated all

aspects of our lives. Generation Z are the first generation to be brought up in an 'always on' technological world, which has been influenced by social media and with immediate access to vast amounts of continually updated information (Schenarts 2020). Unlike millennials, of which I am, Generation Z are generally, more technologically advance, pragmatic, risk adverse, financially responsible, and individual (Chicca and Shellenbarger 2018).

Undertaking focused ethnography raises additional challenges, as my positionality reflects both an insider and outsider binary. It is important to consider the influence my familiarity with the environments, some of the staff members and the students may have on the data due to this familiarity with the culture being studied; therefore, Crawford (2019) advocates engaging with reflexive practice from the earliest opportunity.

When considering observational research, it is important to consider the role of the researcher. Ethnographic observation can be undertaken in several ways, from a non-participant to complete participant (Roller and Lavrakas 2015). A non-participant will usually observe remotely, with the non-participant having no interaction with the participants. This can be achieved through observing online or through video recordings. In contrast the passive participant will observe in the field, but they will avoid any interactions with the participants.

Moderate participants engage more in the field and may use this interaction to ask questions and initiate conversations with the participants (Roller and Lavrakas 2015). Participant observers or active participants interact with the participants and become engaged in activities and skills (Roller and Lavrakas 2015). This can help to develop an understanding of the culture being studied (Sandiford 2015).

The final approach is the complete participant. The researcher will be immersed in the daily activities, routines and tasks alongside the participants, or will be studying an area that they are 'native' to. The risk of complete participation is that objectivity can be lost. Yet due to the flexibility of fieldwork, it is likely that researchers will move between roles (Sandiford 2015).

In my study I was a moderate observer, although there were occasions where my role moved closer to the active participant. As an insider, and being present in the wards, where I wore a shirt and smart trousers, people would approach me to ask if I worked there or if I knew where their relative was. On one occasion I was asked to run an errand for the ward, where I went to collect an infusion pump. This demonstrates the fluidity of role and the need to appropriately move between observation stances.

Although there are benefits to reflecting on one's positionality, Wiederhold (2015) highlights that dividing insider, outsider binary and creating categories is insufficient in capturing the multifactorial experiences of the researcher, rather than considering insider, outsider binary in categories. Caronia (2018) concludes that we should view our positionality as poles on a continuum, which we move between.

3.12 Reflexivity

Reflexivity is a term imbedded in qualitative research, however, there are a range of interpretations and approaches to reflexivity (Townsend and Cushion 2021). In ethnography, the researcher is a main research tool, an instrument of data collection (Madden 2010), as such, the scientific validity of ethnographic research is determined on the rigor applied. This rigor relies on the self-awareness of the researcher and their impact on the research (Townsend and Cushion 2021). Higginbottom et al. (2013) state that ethnographers should eradicate bias and preconceptions they may have before entering the field of observation. Disregarding bias is particularly difficult to achieve (Brewer 2000). Eradicating beliefs in focused ethnography proves difficult as researchers are often familiar with the environments, participants, and the routines which they are observing (Higginbottom et al. 2013).

Reflexivity is a key narrative in ethnography (Gullion 2016), and as such reflexive notes have been kept throughout all phases of this study. Reflexivity provides an opportunity to question my perceptions and bias, considering how my experience, values and views may influence my research (Gelir 2021; Rashid et al. 2015). Being reflexive can also help to address the potentially negative researcher/participant

power balance, positioning myself in a compassionate and balanced manner (Berger 2013).

At this point it is worth considering my social-structural positionality, specifically my gender, age, class, and professional knowledge and experience. I am a white Scottish male in my mid-30's, a Millennial, working in healthcare since the age of 17, more than half my life, a registered nurse for the last 14-years, and a nursing lecturer for the last eight years. I, therefore, have extensive professional knowledge and experience in nursing and have formed my own personal and professional values, perceptions and opinions throughout my career, all of which may influence and bias my observations. Eliminating these biases and perceptions as Higginbottom et al. (2013) suggest, is not always possible. I did, however, take the opportunity to reflect on my observations, applying rigor by triangulating the data using various methods of data collection, and engaging with the participants to discuss what I was observing, allowing them the opportunity to confirm if my perceptions of what I was observing were accurate.

It is essential to not only consider the impact my nursing background may have on forming bias, but to also explore how my role as a lecturer and course lead at the university the students were being recruited from, may impact on the power balance. The power balance was a significant concern to me. Although this balance shifts through the research process, during the recruitment of the Generation Z student nurses, the power balance was stacked in my favour. At this stage I had control of the information I shared with potential participants, the level of detail about the study that I shared, and how I would disclose my affiliations with the university (Karnieli-Miller et al. 2009). I did not want potential participants to feel obliged to take part in the study because of my role. I was, therefore, transparent with the students who I recruited about my multiple roles and chose to undertake the Phase 3 data collection during a three-month period of extended study leave, as this felt like a degree of separation from my lecturing and course lead roles, which I discussed openly with the Generation Z student nurse participants.

As a male conducting research in a female-dominated profession, this may influence the relationship between me and the participants. Female participants may feel more comfortable being observed by a female researcher, potentially having an influence on the ways in which they behave during the observations or disclose in the interviews. Furthermore, this study focuses on Generation Z student nurses, as a 35-year-old millennial I may have developed my own perceptions of Generation Z through my own media consumption, the literature I have been engaging with through the duration of my study, and my own experiences with Generation Z student nurses in my lecturing role. All of which may have shaped or influenced the way in which I developed my research questions, interview questions, and my interpretation of the observation data. To tackle this I used several strategies, including triangulation, participant engagement where I asked their perceptions of what I had observed, and recording reflexive notes which I used for self-supervision following each observation.

My social class may influence the observations. Based on my current position in academia, income and cultural capital, I align with the middle class (Savage et al. 2013). The environment people are raised has a lasting influence on the way in which they think (Manstead 2018). While people's identity is shaped by several factors beyond social class (Warren 2022), social class does influence the way in which individuals perceive their abilities (Warren 2022). Social class is not central to the focus of this study, however, acknowledging my social class can help me be reflexive and consider the potential influence this may have on my research.

As discussed previously, my positionality sits between an insider and outsider binary. As a registered nurse working previously for the health board where the areas were recruited the participating staff work and having undertaken my nurse training at the same university the students were being recruited from offered me a unique insight prior to going into the field. These shared experiences could bring me closer to the research participants and aid the development of relationships. However, therein lies a risk of clouding my objectivity and imposing my own values, preconceptions and bias on the research design and data due to these influences (Berger 2013). Confronting my positionality, again through triangulation, participant engagement,

and self-supervision raises my awareness and allows me to question my potential influence on the research process.

3.13 Methods of data collection

A benefit of ethnography is the diversity in methods of data collection (Jones and Smith 2017). Underpinned by participant observation, ethnographers can also use various other means of data collection, such as interviews, photography, film and viewing or collecting artefacts to name but a few (Roberts 2009). This diversity proved beneficial in my study. I drew upon participant observation, as well as my fieldnotes, and one-to-one interviews across three phases to collect the data. Although these methods can be applied across a range of methodologies, the benefit to ethnography is the participant observation and the immersion within the participants environment (Jones and Smith 2017).

Phase 1 and 2 of this study solely used one-to-one interviews. The purpose of these interviews was to develop a range of themes for Phase 3 and inform the observations as there was limited literature on Generation Z in nursing when this study commenced. In ethnography, interviews range from informal and unstructured conversations with participants, through to structured interviews (Madden 2010). Throughout ethnographic fieldwork various opportunities will pose themselves, where interviews will occur naturally often seen as a conversation to draw perspective (Flick 2023). To turn these conversations into a more effective research tool some fundamental components ensure that these informal conversations become interviews. This will include a more structured approach and requesting that the participants are interviewed at a more specific time and location; not just through field contact (Flick 2023).

I used semi-structured interviews for Phase 1 and 2. These interviews were undertaken independent of Phase 3 and there was no participant observation involved across these two phases; with the interviews for Phases 1 and 2 running concurrently. Semi-structured interviews have pre-determined, predominantly open-ended questions, guiding the interviewer (Flick 2023). Open-ended questions are

important in the ethnographic interview as they should provide interviewees the opportunity to discuss and explore their perspectives and opinions, rather than providing yes or no answers (Müller 2021). Unlike structured interviews which provide no flexibility, the semi-structured interview should be flexible (Flick 2023; Harrison 2018).

The semi-structured interviews in this study posed seven questions to the Generation Z participants and six questions to the Practice Supervisors and Practice Assessors. An example of the interview schedule for the Practice Supervisors/Practice Assessors and the Generation Z participants can be seen in (Appendices 11 and 12). The interview topics explored the participants' perspectives on Generation Z's verbal communication skills, intergenerational communication differences, the influence of technology, and perspectives on the positive and negative influence of Generation Z's communication skills in nursing practice. The flexibility of the semi-structured interviews provided the participants an opportunity to explore their perspectives but allowed me to explore other topics that the participants discussed; notably the influence of social media on communication skills.

Developing semi-structured interviews requires a degree of knowledge around the topic area (Kallio et al 2016). The rationale for the Phase 1 and 2 interviews was to develop themes, due to limited literature on Generation Z in nursing practice. However, from what literature was available, broad themes were included in the interview schedule. Specifically, the literature suggested that technology had influenced Generation Z's communication. Therefore, I wanted to explore the influence of technology, as well as exploring participants' perspectives on verbal communication, and their perceptions of generational differences in communication skills.

The ethical approval for both Phases 1 and 2 was gained in the weeks prior to the COVID-19 pandemic and the subsequent lockdown. Therefore, the initial plan to interview the participants face-to-face had to change in line with the government restrictions. Following an initial six-month delay in recruitment, and an adaptation to my ethics approval, the interviews were conducted on Microsoft Teams. Qualitative

methods have conventionally endorsed face-to-face interviews (Rubin and Rubin 2011), due to the ability for the researcher and the participants to build rapport (Keen et al. 2022). There are, however, significant benefits to online interviews, opening a wider geographical reach, and flexibility for both researcher and participant (Roberts et al. 2021). Certainly, in this study online interviews removed the need for me to arrange rooms in the university and NHS health board to conduct the interviews. This would have added an additional layer of organisation and reduced the flexibility for when the interviews could take place.

An additional benefit of using online interview platforms is the transcription functionality (Keen et al. 2022). Initially, this function seemed to be an advantage of undertaking online interviews, however, when reviewing the recordings and comparing these to the transcripts, it became apparent that this function was not particularly effective, especially with participants who had broad regional accents. Roberts et al. (2021) and Rubin and Rubin (2011) outline other potential drawbacks of online interviews, such as an inability to recognise non-verbal cues and reduced engagement from participants, as well as issues with connection in turn impacting upon rapport. Overall, when undertaking my Phase 1 and 2 interviews, I did not experience these drawbacks, although there were connection issues with two of the 14 interviews, but these were resolved effectively and did not impact the data collection. The ability to resolve and overcome connection issues collaboratively can in fact enhance the rapport between the researcher and the participants (Roberts et al. 2021). Over the first few online interviews I had taken some handwritten notes whilst conducting the interview. However, as the data collection progressed, I stopped note taking during the interview as I found this to be a distraction and drew my attention away from the participant and the answers they were giving to the questions.

Phase 3 focused on participant observation, where I immersed myself in the environments of the Generation Z student nurses. In Phase 3, data was collected by a range of means, participant observation, field notes, ethnographic interviews, and semi-structured interviews. In this phase the most important research tool was me, observing the Generation Z student nurses interacting with their Practice Supervisors

and Practice Assessors. These observations were an opportunity for me to recognise and document behaviours and actions in the fieldnote template, (Appendix 13). I developed the fieldnote template to provide me with a structured, systematic, and reflexive approach to documenting my observations. My fieldnote template consisted of five columns, time, description of activity, reflections, emerging questions, and analysis/coding. Including these columns emphasised the importance of capturing descriptive and interpretive observations. Recording the time and the activity provided contextualisation, while reflections and emerging questions prompted me to engage in reflexivity. The final section analysis/coding provided me with space to think analytically about the observation data. Using the fieldnote template ensured a structured and consistent approach to data collection across the sample. I wrote my fieldnotes whilst observing in the field, then set aside several hours after the observations to add further detail and to draw out any additional questions I had about the observations and code the data. There is no unanimity on how fieldnotes should be written but Harrison (2018) recommends that researchers find a routine that aligns with their writing practices and research circumstances. I found that reviewing and adding further detail on the day of the observations beneficial as it ensured I did not forget any detail as well as providing an opportunity to reflect on what I had observed.

Exercising various data collection methods is commonplace in ethnographic research (Fetterman 2010; Madden 2010). In my study, I used various methods of data collection to triangulate the observations. Triangulation is the process of using several data sources, or methods, such as observations and interviews to verify data (Fetterman 2010; Flick 2023). This enriches the validity and rigor of the data and negates observer bias (Bressers et al. 2020), whilst providing the participants with a voice, and understanding of their perspectives.

I documented what I observed in the fieldnote template (Appendix 13), which was informed by the overarching themes identified across Phases 1 and 2. I exercised flexibility when using this template, as I did not want the observations to be biased by the overarching themes, which may not have been observed in practice. To

counteract potential bias, I kept a reflexive journal to explore my values and beliefs as discussed previously within this chapter.

I undertook one, one-to-one interview with five of the Generation Z student nurse participants at the end of the observation period. One of the Generation Z participants was offered a one-to-one interview but following two invitations there was no response, and therefore, no further invitations were sent. Like Phase 1 and 2 a semi-structured interview was used based on what I had observed during the fieldwork. Although the interviews were semi-structured, they were tailored to each participant based on the observations. The Practice Supervisors and Practice Assessors who were allocated to the Generation Z student nurse participants were offered the opportunity to be involved in a one-to-one interview, with two taking up this opportunity.

In Phase 3 a total of 117-hours and 21-minutes of participant observations were undertaken with six Generation Z student nurses. The observations were conducted across a rehabilitation ward, acute surgical ward and an acute receiving ward. The participant observations took place across a range of day and night shifts with each participant being observed for approximately four hours a week from the point of consenting to participate in my study to the end of their clinical placement. Table 3.1 provides a breakdown of the participant, the ward they were observed in with the total time they were observed for across their clinical placement.

Table 3.1*Participant observation breakdown*

Participant	Ward	Type of Ward	Observation Duration Total Time	Observation Episodes	Type of Shift
ST/N Daisy	Ward B	Rehabilitation	23-hours 2-minutes	Six	Day
ST/N Lilly	Ward D	Acute Receiving	19-hours 56-minutes	Five	Day & Night
ST/N Holly	Ward A	Acute Surgical	19-hours 42-minutes	Five	Day & Night
ST/N Rose	Ward B	Rehabilitation	20-hours 1-minute	Five	Day
ST/N Athena	Ward A	Acute Surgical	18-hours 50-minutes	Five	Day
ST/N Esme	Ward D	Acute Receiving	15-hours 50-minutes	Four	Day & Night

As highlighted in section 3.11 Positionality, I adopted the stance of a moderate participant. This provided me with the opportunity to engage with the participants through informal ethnographic interviews during the observation periods. During the fieldwork observations I would predominantly position myself in the corridors of ward A and B. Positioning myself in the corridors allowed me to observe the participants as they interacted with each other. Taking this stance enabled me to observe discreetly so I did not influence these interactions or impact on the delivery of patient care. In ward A I would also position myself at the nurses' station as it was located in the middle of the ward with the rooms mostly visible from this stance point, allowing me to observe activities whilst remaining out of the way.

Ward B was somewhat different in its layout; it was one long corridor that extended the length of the building with all the patient's rooms on one side, with two single rooms then bays of two, three and four. Where possible I tried to observe from

outside the patient bays as patients were out with the field of observation. However, on occasion I did enter the patient bays to get a closer observation stance.

Ward D was split into several different areas; during the observations the participants being observed were allocated to three different areas of the department depending on where their Practice Supervisor/Practice Assessor had been allocated. The stance I took differed between each different area of this ward due to the layout. Two areas had individual bays along a corridor with a long nurse's station down the opposite side on the bays. In these two areas of the ward, I would stand at the end of the nurse's station which allowed me to look up the department. These areas of the ward were relatively small, and therefore I did not need to move often to gain an observation perspective. The other area within the department was centred around the nurse's station, I would stand at the one end of the nurse's station which provided me a view of the whole area, although this part of the department was larger, therefore, I did need to move around more to ensure I could observe the participants more closely. Throughout the observations I hand wrote my fieldnotes using the fieldnote template (Appendix 13) to provide a structure. Following the four-hour observation, the remainder of the day was dedicated to reviewing, coding and identifying any further questions for the follow up interviews.

In Phase 1 and 2, there were a total of 14 interviews conducted using Microsoft Teams. Unfortunately, following the transcription of these interviews I did not record the duration of each interview. In Phase 3 there were a total of seven interviews conducted, all of which were conducted face-to-face, with Table 3.2 detailing the exact time of each interview and the location where the interview was conducted.

Table 3.2*Phase 3 formal semi-structured interview details*

Participant	Location	Duration of Interview
ST/N Daisy	University Campus	37-minutes 56-seconds
ST/N Lilly	University Campus	31-minutes 3-seconds
ST/N Holly	University Campus	32-minutes 11-seconds
ST/N Athena	University Campus	39-minutes 28-seconds
ST/N Esme	University Campus	31-minutes 42-seconds
Stuart RN	Ward A	27-minutes 34-seconds
Lucy RN	Ward B	49-minutes 17-seconds

In addition to the formal semi-structured interviews, I had several conversations with other key informants who were keen to share their perspectives on Generation Z. These key informants were registered nurses within the clinical areas who were keen to share their experiences of Generation Z. These experiences were not necessarily about Generation Z student nurses, but experiences of their own Generation Z children or experiences of Generation Z in other roles. On one occasion an experience of being served in a café by Generation Z individuals. The nursing staff offering these perspectives would however, distance their opinions from the Generation Z student nurses, stating that these generalised opinions did not apply to the Generation Z participants in this study.

3.14 Leaving the field

There are numerous factors that inform the decision to leave the field. Fetterman (2010) explains that often funding constraints, study timelines and the researchers personal and professional deadlines dictate the exit from the field of observation.

Yet, the most appropriate reason to leave the field is that enough data has been gathered to appropriately depict the culture being studied (Fetterman 2010). The rationale for leaving the field tends to focus on the practical reasons (Coffey 2018). However, leaving the field can prove emotionally difficult depending on the research. Studies that have proved to be emotionally challenging tend to consider the difficulties encountered when leaving the field in more depth (Coffey 2018). Leaving the field is an important aspect of ethnographic research, but it is often neglected within the literature (Delamont and Smith 2024).

The reason that I left the field of observation when I did was pragmatic. My ethical approval from NHS Research and Development ended on the 23rd of December 2024, with my last observation taking place on the 17th of December 2024. And although the opportunity to extend this date was present, my submission deadline for my thesis was scheduled for the 28th of February 2025. I therefore needed time to focus my attention on completing my writing. Albeit, as Fetterman (2010) suggests, towards the end of the fieldwork the behaviours I was observing remained consistent, with no new patterns emerging. Therefore, although my rationale was pragmatic the observations had come to a natural end point.

I left the field for pragmatic reasons, and although my fieldwork was relatively short due to the focused ethnographic methodology the process of leaving raised several emotions. The first being relief, I found the fieldwork a particularly intense experience and towards the end of the three-month period of fieldwork I was tired. Finding the discipline to get up and go to the field was increasingly difficult. That said, there was a sense of sadness. I enjoyed fieldwork and felt that the areas had embraced my presence. It was sad to think that I would not have the opportunity again to engage with these teams and some of the individual personalities within them.

I left the field in December 2024; however, the first four Generation Z participants finished their placement in early November. In this instance, rather than me leaving the field, I was left behind due to the natural end point of student nurse placement. I experienced some mixed emotions around this sense of being left behind. I was happy to have gathered a significant amount of data from these participants. But

there was a sense of sadness as I had built good rapport with these participants. The one-to-one interviews were undertaken after the Generation Z participants had left the field, I had the opportunity to thank them at the end of the interview for their participation and thus ending this relationship in a positive manner.

When I left the field, I tried to leave positively. I left two areas following a final conversation with the ward sisters/charge nurses, which gave me an opportunity to thank them for their participation and for supporting my data collection. In the other ward I did not have the opportunity to thank the sister/charge nurse in person as the final observation took place on a nightshift. However, I sent an e-mail to thank them for their participation, this provided me an opportunity to end these relationships positively. Unlike some exits from the field, which can be disorganised (Coffey 2018), my study had a clear ending.

3.15 Data analysis

Qualitative data analysis can prove challenging as qualitative data collection methods quickly create a significant amount of rich data through the likes of observational fieldnotes and face-to-face interviews (Wong 2008); methods of data collection I have applied through the three phases of this study. Although qualitative research produces valuable data it is often challenging to analytically interpret. It is important that one does not become enthralled by the richness of the data at the expense of appropriate analysis (Bryman 2012). There are many data analysis frameworks available to qualitative researchers, including, content analysis, grounded theory, discourse analysis and thematic analysis (Bryman 2012; Liamputtong 2009), with the aim of analysis to identify and describe phenomenon, through a process of comparing and differentiating the data set (Flick 2023).

Following consideration of the various data analysis frameworks, to analyse the data I gathered over the three phases, I opted to use Reflexive Thematic Analysis which is a method to support qualitative researchers in developing, analysing, and interpreting patterns across the data they have gathered (Braun and Clarke 2022). Thematic analysis allows one to identify patterns across the data set with coding

playing a central role in the analysis where links can be made between categories and sub-categories to identify overarching themes (Liamputtong 2009). Reflexive thematic analysis is unique, it is seen as a process and not widely recognised as a methodology in its own right, however, draws from other qualitative analysis methodologies and is broadly like grounded theory (Liamputtong 2009; Nowell et al. 2017). The benefits of using reflexive thematic analysis and the reason I have used it to analyse my data is its flexibility. Unlike other data analysis methods reflexive thematic analysis does not have the same theoretical constraints and can therefore be applied across various theoretical and epistemologies (Braun and Clarke 2006). As a novice researcher I found a particular advantage of reflexive thematic analysis being its accessibility. Nowell et al. (2017) suggests that reflexive thematic analysis is easy to understand and helps to explore the various perspectives of participants and identifying differences and similarities within the data set.

Qualitative data can provide a rich data set. Qualitative research explores phenomenon of human experience, peoples lived experience, behaviours, emotions and perceptions (Billups 2021). The raw data gathered during qualitative research can produce meaningful findings (Dhakal 2022); however, this relies on effective analysis of the data which can be a difficult process (Linneberg and Korsgaard 2019). Coding allows the researcher an opportunity to systematically identify key components within the raw data which in turn will provide appropriate answers to the research aims and research questions (Linneberg and Korsgaard 2019). Data analysis in qualitative research can commence immediately (De Sordi 2024). Coding plays a key role in the analysis of the raw data, helping to recognise meaning and ultimately identify themes and patterns within the data set (Bryman 2012; De Sordi 2024; Linneberg and Korsgaard 2019).

3.16 The analysis

3.16.1 To CAQDAS or not to CAQDAS

To analyse the raw data in this study a systematic approach was adopted using thematic analysis. For Phase 1 and 2 of this study, computer assisted qualitative data analysis software was used, specifically NVivo R1 2020. NVivo can support with the organisation and management of data, as well as supporting the analysis and coding of data (Dhakal 2022). The advantage of using data analysis software like NVivo is that it allows not only the storage and organisation of data, but a platform in which you can code, draw in data from a variety of formats, and visualise the data through its various functions (Hoover and Koerber 2009). Additionally, Roddesnes et al. (2019) suggest that using a CAQDAS may enhance study rigor and potentially improve the quality of the data analysis versus analysis without CAQDAS. However, NVivo is not necessarily viewed as the most user-friendly platform, and it can take time to familiarise oneself with the software (Costa et al. 2017; Roddesnes et al. 2019), a view of which I must agree. However, the benefit of using NVivo is that it provides unambiguousness to the analytical process, it also doesn't remove or replace the analytical mind of the researcher. It is a tool to support this process and does not replace it (Bourque and Bourdon 2016). Bourque and Bourdon (2016) suggest that it must be a balanced consideration whether to use CAQDAS and which specific programme to use.

Although data in many different formats can be uploaded to NVivo, for Phase 3 a more traditional process was employed without the use of CAQDAS. As a novice researcher I presumed that the NVivo would be the easiest way to support the data analysis and coding of the raw data, however, this process was challenging and I found NVivo to be a difficult system to use, it was, in my opinion not particularly user friendly. Therefore, I decided that the field notes for Phase 3 would be manually coded. Braun and Clarke (2022) suggest the way in which you code is a personal choice, based on various factors, such as circumstances and individual skill. To analyse and code the observational data gathered during fieldwork, I used a system

where sections of the fieldnotes were highlighted, with different colours being assigned to different codes, a key in the fieldnote templates allowed the code to be categorised on each page whilst analysing the data. I found this process of data analysis more engaging than using NVivo, this process allowed further immersion with the field notes, as well as providing an opportunity to reflect on the observations.

To enhance methodological rigor, the data was systematically coded on several occasions, this process provided further opportunities to become immersed in the raw data and for the evolution of coding (Braun and Clarke 2022). As a novice researcher this flexibility was beneficial, one of the initial codes was '*verbal communication*' on revisiting the codes it became apparent that much of the detail within this code related to interpersonal communication, and the nuances involved in face-to-face communication, this code was therefore changed to '*interpersonal communication*'. Additionally, '*social media*' had been a standalone code, however, on re-visiting the data this code was merged with technology, as the social media code had predominantly focused on the platforms which participants engaged with, rather than the influence this had on communication.

3.16.2 Reflexive thematic analysis

To analyse the data, I used reflexive thematic analysis using Braun and Clarke's (2022, p35-36) six phase process. However, as my study was conducted in phases to avoid confusion I have changed '*Phases*' to '*Stages*' when discussing reflexive thematic analysis "*Stage 1: Familiarising yourself with the dataset; Stage 2: Coding; Stage 3: Generating initial themes; Stage 4: Developing and reviewing themes; Stage 5: Refining, defining and naming themes; and Stage 6: Writing up.*" The process involved in each of the phases is presented below in Table 3.3.

Table 3.3*Reflexive Thematic Analysis*

Stage 1: Familiarisation	Data set immersion, familiarising oneself with the data through reading, re-reading, listening to the audio recordings, and making notes accordingly.
Stage 2: Coding	Methodically code areas of interest within the data set and gather data pertinent to each code.
Stage 3: Identify Preliminary Themes	Recognise patterns and potential themes and amass the codes which may be relevant to these themes.
Stage 4: Reviewing Themes	Reexamine the themes returning to the data set and ensure the themes tell a persuasive story.
Stage 5: Refining Themes	Hone the themes and produce succinct theme names.
Stage 6: Composing the Report	Draw out appropriate extracts and quotes, linking these back to the research question, and literature, and generate the final report.

Reflexive thematic analysis is a method rather than a methodology; to support the analysis of qualitative data sets, it is a process which enables one to identify patterns within the data and ultimately articulate themes (Braun and Clarke 2022; Trainor and Burdon 2020), with it benefiting from not being entwined with specific methodological conditions (Braun and Clarke 2019). However, reflexive thematic analysis depends on the researcher's ability to consider their impact on the research, considering one's own experiences and emotions, whilst creating a degree of discomfort by challenging one's positionality, power, and bias (Hill and Dao 2020). Undertaking reflexive

thematic analysis relies on an ability to move back and forth between the six stages, it should not be viewed as a step-by-step guide, as there should be movement between each stage. This should not be viewed as regression but the process of undertaking reflexive thematic analysis well (Braun and Clarke 2022).

3.16.3 Stage 1 reflexive thematic analysis - Familiarisation

Once I had completed all the Phase 1 and 2 interviews, I spent time familiarising myself with the data. This was an opportunity to really engage with the data gathered during the first two phases of the study and provided the opportunity to start analytically considering the data set (Terry et al. 2017). I took the time to watch each interview in full, which had been recorded on Microsoft Teams, whilst reviewing the additional notes I had taken. After I had listened to the recording, I manually transcribed each of the 14 interviews verbatim, this provided further opportunity to immerse myself and familiarise myself with the data set. Once the interviews were transcribed, to ensure accuracy, I listened to the recordings again whilst reviewing the transcript. Once satisfied with the accuracy of the transcriptions these were all uploaded to NVivo, ready for Stage 2 of the process, '*Coding.*'

3.16.4 Stage 2 reflexive thematic analysis - Coding

This stage in the process of reflexive thematic analysis, provided further opportunity to familiarise myself with the data set. Stage 2 consisted of, again reading through the data which I had previously transcribed and uploaded to NVivo. Whilst reading the interview transcripts, I started to assign codes to the areas of potential interest, in essence developing a coding scheme (Jowsey et al. 2021). Each transcript was coded in full before moving to the next transcript, this process built the coding scheme as I worked through the data, this resulted in additional codes being created. Not all codes were relevant to each transcript, but as reflexive thematic analysis is a fluid process this allowed me to go back through the data and ensure that codes were appropriately assigned and where codes had emerged through later analysis these were cross checked with the earlier transcripts.

Unlike Phase 1 and 2 of this study, an alternative approach was taken for Phase 3 of this studies observation data. The coding of this data was undertaken manually on the handwritten field notes using coloured highlighters (Figure 3.1). This process was undertaken on the same day that the observations were carried out. This time was also used for reflexivity, reviewing and consolidating the fieldnotes, and considering how I may impact on the research. To ensure rigor, each time I coded a new fieldnote it was compared to a previously coded fieldnotes. This provided a consistency to the coding, as well as allowing me the opportunity to further familiarise myself with the raw data and add further codes where appropriate to the previously coded data.

Figure 3.1: Manual Coding



3.16.5 Stage 3 reflexive thematic analysis – Identify preliminary themes

In this stage the coded data is reviewed, and the identification of patterns commences across the data set (Braun and Clarke 2022). This is a particularly challenging and time-consuming phase in the process (Rowland and Conolly 2024). During this stage one takes an analytical approach to the coded data across the data set and considers how codes could amalgamate given shared meanings (Byrne 2021), resulting in the identification of initial themes (Braun et al. 2023). It is important to note that the themes are not necessarily based on the number of codes included, this is not always an indicator of value (Rowland and Conolly 2024).

However, through the process of generating these initial themes, the themes in my data set did contain the higher number of codes in total. During Stage 3 I looked for patterns and potential meaning within the data set, this resulted in the development of some initial themes and potential theme names with further analysis and development of these themes taking place in stage 4.

3.16.6 Stage 4 reflexive thematic analysis – Reviewing themes

This stage of the process involves reviewing the potential themes, a process that requires one to revisit the complete dataset and question whether these themes tell a persuasive story in relation to the coded data and whether these link to the research question (Braun and Clarke 2022; Byrne 2021). I spent time considering the potential themes, and whether these functioned in such a way as to answer the research questions. Upon revisiting the data set during the later stages of analysis, I reflected on the initial themes and identified that there was a need for refinement. The theme initially titled '*Professionalism*' was reconsidered, as the data within this theme predominantly related to the way in which Generation Z student nurses conducted themselves in both verbal and written communication. Therefore, this data was more appropriately represented as a sub-theme under the overarching theme of '*Interpersonal Communication*' rather than a standalone theme. Similarly, the theme '*Social Media*' was re-examined with the data found to align with the overarching theme of '*The Changing Face of Communication*'. As such, '*Social Media*' was re-coded as a sub-theme. These amendments reflect the iterative and reflexive process of thematic analysis, where ongoing engagement with the raw data often results in the refinement of themes (Braun and Clarke 2022; Byrne 2021; Trainor and Bundon 2020).

3.16.7 Stage 5 reflexive thematic analysis: Refining themes

The analysis of the data resulted in three overarching themes being identified with eight subthemes identified alongside in Phase 1 and 2, these are presented in table 3.4.

Table 3.4

Themes and Subthemes: Study Phases 1 and 2

Theme	Subtheme
Interpersonal Communication	Verbal communication and nonverbal communication, interpersonal professionalism.
The Changing Face of Communication	Social media, and electronic communication.
Written Communication	Orthography, the influence of technology on writing skills, professionalism in writing.

The data analysis in Phase 3 of the study identified two additional themes with five associated subthemes, these additional themes emerged inductively through the Phase 3 observations and subsequent analysis. The Phase 3 themes are presented in table 3.5.

Table 3.5

Additional Themes and Subthemes: Phase 3

Theme	Subtheme
Collaborative Practice	Team dynamics, effective teamwork, peer support, and empowerment
Generation Stereotyping	Resistance to stereotypes

The final themes and subthemes from Phase 1, 2 and 3 of the study are presented in table 3.6. One of the overarching themes ‘*Written Communication*’ and the associated subthemes were subsequently closed off due to limitations in the Phase 3 observations, this rationale for this decision will be discussed in detail in Chapter 4 The Findings, section 4.14.

Table 3.6*The Final Themes*

Theme	Subtheme(s)	Theme Emergence	Data Collection Method(s)
Interpersonal communication	Verbal communication Nonverbal communication Interpersonal professionalism	Phase 1 Phase 2 Phase 3	Interviews Observations Ethnographic Interviews
The changing face of communication	Social media Electronic communication	Phase 1 Phase 2 Phase 3	Interviews Observations
Collaborative practice	Team dynamics Effective teamwork Peer support Empowerment	Phase 3	Observations Ethnographic Interviews Interviews
Generational stereotypes	Resistance to stereotypes	Phase 3	Observations Ethnographic Interviews Interviews

Note: ‘Interviews’ refer to the planned semi-structured interviews following the completion of the observations. Ethnographic interviews refer to the informal conversations that took place during fieldwork observations.

3.16.8 Stage 6 reflexive thematic analysis – Composing the report

The final stage involves writing the report, this stage allows one to move back from solely analysing the raw data and considering a broader view of the study once more

(Terry et al. 2017). This phase should interlace the analysis, rich extracts from the data, and wider literature to tell a story about the data and ultimately answer the research question(s) (Braun and Clarke 2022; Terry et al. 2017). This phase will be presented in Chapter 5, 'The Discussion'.

3.17 Inductive, deductive and abductive methods

Deductive methods draw upon existing knowledge, with studies designed to test the current theories. In contrast, an inductive approach does not start with predetermined theory (Yuwono and Rachmawati 2024). Deductive methods are predominantly used in quantitative research, whereas inductive methods are usually applied in qualitative research where theory develops through the research process (Yuwono and Rachmawati 2024). An inductive approach looks for patterns based on observation and develops the themes and subsequent theory. However, the disadvantage with an inductive approach is the potential for researcher bias.

My study uses both deductive and inductive methods across the three phases. Phase 1 and 2 used a blended approach, with a deductive approach used drawing upon current literature on Generation Z to supporting the design of semi-structured interviews. However, inductivism allowed the themes across Phase 1 and 2 to emerge without being constrained by the literature used to develop the interview questions.

The themes that emerged through Phase 1 and 2 then informed Phase 3, using the themes as a basis for the observations. However, I remained open to new and unanticipated themes developing iteratively through the analysis of the observation data. Applying a combined deductive and inductive approach uses the existing theory but provides an opportunity to adapt the current theories depending on the inductive findings (Heritier 2018). This hybrid approach, or abductive approach (Heritier 2018), combining deductive and inductive methods allowed me to use the existing literature to inform my study design whilst providing the flexibility to develop themes from the data I collected across the three phases. Table 3.7 details the

inductive, deductive and abductive methods used and how this applies to each phase of the study.

Table 3.7

Application of inductive, deductive and abductive methods

Study Phase	Method	Application
Phase 1 and 2 (Development)	Deductive	The interview schedule was developed using the wider literature that was available at the point of developing the Phase 1 and 2 interviews. The deductive themes helped to develop semi-structured interviews.
Phase 1 and 2 (Interviews)	Deductive & Inductive	The interview questions were informed by the limited available literature on Generation Z, whilst inductive themes emerged through the analysis of the interview data.
Phase 3 (Development)	Deductive	Themes from Phase 1 and 2 informed the Phase 3 ethics applications and provided a theoretical foundation for the observations.
Phase 3 (Observations)	Deductive and Inductive	The deductive themes from Phase 1 and 2

		provided guidance to the observations whilst allowing inductive themes to emerge through the analysis of the fieldwork notes.
Overall Study	Abductive	The overall approach allowed iterative movement between the theory and the data, with early findings informing Phase 3 whilst allowing for new inductive insights to develop through the analysis.

Although undertaking one-to-one interviews in Phase 1 and 2 prior to the Phase 3 observations may be unconventional in ethnography, the rationale for undertaking the Phase 1 and 2 interviews prior to undertaking the observations was to develop my own theoretical understanding of Generation Z as there was limited literature available at the time of commencing this study. The themes that developed through Phases 1 and 2 were then used as the foundation to the Phase 3 observations acting as a broad guide to structure the observations.

3.18 Summary

This chapter has defined the ethnographic methodology used within this study. To understand if Generation Z student nurses are different from previous generational cohorts, in their communication style the ethnographic methodology was underpinned by an interpretivist paradigm, allowing me to understand the culture through the experiences of the social actors. This chapter has also explored the

importance of engaging with the gatekeepers across the three phases of the study, to recruit, gain entry to the field of observation, obtain informed consent and anonymity, and leaving the field. Some of the unique challenges posed by ethnographic methodologies have been discussed and some of the solutions to overcome these issues considered. The diversity of the data collection methods including semi-structured interviews, observations, fieldnotes and ethnographic interviews have been considered; with attention given to the benefits that the ethnographic methodology has in allowing for various methods of data collection to validate the results. Finally, this chapter has discussed reflexive thematic analysis and how this was applied across the three phases of my study.

Chapter 4: The Findings will discuss the overarching themes and subthemes that were identified from Phase 1, 2 and 3 of this study.

Chapter 4 The Findings

4.1 Introduction

This chapter will discuss and present the findings from the data set; starting with a recap of the data analysis and then present the themes which were extracted through the data analysis. The themes for Phase 1 and 2 will be presented, followed by the additional themes that emerged through the Phase 3 observations. The chapter will conclude by pulling together the themes from across all three phases of the study summarising the overall findings.

4.2 The analysis, a recap

As highlighted in Chapter 3 The Methodology, I used reflexive thematic analysis to analyse the raw data gathered across the three phases of my study. Braun and Clarke (2006) present a six-stage approach which I used to support the analysis process. It is important to remember that data analysis is a fluid process. I moved between each phase throughout the analysis often revisiting a previous phase in the process as new insights emerged.

The six key stages of Braun and Clarke's (2006) reflexive thematic analysis are:

Stage 1: Familiarising yourself with the dataset. Where one immerses themselves in the dataset, reading, and listening to audio and visual data.

Stage 2: Coding. A systematic approach where one identifies data that is relevant to the research question and applies suitable code labels.

Stage 3: Generating initial themes. Codes are compiled and patterns across the data identified that share core concepts and ideology that may help address the research questions.

Stage 4: Developing and reviewing themes. The provisional themes are reviewed, and one ensures that the data fits with the overarching theme. One should consider if the themes tell a persuasive story about the data.

Stage 5: Refining, defining and naming themes. The data analysis is refined, with consideration given to how the themes tell a story about the dataset, this phase results in clear names and definitions for each theme.

Stage 6: Writing up. The aim, to intertwine the analytical narrative, with rich data extracts to tell a coherent and persuasive story about the data and to answer the research question. (Braun and Clarke 2016 p35).

The analysis began with manually transcribing the Phase 1 and 2 interviews verbatim from the Microsoft Teams recordings. This process immersed me with the data and because of listening to the recordings and transcribing the data I felt connected and familiar with the dataset. To support with data analysis and coding in Phase 1 and 2, I used NVivo R1 2020. The Phase 1 and 2 analysis was my first experience with the software, and I found it challenging to use. Subsequently, I sought support from a research colleague who regularly uses NVivo. This proved beneficial and once I had familiarised myself more with the software, I appreciated the potential benefits the tool has in coding. It did support this process and helped me compile the themes from my dataset.

Qualitative analysis should start from the earliest opportunity and occur concurrently with the data collection (Creswell 2014), immersing oneself with the data and moving between the phases of analysis (Liamputtong 2009). In Phase 1 and 2 I failed to undertake concurrent data collection and analysis. I became swept away with the excitement of data collection that I neglected the data analysis until after I have completed the Phase 1 and Phase 2 interviews. However, for Phase 3, I did undertake concurrent data collection and analysis. Phase 3 also saw a departure from the use of NVivo; instead, I decided to manually code my fieldnotes. This approach proved beneficial as I felt more connected and engaged with my observational data.

4.3 The question

Within this chapter the findings of Phase 1 and 2 will be presented together with Phase 3 being presented independently. Phase 1 and 2 of this study were collectively analysed and the themes which emerged through the coding and analysis informed the observational data collection. This chapter will set out the findings with the aim of addressing the primary research question *‘Are Generation Z student nurses different from previous generational cohorts in their communication style? If so, in what ways?’* and the secondary research question, *‘Do Generation Z student nurses communicate differently in clinical practice compared to previous generational groups?’* through the analysis of the data.

4.4 The participants

Table 4.1 introduces the participants. The participants names are pseudonyms to ensure confidentiality and anonymity. The introduction provides basic information highlighting the generation that the participant is from and the phase of the study they participated in. To help identify the quotes used throughout chapter four and five, ST/N (Student Nurse) will be used before the name of the Generation Z participants and RN (Registered Nurse) after the names of the Practice Supervisors and Practice Assessors from previous generations, with these codes also displayed in Table 4.1.

Table 4.1

Who are the participants

Participant Name	Generation	Study Phase
ST/N Melissa	Generation Z	Phase 1
ST/N Amelia	Generation Z	Phase 1
ST/N Natalie	Generation Z	Phase 1
ST/N Ellie	Generation Z	Phase 1
ST/N Aimee	Generation Z	Phase 1

Cara RN	Millennial	Phase 2
Emily RN	Baby Boomer	Phase 2
Lauren RN	Millennial	Phase 2
Chloe RN	Millennial	Phase 2
Mandy RN	Millennial	Phase 2
Isla RN	Baby Boomer	Phase 2
Jennifer RN	Millennial	Phase 2
Gemma RN	Baby Boomer	Phase 2
Emma RN	Generation X	Phase 2
ST/N Daisy	Generation Z	Phase 3
ST/N Lilly	Generation Z	Phase 3
ST/N Holly	Generation Z	Phase 3
ST/N Rose	Generation Z	Phase 3
ST/N Athena	Generation Z	Phase 3
ST/N Esme	Generation Z	Phase 3
Maeve RN	Millennial	Phase 3
Mila RN	Millennial	Phase 3
Quinn RN	Millennial	Phase 3
Iain RN	Baby Boomer	Phase 3
Maci RN	Generation X	Phase 3
Alice RN	Baby Boomer	Phase 3
Stuart RN	Millennial	Phase 3
Orla RN	Millennial	Phase 3
Niamh RN	Generation X	Phase 3
Thea RN	Millennial	Phase 3
Lucy RN	Millennial	Phase 3
Pippa RN	Millennial	Phase 3
Zara RN	Generation X	Phase 3
Ruby RN	Baby Boomer	Phase 3
Graham RN	Generation X	Phase 3

4.5 Interpersonal communication

Interpersonal communication is the exchange of ideas and messages and involves a minimum of two people. Effective interpersonal communication is the foundation on which relationships develop and are subsequently maintained (Abed et al. 2023). Interpersonal communication is a makeup of numerous soft skills including, but not limited to verbal and non-verbal skills, which are essential to both working and social relationships (Ansari 2020). Interpersonal communication is the process of both providing and receiving information. It plays a fundamental role in collaborative working, allowing us to both convey and obtain knowledge, and information (Ayagan et al. 2023). Crucially, effective interpersonal communication skills are essential in nursing and support the delivery of safe, efficacious, and person-centred care (McCarthy et al. 2014). Throughout the Phase 1 and Phase 2 interviews the importance of interpersonal communication was stressed, specifically verbal communication skills, nonverbal communication skills, and professionalism. These subthemes are represented below under the overarching theme of 'Interpersonal Communication'.

4.5.1 Verbal communication

The first sub-theme identified was '*verbal communication*'. Participants were asked in the Phase 1 and Phase 2 interviews if they had noticed a difference in the way that Generation Z student nurses communicated verbally in comparison to those from previous generational cohorts. Participants from both Phase 1 and Phase 2 noted differences in verbal communication skills:

"I don't think Generation Z is confident in their verbal communication skills"
(Emily RN).

"They're maybe not as great at holding a deep, flowing conversation as what you would assume. But then sometimes with the guys who are older and have come into it later, uhm, they're able to do that a bit better, is that because they've got experience socially" (Emma RN).

However, there were some conflicting opinions between the Generation Z student nurses and the Practice Supervisors and Practice Assessors in relation to verbal communication. The first extract is from a Phase 1 interview with a Generation Z student nurse, Aimee describes how she feels Generation Z take more time when engaging with patients, compared with previous generations:

“I kind of take a lot of time and, like, get them to say like if I've done a discharge with like catheters and things like that, getting them to talk back to me and, like, uhm go over it again and make sure they understand and uhm, if they're, like, not sure about what to say, and that, like, silence and making sure that they, they have time to think and that. Whereas I think sometimes like other generations can feel a bit rushed, uhm, and yeah, I don't know, I feel they didn't, just didn't take enough time.” (ST/N Aimee).

Whereas a few of the Practice Supervisors and Practice Assessors commented on an overfamiliarity with Generation Z's verbal communication skills:

“I think sometimes just the way they speak to patients; they speak to patients as if they're their friends, rather than building up a rapport with them first” (Gemma RN).

4.5.2 Nonverbal communication

The second sub-theme highlighted the importance of effective nonverbal communication, with both Generation Z student nurses and Practice Supervisors and Practice Assessors identifying the need to have or to develop these skills. Nonverbal communication plays a key role in communication within nursing with nonverbal communication being crucial in face-to-face interactions (Henry et al. 2012). Nonverbal communication and behaviours play an important role in conveying information. There are numerous characteristics of nonverbal communication, which include, kinesics (body movements), oculusics (communication using the eyes), gestures, haptics (touch), appearance and vocalics (pitch, volume, laugh) (Bonaccio et al. 2016; Deza 2024). All participants were asked at the beginning of

the interview what communication skills they felt were important for student nurses/nurses to have with nonverbal communication being discussed across several of the interviews:

“I think non-verbal communication, body language, facial expressions I think they're so important because when you see like a patient the first time, you see them that impression matters. Obviously, like qualified nurses they probably have that mastered down to a tee so don't let anything off, but as a student nurse you are more sort of more not wary but kinda like, well I wasn't expecting that and so that your face with facial expressions could make the patient, sorry, could make the patient feel really like uneasy, and scared, and nervous when they probably were already scared, nervous before coming into hospital.” (ST/N Amelia).

The interviews also highlighted some perceived challenges or poor examples of nonverbal communication from Generation Z student nurses: During the Phase 2 interviews, Emily discussed eye contact as an important nonverbal cue:

“Eye contact is one thing that's really good.” (Emily RN).

Emily felt that Generation Z's eye contact was not as good when compared to previous generations that she had supported in clinical practice:

“I don't think eye contact is as good; I don't think people are as comfortable having conversations.” (Emily RN).

This study also highlights occasions where perceivably poor nonverbal communication was displayed. Cara discussed some traits that she had experienced when acting as a Practice Supervisor:

“Perfect example of how not to do non-verbal communication is that they would kind of sit back in their swivel chairs kind of, you know, [The student had their] arms folded, leaning back and it looked like some of them were about to fall asleep basically or just looked like they were tired or bored or not engaged because they weren't like alert or they didn't look like they were em, taking things on board they were more you know, interested in swivelling with their chairs or like fiddling with their nails or whatever” (Cara RN).

Cara, a Millennial, also reflected on how she developed her nonverbal communication skills when she was a student nurse, and the emphasis on being self-aware in relation to how facial expressions may be conveyed:

“Obviously, I covered things like watch for your, you know, nonverbal communication; to coin a non-PC phrase, you know your kind of bitchy resting face. That kind of thing when you're not aware, you're not self-aware of what your body is doing or how you're reacting.” (Cara RN).

4.5.3 Interpersonal professionalism

The final sub-theme in ‘*Interpersonal Communication*’ focused on ‘*Interpersonal Professionalism*’. Professionalism is characterised by the autonomous evidence-based decision making by members of an occupation who share the same values and education. Professionalism in nursing and midwifery is realised through purposeful relationships and underpinned by environments that facilitate professional practice. Professional nurses and midwives demonstrate and embrace accountability for their actions” (Nursing and Midwifery Council (NMC), 2018, p. 3). The Phase 2 interviews specifically identified perceptions among some participants that there has been a decline in Generation Z’s professionalism, evident in their verbal communication:

“I certainly think it has had an impact in terms of communication. I, I feel it’s em, I don’t want to make a blanket statement about all students, but I do find that the communication skills, and abilities, and levels of professionalism with communication is poorer than it was em, I find general levels of professionalism you know, less than they have been.” (Chloe RN).

“Professionalism, uhm, so, you know, like knowing that, like, you know, that you can’t speak to like a registered nurse or like senior nurses the way you would speak to your pal in a nightclub.” (Mandy RN).

The perception of this more relaxed approach was contradictory with some participants discussing what they saw as benefits whilst others discussed the

unprofessional nature of this relaxed approach. There were participants who felt that this more informal style of communication pushed the professional boundaries as expressed by Cara and Gemma:

“They’re not backwards at coming forwards you know, and chummy, I would say it’s good when you get on with a student and you know you have similar values and personal likes and hobbies or whatever, but there always has to remain that professional boundary and I think some students forget that.”
(Cara RN).

“They’re much more casual. I think sometimes just the way they speak to patients; they speak to patients as if they’re their friends, rather than building up a rapport with them first, I had a complaint from a patient to a senior staff nurse who said that she didn’t like the way the students spoke to her.”
(Gemma RN).

However, Natalie, one of the Generation Z participants felt that this more casual approach enhanced her ability to develop rapport with the people she looked after rather than impeding these relationships:

“I feel like I’m a lot more casual in conversations than they (Senior staff) can be sometimes.” (ST/N Natalie).

“I think it helps relate more on their level, I think when you’re talking to them, I just feel like it helps communication more and when you’re talking to them like that, I feel like they feel more comfortable to talk to you like that.” (ST/N Natalie).

These contrasting opinions demonstrated tension, with some participants valuing a more informal style to help develop rapport, yet other participants highlighted that this more informal approach to communication pushed professional boundaries.

4.6 The changing face of communication

The second theme conveyed perceived changes in the way Generation Z student nurses communicate compared to those from previous generations. This theme underlines how communication is, and has changed, with the sub-themes considering the influence of ‘*Social Media*’ and ‘*Electronic Communication*’

4.6.1 Social media

Unlike previous generations, Generation Z are the first true digital natives, introduced to social media and the internet from a young age (Chang and Chang 2023). The interviews identified the potential influence that social media might have had on the way Generation Z communicate, with Aimee highlighting the social media platforms she engages with:

"What social media platforms do you use?" (Cameron)

"Em, Twitter, Instagram, Facebook, Snapchat." (ST/N Aimee)

"Which ones are the ones you predominantly use to communicate with?" (Cameron)

"Em, Snapchat and WhatsApp for, like, uhm, nursing students and things like that, and, and Facebook probably yeah." (ST/N Aimee).

Aimee explains that she uses Snapchat and WhatsApp for communicating with other nursing students, suggesting that social media is a key communication tool amongst Generation Z student nurses. However, Amelia raises concerns around the way in which some people communicate using social media.

"If you're hiding behind the screen, you can say whatever you want because the person isn't there with you." (ST/N Amelia).

When Isla was asked if she felt technology had changed the way in which Generation Z communicated with her, she stated:

“Social media that would be their preferred option, and they'll be very, they'll find, find it very difficult to find me on social media cause I'm a social media dinosaur.” (Isla RN).

Isla's perception that social media was the preferred option for Generation Z's communication was, however, not supported by Melissa, who stated that:

“Face to face is much better. I much prefer seeing someone in person.” (ST/N Melissa).

4.6.2 Electronic communication

Electronic communication is essentially any communication that occurs using a phone or the internet. This encompasses phone calls, text messages, e-mail and instant messages (Information Commissioner's Office (ICO) 2018). The Phase 1 and 2 interviews highlighted that electronic communication has increased in prevalence, more specifically e-mail and instant messaging. The sub-theme of electronic communication highlighted various platforms that are used by Generation Z student nurses, including numerous social media platforms, e-mail, text messaging and instant messaging:

“Maybe this is a societal thing really, that actually, we've all become a bit too easy with sending emails as a form of communication. And actually because of that, well, we have emails, we have WhatsApp, we have text messages, we have Teams, we have Teams' channels, we have team's chats” (Emily RN).

“Communication is totally changed in a more digital, IT way. They're using email a lot more which they didn't previously, and I know it's easier to access emails and stuff now as well, you've all got, we've all got phones and stuff like that.” (Jennifer RN).

The Phase 1 interviews also identified that the Generation Z participants did not like phone conversations. Natalie highlighted during her interview the anxiety that a phone call generates for her:

“I hate being on the phone. “I always get told, my, my family hates being on the phone to me because they just say you just, I’m just awful to be on the phone with apparently.” (ST/N Natalie).

The overall opinion of electronic communication painted a relatively negative picture- more so in the Phase 2 interviews with the Practice Supervisors and Practice Assessors. However, a few participants reflected on what they see as some of the positive aspects of electronic communication, versus face-to-face communication. Amelia discussed how using text gave her an opportunity to pause and consider how she wants to express herself:

“Like texting is easy because you can take a minute to read the message, think of a reply, type out reply read over it, think right, ok, is this what I would definitely want to say? Does this explain, like, explain everything that you need to include in this text and then can either change it, re-type it and send it. Or like in person, you can’t exactly do that you can’t exactly take 5 minutes to reply, think of an answer, think like is this is definitely what I want to say and then say it so it’s a big thing.” (ST/N Amelia).

4.7 Written communication

The third and final overarching theme identified in the Phase 1 and 2 interviews was around written communication. Written communication relies on various factors including the use of vocabulary, structure, precision and language (Boyd and Dare 2014). Within this theme, three sub-themes were identified, ‘*Orthography*’, ‘*The Influence of Technology on Written Skills*’, and ‘*Professionalism in Writing*’.

4.7.1 Orthography

Orthography refers to the correct system of writing, the link between a language and the written script, which governs the proper use of spelling and punctuation. This ensures language is presented accurately in its written form (Aloufi 2021). Several of

the participants discussed orthography in the interviews, with participants discussing predominantly poor orthography in written communication:

“I tend to see most of their written communication in e-mails, uhm, and by in large, it’s a bit of a negative picture, but by and large their grammar is absolutely shocking.” (Chloe RN).

“It’s just the way they write, sometimes the quality of grammar, punctuation is almost non-existent with some of them.” (Gemma RN).

“The lack of punctuation, uhm, you know if it’s in an email, actually, little bits that we’ve seen in you know, and this is past being a student as a new graduate they’re doing the flying start and you know they might write a little reflective piece for you or something like that and then they’ll e-mail you and you’ll look at it and you think, well, my goodness that is, that sentence is a paragraph.” (Emma RN).

4.7.2 The influence of technology on writing skills

Writing is an essential skill and developing effective writing skills in our formative years can act as a predictor of future success (Wen and Walters 2022). Technology has influenced written communication throughout the 20th and 21st century, from the introduction of typewriters, personal computers and mobile phones (Baron 2013). Technology has changed the way we communicate with the rise of text and instant messages which rely on more abbreviated and slang language with less formality (Akhmedova 2024). This was evident across both the Phase 1 and 2 interviews and how it was evident in Generation Z’s written communication skills:

“Absolutely everything is shorthand, just say the bits that you want to say or even send a photo, you don’t even have to, or you send a silly GIF.” (Emily RN).

“I think I probably text would be the same way I probably write, yeah.” (ST/N Aimee).

4.7.3 Professionalism in writing

The final sub-theme centres around professionalism in writing. This sub-theme somewhat links to the previous sub-theme '*The Influence of Technology on Writing Skills*' where interviewees discussed what they perceived a lack of formality in the written communication skills of Generation Z student nurses. This is highlighted in some of the language used in written e-mail communication sent to registered nurses. However, this theme differs slightly from '*Orthography*' and '*The Influence of Technology on Writing Skills*' as it considers the nursing hierarchy and the beliefs of how student nurses should communicate with those in more senior positions to them:

"E-mail communications have increased, and I've noticed that, that's kind of what I mentioned at the start about their professionalism in communication, so it wouldn't be unheard of to get a 'Oh hiya,' 'Oh hey' in an email and you know signed off with a little kiss at the end you know that wouldn't be uncommon" (Chloe RN).

"You're more likely to get the 'hey,' 'hiya' and get an X at the end you know, but then more mature students tend to be able to recognise the need to be a bit more professional in their emails in terms of, this is not a, this is a professional environment you're working in you know you, you can't really speak to us like that" (Chloe RN).

4.8 In summary: Phase 1 and 2 findings

In summary, the analysis of the Phase 1 and 2 data highlights three key, overarching themes which were identified based on the interview responses, '*Interpersonal Communication*', '*The Changing Face of Communication*' and '*Written Communication*', each with sub-themes (Table 4.3).

In the first theme '*Interpersonal Communication*' there were three key areas identified, verbal communication, nonverbal communication and interpersonal

professionalism. Several of the participants discussed their experiences of Generation Z student nurses verbal communication skills, essentially, they were not necessarily viewed in a particularly positive light by some of the Practice Supervisors and Practice Assessors. There was a feeling that verbal communication was not as effective amongst the Generation Z student nurses when compared to student nurses of previous generations. Some participants felt that Generation Z student nurses had lesser ability when it came to holding a face-to-face conversation, with some perceiving that the nuances of conversation had been lost, such as eye contact and appropriate body language, as well as some of the language being used was often less formal in manner than they would expect. However, there were contrasting opinions around verbal communication skills, with one of the Generation Z student nurses expressing her belief that as a generation they may take more time to speak with their patients, and rush less when communicating key information. Importantly, however, each participant identified the significance of good interpersonal communication skills in nursing, regardless of the generation they were from.

The second theme was '*The Changing Face of Communication*' which had two sub-themes, social media and electronic communication. Due to the emergence of technology and the rapid ascension of social media, the way in which we communicate has, and continues to change. Both the Generation Z student nurses and the Practice Supervisors and Practice Assessors felt that technology was impacting on communication, with participants in both Phase 1 and 2 highlighting some of what they perceived to be detrimental impacts of social media. For instance, the likes of online bullying, and grooming through social media platforms, where people feel more confident to share their beliefs when there is a degree of anonymity. However, this use, and reliance on social media and electronic communication such as e-mail, text messaging and instant messaging services may impact on one's ability to communicate in a face-to-face scenario as nuances of conversation are often void on such platforms. They therefore don't afford people an opportunity to build up the skills required to decode the nuances associated with face-to-face interactions.

The final theme identified was '*Written Communication*', which had three sub-themes associated with it, orthography: the influence of technology on writing skills, and professionalism in writing. There was a feeling amongst some participants that Generation Z student nurses written skills differ notably, with several Practice Supervisors and Practice Assessors discussing inadequate spelling, poor, or completely negated grammar, and overfamiliarity in the language. However, this was not just apparent with Generation Z student nurses, with one of the participants highlighting that this is a trait which is shared by the Generation Z new graduate nurses. The way in which Generation Z write may be a result of their increased engagement with electronic communication, with some of the Generation Z student nurses stating that they may write as they text, with more use of shorthand and abbreviations. This resulted in a feeling amongst some of the participants that there is not the same level of professionalism and respect for those in more senior positions to them, specifically through the likes of e-mail communication.

The themes that were extracted from the Phase 1 and Phase 2 interviews were the foundations of the Phase 3 observations. The overall aim of Phase 3 was to triangulate these themes and see if they were observed when students were on clinical placement. The findings for Phase 3 will be presented below in section 4.9.

4.9 The Findings Phase 3

The purpose of Phase 3 was not necessarily intended to identify additional themes, but to triangulate the data obtained during the first two phases of this study. The interviews in Phase 3 provided an additional opportunity to apply rigor to the observational data by confirming my findings with the participants, to reduce the possibility of researcher bias.

4.10 Easy as 1, 2, 3 - Linking the Phases

As highlighted above, the purpose of Phase 3 was to triangulate the data from Phase 1 and 2, to see if the themes that were extracted from the Phase 1 and 2 data were

observed in clinical practice. Interpersonal Communication and the subthemes of verbal communication, nonverbal communication, and interpersonal professionalism were observed during the fieldwork. There were also opportunities to observe the changing face of communication and the associated subthemes of social media, and to explore some, although limited, examples of electronic communication, not only through the observations, but also in the Phase 3 one-to-one interviews. This section will present the findings in relation to these themes, as well as, highlighting some of the differences between the Phase 1 and 2 findings and the Phase 3 findings.

4.10.1 That's a bit of a contradiction

What was particularly striking about some of the Phase 3 data was how it appears to contradict several of the issues raised during the Phase 1 and 2 interviews. The challenge with qualitative interviews is the potential for bias, not only from the researcher, but also from the participants. There is a risk that participants may not always provide a full picture of their experiences, hide or inaccurately recall their experiences (Fox 2006; Perri et al. 2018). I am not suggesting this is the case with the interview data from Phase 1 and 2 of this study, however, this potential for bias remains an important consideration. It is also pertinent to consider the participants that were observed across Phase 3, these students may be more confident, or self-assured than the students that the Practice Supervisors and Practice Assessors used as examples in the Phase 2 interviews, as they were willing to be observed in practice. This may rationalise the contrasting data from Phase 1 and 2 compared with the Phase 3 observational data. Furthermore, the contrast in the findings may also be the influence that my presence had whilst undertaking the data collection, with DeWalt and DeWalt (2010) noting that observation will always impact on the observed. When the raw data for Phase 3 was analysed, it highlighted some notable differences when compared with the Phase 1 and 2 data.

During Phase 3, I observed six student nurses for a total of 117-hours and 21-minutes in practice across three areas: Ward A acute surgical, Ward B rehabilitation, and Ward D acute receiving. Ward A was a large area which occupied a whole floor of the hospital. It was split into two halves with the staff being allocated a side. This

ward was very busy at all times of the day. It was oppressively hot, and I often reflected this in my fieldnotes. The combination of the heat, lack of natural light, and the persistent hum from the ventilation system left me with headaches after each observation episode. The patient buzzers seemed to ring constantly, and there was constant movement of staff around the department. This made hearing the communication between the participants difficult at times. Additionally, several observations in Ward A were done on nightshift, the lights would be dimmed and, in some rooms, completely turned off. The background noise and the lowered lighting would force me to change my observation stance at times, moving closer to the participants to ensure I could hear the conversations and accurately capture the data.

Ward B was out with the main teaching hospital, in a rather run-down art deco style building, entry to the ward was directly from the outdoors. The Ward was one long corridor, with all but one of the patients' rooms down the same side. The opposite side of the Ward had storage cupboards, the sluice and the treatment room. There were rooms of various sizes, bays of two, three and four, with two single rooms. I was predominantly positioned in the corridor as this was a good vantage point to observe and hear the communication between the participants without impacting on patient care. Although this Ward was also hot, it was not as oppressive as Ward A. The windows were often opened to allow fresh air into the department, and all patient rooms had windows with natural light and a view over green space. There was still noise, from the entry doorbell, patient buzzers and kitchen appliances, but overall, it was quieter than Ward A and easier to hear and see the communication between the participants.

Ward D was split into several smaller sections, and during the fieldwork I observed across three areas within the ward. The first area had five bays all along one side, separated by partial dividers, with an additional metal room divider that could be fully opened to expand the department with access to a further two bays. Opposite there were cabinets which ran the length of the room, broken only by two sets of double swing doors. This area had no natural light and was fully lit by fluorescent lighting. Each bay had several monitors, with a large mobile writing desk at the end of each

bay, and trolleys with equipment at each bed space. The second area had fewer bays but was set up in a similar way to the first area on a smaller scale. The final area within Ward D was the largest. In the centre of the room there was an oval nurses' station, with patient bays and two single rooms round the perimeter. The nurses' station provided a line of sight around the whole room. This area had very little natural light, with only one skylight, however, above that there was a very large building which prevented much light coming in.

All areas in Ward D were noisy, predominantly from the alarms on the bedside monitors, but from the sheer volume of staff moving around the department, ringing phones and the constant presence of patients and relatives. Due to the lack of natural light, it could be quite disorientating, the only space with natural light being the staff room. To ensure I captured the communication accurately in the larger area, I had to adapt my observation stance moving with the participants more and keeping a closer proximity. The two smaller areas were easier to accurately capture the communication, although they were always busy and noisy I was always within closer proximity to the participants.

Throughout the observations the participants verbal communication skills, body language and nonverbal communication was observed. These themes had been identified across Phase 1 and 2. However, what I observed, provides an alternative perspective on these themes. The communication skills demonstrated appear more positive than some of the data from Phase 1 and 2. Good communication in nursing encompasses both verbal messaging, and nonverbal communication such as eye contact, posture and facial expressions (Kourkouta and Papathanasiou 2014). The alternative perspective on these themes is presented below.

4.10.2 Verbal communication

In section 4.5.1, some of the findings suggest that Generation Z may not be as comfortable at holding conversations, and less confident with their verbal communication skills, however, I made several fieldnotes that suggest confidence with verbal communication as represented from the below excerpts:

Fieldnote: The student initiates a conversation (ST/N Daisy).

Fieldnote: The student appears confident to ask her Practice Supervisor questions (ST/N Athena).

Fieldnote: The student is initiating the conversation (ST/N Rose).

Moreover, there were some comments made by several of the Practice Supervisors and Practice Assessors that positively reflect the verbal communication skills of the Generation Z students being observed:

“These students communicate very well.” (Ruby RN).

“She’s so good at communicating with us.” (Maci RN).

The Phase 3 interviews highlighted some interesting findings that both validated the findings from the Phase 2 data, and Emily and Emma’s views of Generation Z’s verbal communication skills, whilst corroborating the confidence in the participants verbal communication skills that I observed during the fieldwork:

“I don’t think they differ like [Communication Skills], but I think, I think it is all to do with personality, they, I would say, like, before I came here, I was, I, I’m a very shy individual anyway, but coming into these when you’re like, kind of forced to talk, you know.” (ST/N Holly).

“Gen X, they like, they’ve been on this world for longer and had more experiences of communication so they will be better at it.” (ST/N Holly).

Similarly, Lilly discussed the development of her verbal communication skills, she came across as confident during the observations, and I asked if she has always been confident when communicating verbally:

“I would nae [wouldn’t] say so, I would say, I’ve been, I’ve always been like, chatty, like, wi ma [with my] pals and stuff at school, but I do feel like I’ve felt really awkward before, but maybe would nae [not] come across, but I feel awkward and like if I have a conversation, I would be like thinking about it again and again, so like, I might nae [not] come across as weird, like being

awkward but to me it was and I would overthink like, ah, that was so stupid to say, but I feel like noo [now] especially with this course, I just, I'm like, like, I just kind of like just I think the less you think about [about] it, the more [more], like normal, you come across. I think you're thinking of everything you say, you come across as being really awkward and like, and again, I just feel like over time, obviously, you get more [more] used to spikin wae [speaking with] people, but I also think you just kind of got to be like, oh, it doesn't matter.” (ST/N Lilly).

There was however a belief from Lucy that Generation Z found verbal communication a challenge especially in the hierarchical healthcare system:

“They do find it hard to verbally communicate, not just with patients, but even with the hierarchies.” (Lucy RN).

Although Lucy's experience conveyed limitations in the verbal communication skills from Generation Z, she discussed the importance of investing in Generation Z student nurses to enhance their skills and confidence when communicating verbally within hierarchies:

“I think because they were so involved in things round the ward that they then had the confidence to then speak to the doctors, the hierarchies so they felt more comfortable.” (Lucy RN).

When Daisy was asked if she felt her verbal communication skills would influence clinical nursing practice, and if she felt her verbal communication skills differed from previous generations, she stated the following:

“There's this stigma of, we kind of just, like say what we think, and you know, I'm going to use that in a good way, hopefully, if I'm concerned about someone, I'm going to address it, like I'm going to tell someone and I would rather be completely wrong and they're absolutely fine and I've made a bit of a fool of myself than miss something.” (ST/N Daisy).

Daisy was not alone when considering advocating for the people in her care, with Esme holding a similar position:

“I want to do things that are the absolute best for the patient, if it's not, to then speak up and say no, I actually don't think we should be doing this. I think we've got more of a sort of fight for patients instilled in us, that if we see something that's wrong that we can say something and change it.” (ST/N Esme).

The accounts from this study highlight that although some of the literature implies that Generation Z are not equipped to manage challenging situations, the participants in this study felt strongly that they would address situations that they felt were unjust. This ability to advocate for their patients will prove significant in clinical practice, and as such has the potential to improve patient care and address inadequacies in healthcare provision.

The fieldwork observations in this study also highlighted that although some of the literature points to Generation Z being unable to interject in verbal exchanges (Schroth 2019; Shorey et al. 2021); the participants in this study demonstrated an ability to do so. I observed the Generation Z participants to interject,

Fieldnote: “Excuse me” says Athena, approaching her Practice Supervisor to raise a concern about one of her patients.

Overall, the Generation Z participants were confident when communicating verbally. When asked if they felt confident in their verbal communication skills the Generation Z participants responded:

“Aye [Yes], I would say so.” (ST/N Lilly).

“I don't personally think I'm that bad at it.” (ST/N Daisy).

“It was the confidence that my mentors have put into me from sort of encouragement and saying like, this is maybe where you improve, this is where you are like doing really good.” (ST/N Esme).

Holly also discussed how her undergraduate nursing course was supporting the development of her communication skills:

"I'm still not very good at it, but in class, we're like, we're doing, like, presentations and everything, which I'm horrible at, but um, like, I think the more practise you get in these, like, circumstances that you're not very happy in the better you'll become." (ST/N Holly).

Whilst Athena was aware that her verbal communication skills and accent specifically may act as a barrier:

"I realised that my accent was going to be barrier for me, so I pushed myself to be speaking more to the patients because I realised that the more, I don't speak, the more it's going to grow worse. So, I pushed myself and I started, volunteering for the school open days." (ST/N Athena).

Daisy spoke of how she had started to develop a confidence in her communication skills as a health care support worker:

"I think a big part I used to, I was a support worker during COVID in a receiving ward, I worked there for a couple years." (ST/N Daisy)

In summary, there were no clear generational differences observed in the Generation Z participants verbal communication skills. Moreover, this study highlighted that some of the perceived characteristics of Generation Z's verbal communication skills were contradicted in this study. Although the Generation Z participants in this study were exposed to technology through their formative years, it does not appear to have impeded their ability to verbally communicate, build rapport, or speak up in challenging situations. Contrary to the literature, the Generation Z participants felt strongly that if they observed poor care or unjust treatment of patients that they would address these concerns.

4.10.3 Nonverbal communication

As highlighted in section 4.4.2, Emily and Cara both discuss some of the differences in relation to the nonverbal communication skills of Generation Z student nurses, however, this was not something that was observed with the sample of Generation Z student nurses who participated in Phase 3. Across the sample of six Generation Z student nurses, I wrote in all the fieldnotes the following observations, on numerous occasions:

Fieldnote: The student looks towards the Practice Supervisor (ST/N Daisy).

Fieldnote: The student is making eye contact and nods her head throughout the conversation (ST/N Lilly).

Fieldnote: She looks at her Practice Supervisor whilst speaking, making eye contact (ST/N Holly).

Fieldnote: She makes eye contact when speaking and maintains eye contact with the person when they speak, she nods in agreement and smiles intermittently (ST/N Rose).

Fieldnote: One of the staff nurses gives the student some instructions, the student nods as she is given the instructions (ST/N Esme).

To validate the observations, I asked the participants about their perceptions of their nonverbal communication, again this presents some contradictory findings when considered alongside the Phase 1 and 2 data, with participants stating that overall, they didn't feel there are any issues with their nonverbal communication:

"I think it's quite like good in terms of communicating with other staff and stuff." (ST/N Lilly).

Nonverbal communication was identified by several participants as an essential skill in nursing practice, with the Generation Z participants discussing the importance of gaining these skills:

“I think nonverbal communication, body language, facial expressions, I think they're so important because when you see a patient, the first time you see them that impression matters.” (ST/N Amelia).

Like Amelia, Melissa discussed the importance of nonverbal communication skills, specifically the role of active listening:

“Listening is so important; you need to show them you're listening as well as just talking otherwise they're not going to disclose anything to you it's just going to be a waste of time.” (ST/N Melissa).

I observed on several occasions, the Generation Z participants, leaning forward towards their Practice Supervisor and Practice Assessor when they were communicating; reducing the distance and as such appearing interested. Other cues associated with nonverbal communication include head nodding and laughing with both behaviours being regularly observed during the fieldwork for this study.

Holly and Daisy both discussed their body language during their post observation interviews. I wrote in my fieldnotes on numerous occasions what I observed to be positive body language, as well as other displays that could be looked on unfavourably, such as having one's arms folded:

“Sometimes I sit like this [Holly folds her arms across her body], and I don't know, that's just me being comfortable. Some people would say that's closed wouldn't they, but I'm just comfortable [laughing], so, um, yeah, I don't know, I don't know if that makes a difference to your communication or not.” (ST/N Holly).

With Daisy discussing how her body language changes when she is nervous:

“My mum always gives me in trouble for picking [her fingernails] (Laughing) I do it when I got nervous.” (ST/N Daisy).

Another recurring theme during the Phase 3 observations was eye contact. Whilst undertaking the fieldwork, I made numerous notes across the sample which related to the eye contact:

Fieldnote: 'They [The Student and Practice Supervisor] make eye contact throughout and laugh.' 'The student immediately looks up and makes eye contact.'

Although the Phase 2 interviews highlighted eye-contact, it became much more apparent through the observations. The Phase 2 data suggested that eye-contact amongst Generation Z was not as good as previous generations. Yet, the observation data did not necessarily confirm this perception. I made several fieldnotes highlighting stating:

Fieldnote: 'She stands face on and makes eye contact [with her Practice Supervisor].' Extracted from the fieldnotes taken when observing ST/N Athena.

Fieldnote: 'They stand close to each other, face on, making eye contact' This fieldnote extraction references an interaction between ST/N Daisy and a Practice Supervisor as they discuss a patients wound.

Fieldnote: 'She is stood facing her [Practice Supervisor], making eye contact.' Extracted from the fieldnotes when observing ST/N Lilly.

Accent and dialect also featured in the observations, and the post observation interviews, specifically with Lilly and Athena. Lilly has a broad regional accent, whereas Athena's accent is influenced by her cultural diversity. The participants considerations differed around the influence their dialect and accent had. Whilst undertaking one observation with Lilly, we were standing at the nurses' station, a large oval-shaped station in the middle of the room, surrounded by patient bays and two single rooms. This was an internal room, with little natural light except from one skylight; the rest of the room is lit with fluorescent lighting. There were several phones on the desk which seemed to be ringing almost constantly. The Ward was much busier on that shift compared to my previous experiences in the area. We stood next to each other at one end of the nurses' station, and I asked Lilly about her accent. She explained that:

"I don't think people genuinely don't understand, I try and speak posher, but I feel stupid." (ST/N Lilly).

Lilly also felt that sometimes her accent may:

“Be seen as unprofessional because I do speak like quite broad.” (ST/N Lilly).

The need to adapt her accent was discussed by Iain, one of the Practice Supervisors. On a nightshift, Iain approached me face on while I was standing against the units that ran along one side of the department. I stood off to one side of a room divider, just out of sight of the relatives of one of the patients. It was two minutes past midnight and some of the other lights had been dimmed. Iain stated that he wanted Lilly to speak with a patient’s family to see if she could adapt her communication to different situations:

“She’s a really broadly spoken quine [Girl], I want to see if she can adapt that.” (Iain RN).

This study highlighted the frustration that accent modification was required, as explained by Lilly:

“I think I’m constantly trying to change my voice and it’s nae natural. So, it’s like spikin [speaking] like a different way all the time.”

“Obviously if they dinna [don’t] speak English great, then I would need to, but I think if it’s like somebody fae [from] England, I would feel like I need to, I feel like they would think like checks this quine [girl], she’s not even trying or she’s really broad, I just think it’s mare [more] professional to spik [speak] English.” (ST/N Lilly).

Athena also experienced instances where she felt that she was not understood; and although one’s accent is a natural characteristic, it can in some instances impede communication:

“It’s a bit difficult because sometimes they don’t hear me. And sometimes it kind of affects my confidence to speak sometimes, because I’ll just be like I don’t want to speak. I just tried my best because obviously, in the hospital communication is the main thing, So I always force myself to at least speak and I know, because I’ve just accepted it, I need to repeat myself.” (ST/N Athena).

The way in which Practice Supervisors and Practice Assessors engaged with

Athena, made her feel comfortable, in turn enhancing her communication skills:

“They are really lovely because they always try to engage me in communication, always want me to work with them. And even when I’m not working with them, they always engage me in communication, and that really makes me feel comfortable. I’m always very happy working with them, to be honest.” (ST/N Athena).

In summary, the findings highlighted a wide range of nonverbal behaviours which I observed and were described by the participants in the ethnographic interviews and formal interviews. I observed positive behaviours such as leaning forward, nodding, laughing, and making eye contact. This study also highlighted some negatively perceived nonverbal behaviours, including arm folding. Two of the participants Lilly and Athena also highlighted their accents and dialect, with concerns around being understood or perceived as unprofessional, as well as feeling that they needed to adapt their accents depending on the interactions they were having.

4.10.4 Interpersonal professionalism

Interpersonal professionalism was discussed by both Generation Z participants and the Practice Supervisors and Practice Assessors during Phase 3; with much of the discussion focusing on a more relaxed style of communication by Generation Z. Stuart (RN) discussed how ST/N Holly was always professional in the way in which she communicated and how overall, he had not noticed any significant differences in language used in the clinical environment:

“The [registered] nurse upstairs, she kept saying slay, every time I was giving a handover, but with like patients otherwise, I’ve not really seen, I think it’s always been quiet, quite a relaxed language that they use when speaking with patients.” (Stuart RN).

The discussion around Generation Z being more ‘relaxed’ was noted across the sample, and across all three phases of the study. The perception of this relaxed approach was at times contradictory. Stuart did not think this relaxed approach was

necessarily a concern, however, as highlighted in section 4.5.3 Cara and Gemma felt that this more relaxed approach pushed professional boundaries.

During Stuart's interview he considered the need to adapt one's communication within certain situations. When I asked about the relaxed language he had observed Generation Z to use in clinical practice Stuart explained:

"It's very patient dependant, and that's obviously gauging who you're speaking to, I don't know if with the experience of them if they might gauge it differently, you know some people may be older generations might find it a little bit disrespectful but ones I've seen and when I've seen speaking to them, they often have quite a good relationship with the different generations." (Stuart RN).

When developing their communication skills role modelling was influential for Generation Z student nurses, as discussed by Esme:

"I've taken bits from many different mentors [Practice Supervisors/Practice Assessors] and different people within various teams about how, I quite like how they have certain conversations, and I've taken that in and thought, well, this was really good, I'll maybe use that or use a way around it in my own style to communicate this. Especially in a new clinical area, when I first go in with my mentors and it's somewhere that I've not been before, I think I pay more attention to how they communicate, because it's an unknown area for me and I take what they do well, and I try and base what I do off of that." (ST/N Esme).

The theme, *'interpersonal communication'* does highlight a potential generational difference in relation to *'interpersonal professionalism'* with Generation Z participants and Practice Supervisors and Practice Assessors highlighting a more relaxed style of communication across the three phases of this study. Yet the data in my study suggests that although Generation Z may appear more relaxed initially, the participants were responsive to context, learning from role modelling and were able to adapt in professional contexts. In relation to the other subthemes, *'verbal communication'* and *'nonverbal communication'* the findings from this study do not

highlight any clearly defined generational differences. Although differences may exist, generation theory excludes individuality. In my study the Generation Z participants did not display the stereotypical characteristics of the wider generational group; instead, the participants demonstrated an ability to build rapport and communicate in challenging situations.

4.10.5 The Changing face of communication

This study challenges the assumptions that all individuals from Generation Z are technically savvy:

“I’m definitely not tech savvy, I know the basics, even though I went to school with laptops, but I’m definitely not tech savvy.” (ST/N Esme).

While some of the Generation Z participants did not necessarily deem themselves as ‘tech savvy’, others were more confident using technology. During Holly’s interview I asked if she felt more confident to “have a go” as she has grown up with technology:

“Yeah, definitely, definitely, like, like, we have been brought up on it, like, um, even though, like a big chunk of my life I’ve had it in my life, you know, and so yeah, I think, I think it’s because we know that nothing like really bad’s going to happen, I feel like there’s a fear, if someone presses the wrong thing, like everything will be deleted off the tablet or wherever you know, um, so I think, um the difference, we’re not as fearful.” (ST/N Holly).

Generation Z may not all deem themselves as ‘tech savvy’ however, the confidence that some of the Generation Z participants had proved particularly valuable in some of the clinical areas. I asked Lucy if Generation Z’s technical abilities positively impacted on the clinical area:

“Massive for us, because Daisy was able to then, she took a job off of me. It does do us a favour, and they grasp the, like the asking me thing, they seem to understand that better than what we do.” (Lucy RN).

“I find that Gen Z students understand the concept of things better, not just technology but when they’re asked to do stuff and the guidelines that they’re given to follow.” (Lucy RN).

These findings suggest that while not all the Generation Z participants deemed themselves 'tech savvy', their confidence to 'have a go' and their willingness to engage with technology did have a positive influence in some clinical areas.

4.10.6 Social media and electronic communication

The use of social media and electronic communication became more apparent in Phase 3. This included the social media platforms used, the time spent on social media and why Generation Z engage with it. I was speaking with Daisy and Rose when they were having breakfast one morning. The breakroom, a conservatory, was extremely warm, uncomfortably warm, although it was below freezing outside. The staff room had a large dining table in the centre, with individual armchairs in the corners. Daisy and Rose were sat in the armchairs, I was sat at the dining table: Daisy was to my left, Rose on my right. Rose was on her phone, on TikTok, this prompted me to ask her if she used TikTok a lot:

"This is how I get the news, I did a deep dive into hurricane Milton, it's how I know about politics and stuff, my average TikTok time is 17.5 hours per week, oh my God!" (ST/N Rose).

Although the participants in this study did not define their social media use as an addiction, there were several discussions around their engagement with it, including some of their screen time, as demonstrated in the comments made by Rose. Lilly also discussed screentime during the observations:

"I think you see your screentime and people freak out!" (ST/N Lilly).

This study also supports some of the negative effects that social media may have on its Generation Z users:

"Like my generation, really rely on social media a lot more than we should like. I think we have an unhealthy obsession with it, and I can admit that cos I am glued to my phone." (ST/N Melissa).

With another participant highlighting that she will regularly check her social media accounts:

“Aye, I definitely would check it a few times a day.” (ST/N Lilly).

Although the Generation Z student nurse participants use social media and spent time on their phones, the use of mobile phones and social media was not confined to the Generation Z students, this was observed across staff of all generations, as the fieldnote extracts below highlight:

Fieldnotes: Everyone picks up their phone and looks at them. (ST/N Rose).

I regularly sat in the staffroom with Lilly when she was on her breaks. This was a very large staff room, with a large table which could sit approximately ten staff members on one side of the room. To the other side there were lower soft seats, I would usually position myself in the lower seats, this allowed me an observational view of the whole staff room. The below fieldnote was written during a morning break. The staffroom was particularly busy during the breaks with staff from across various professions sat in the room, tending to sit with individuals from the same profession. Although staff would engage in conversation they would regularly engage with their phone:

Fieldnotes: Two of the consented Practice Supervisors are in the room too, they are both on their phones, so is everyone else. (ST/N Lilly).

The use of social media and digital technology was observed across the generations during the fieldwork with the use of mobile devices leading to one particularly awkward experience whilst on break with Daisy, where all the other staff members were on their phones during the break, with one of the staff members speaking on their phone in the breakroom. This led to a conversation with Daisy after one morning break where I sat with her in the breakroom. As soon as the break was over, we left the breakroom together, the door was wide, so we walked out side by side, as soon as the door closed behind us Daisy immediately started to speak to me in a whispered, but frustrated tone Daisy stated:

“I personally think that’s rude, people are always really quick to say that about Gen Z, like, they’re always on their phone, they can’t have a normal conversation, but none of them looked up from their phone the whole break, I don’t think it’s a Gen Z thing, I think it’s how you’re brought up” (ST/N Daisy).

This sentiment around mobile phone use was echoed by Lilly:

“If I look my phone oot [out] once and somebody sees it, they’d be like ‘checks her she’s on her phone, like they cannae [can’t] go a minute withoot [without] their phone,’ but then if somebody alder [older] took oot [out] their phone, they would just think there doing something important far [where] as I could be checking the time or like, got an urgent phone call, but I think it’s just easier to say something negative aboot [about] it if it’s a younger person.” (ST/N Lilly).

Increased engagement with social media is not confined to Generation Z, and the observations highlighted that regardless of generational cohort technology and social media is influencing all generations:

“When I scroll through my Facebook it’s all the mums, and mum’s age people that are always posting and always doing this and, you know, you always see, and I know that people my age do the same, but I think it’s everyone I don’t just think it’s my generation.” (ST/N Daisy).

When considering the use of social media in the context of developing communication skills, several of the participants expressed a belief that social media had not influenced their communication skills and had not impeded the development of their communication skills:

“I don’t think it’s affected my communication skills personally; I don’t think so, I hope not.” (ST/N Daisy).

With Holly echoing a similar sentiment:

“I feel like we don’t really realise what social media is doing to us, you know, like, so I would say no.” (ST/N Holly).

This study also highlighted the participants' ages when they first started engaging with both smartphones and social media. Daisy and Holly both discussed getting their first mobile phone when starting secondary school:

"I didn't have a phone until I was in first year and it was, like, I think I'd done a lot of my developing before that." (ST/N Daisy).

"I didn't have a phone or anything when I was younger." (ST/N Holly).

Getting their first smart phone coincided with the Generation Z participants first social media accounts:

"I got a Facebook account when I was 12," (ST/N Daisy).

In contrast to Daisy and Holly, Lilly stated that social media had "maybe slightly" impacted on the development of her communication skills. Like Daisy and Holly, Lilly got her first phone at the age of 12:

"I got a phone, I think I started getting social media fan [when] I was, like, first year in academy, so I was like 12." (ST/N Lilly).

However, Lilly expressed that she felt the next generation, Generation Alpha's communication skills will be impacted more than Generation Z:

"I think if you've got social media fan [when] your seven, it's a big difference, there's a lot of pressure noo [now] on social media, as well like fitting in and group chats and like Facebook, so, I think that it might affect people mare [more] and it might be mare [more] awkward I da ken [I don't know], I just feel like I never, I still went oot [out] to play all the time fan [when] I was like, fan [when] I was like five to fan [when] I was 12 even fan [when] I was in academy we were nae [not] like constantly on our phones." (ST/N Lilly).

Lilly expressed how she felt Generation Alpha differ from Generation Z, with more access to technology from a younger age:

"Like you have babies and toddlers with iPads, I did nae hae [not have] that." (ST/N Lilly).

Although the Generation Z participants had slightly differing opinions around the influence that social media had on the development of their communication skills, it did differ from the perceptions of some of the Practice Supervisors and Practice assessors. Isla's perceptions in section 4.6.1 highlighted that she felt that Generation Z's preferred method of communication was through social media.

This was not however, reflected by the Generation Z participants. Although they all communicated through social media platforms several of them discussed their preferred mode of communication being verbal, in person communication:

"I definitely prefer face-to-face or voice." (ST/N Lilly).

"Talking, yeah, personally I don't particularly like phoning people, but I will do it, but I think the best way to do it is just to have a conversation. I just think it's better that way. Nothing gets missed out, nothing gets misinterpreted." (ST/N Daisy).

This preference for face-to-face communication highlights a tension between Generation Z and previous generations. The Generation Z participants desire for in person communication differs from Isla's perception that Generation Z prefer social media to communicate.

Esme spoke about how she felt that social media had positively enhanced her communication skills and how the ability to communicate at any point in time has given her more confidence when she speaks with people:

"Being able to be in touch with people all the time I think it's helped, instead of going from like speaking to people and then going home and being cut off from like friends, I think having that sort of in touch always has sort of made me quite confident when speaking to people." (ST/N Esme).

I asked Esme if she felt that social media had impeded her communication skills in anyway as the nuances of conversation are not present in online communication platforms. Esme made the following observation:

“I would say that a lot of things that would get lost in text instead of conversation like tone and everything. I think sometimes they are very mistranslated because you can't convey that in a text compared to in a conversation. But the same time I do think it sort of lets us think more about how we communicate with different people because of the fact that you can't get that across in a text message, you have to be very careful when speaking to certain people, especially if it's about a tricky situation and how you come across in a text, which I think then makes you think about how you come across in conversations as well.” (ST/N Esme).

Esme highlighted that the challenges of unnuanced communication through messaging and text services made her consider how she presented her communication and as such made her consider more about how she comes across in face-to-face conversations.

What this study also highlighted was a change in preference of electronic communication as the Generation Z participants had aged. Lilly spoke of how her and her friends communicated through pictures when they were younger, however, that had changed the older they got:

“I think the older you get; you use like WhatsApp and just message.” (ST/N Lilly).

During this study the COVID-19 pandemic spread with social restrictions and compulsory isolation changing the way in which all generations communicated. The pandemic resulted in the wide adoption of electronic communication. The observations undertaken for this study did not identify any clear deficits in the Generation Z participants soft skills, nor did the participants highlight any lasting effects in relation to the pandemic on them specifically. Nonetheless, Daisy felt that COVID-19 did impact on communication, not necessarily because of the increased use of technology but because of social isolation:

“I know personally, like, with my friends, they really struggled coming back out and going back to you know, socialising, it hit at a really weird age as well,

like I turned 18 during lockdown, like, that's a really weird age to all of a sudden be not allowed to do anything at all like you have to stay at home" (ST/N Daisy).

This study did highlight one form of electronic communication that is not favoured by Generation Z: the phone call. This initially became evident during the Phase 1 interviews, as discussed in section 4.5.2, when Natalie highlighted the anxiety that a phone call generated for her. I then observed this on several occasions during Phase 3 where the students were reluctant to speak on the phone whilst on placement. On one afternoon shift in Ward B, I was leaning against the doorframe to the nurses' station. Rose was sat at one of the two desks in the room with her Practice Supervisor present too. The phone on the desk rang next to her and Rose was quick to say:

"Oh, don't make me answer it! The generation that uses their phone the most is scared to answer the phone! I'm scared of it, I don't even call the GP for my own medication, I'm scared of the phone." (ST/N Rose).

However, Athena explained that her reluctance to answer the phone was not necessarily around an anxiety to speak on the phone, but as she had only just commenced placement that week, she was still settling into the area and developing her confidence:

"I don't feel confident [phoning], it's my first week, so I'm not confident yet, I don't mind the phone." (ST/N Athena).

Certainly, many of the students who participated in Phase 3 were sceptical of the perceived impact that social media may have had on Generation Z's communication. They did not perceive it had impacted negatively on the development of their communication specifically. The participants linked some of the perceptions around Generation Z's use of social media to generational stereotypes, which will be discussed in section 5.5.

4.11 The analysis of Phase 3: Inductive themes

The analysis of the data for Phase 3 was undertaken using reflexive thematic analysis, as discussed in section 3.16. The analysis highlighted some key findings which were not present in the Phase 1 and 2 data set, however, these themes are important when considered in the context of communication and student nurses placement learning experience.

An extract from the fieldnotes is shown in (figure 4.2), with the themes that emerged through the analysis of the raw Phase 3 data presented in table 4.2.

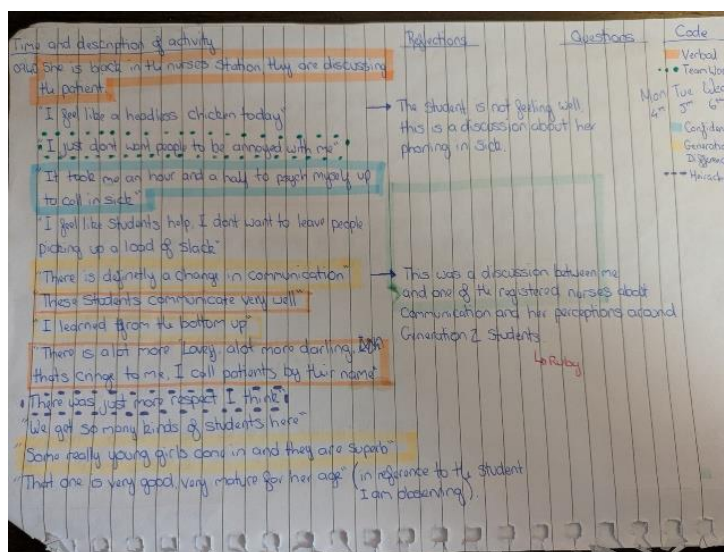


Figure 4.2: Extract of the fieldnotes.

Table 4.2

Additional Themes and Subthemes: Phase 3

Theme	Subtheme
Collaborative Practice	Team dynamics, effective teamwork, peer support, and empowerment
Generation Stereotyping	Resistance to stereotypes

When the initial analysis of the Phase 3 raw data was undertaken, '*peer support*' and '*empowerment*' were standalone themes, however, on further familiarisation with the data, and through added engagement with the wider literature it became apparent that these initial themes overlapped with the other subthemes identified under the overarching theme of '*collaborative practice*'.

4.12 Collaborative practice

Collaborative practice plays a pivotal role in the safe and effective delivery of person-centred care and is linked to more desirable patient outcomes (McLaney et al. 2022). Collaborative practice is complex in nature, relying on several processes directly influenced not only by individuals, but by other factors such as the wider organisation and education (Moore et al. 2019). Although this study focused on the communication between Generation Z student nurses and their Practice Supervisors and Practice Assessors, the data highlights the importance around the functions of the wider team, the relationship between the student and the staff and the influence this has on their communication skills.

4.12.1 Team dynamics

The first subtheme identified was '*team dynamics*,' which encompasses the behavioural, psychological and sociological connections within a team. Team dynamics in nursing influence patient care, with positive dynamics fostering a

supportive working environment. A team can consist of multidisciplinary professionals but can also be considered as a team comprising of one discipline (Babiker et al. 2014). In the context of this study the team dynamics consider the relationship between the Generation Z student nurses, the Practice Supervisors and Practice Assessors and the wider nursing team.

The observations highlighted that some of the Generation Z participants had experienced contrasting team dynamics whilst on different placement learning experiences. They discussed how this influenced their communication skills and the opportunity to converse with the participants highlighted that team dynamics were important, thus validating some of my observations where I had noted, what I perceived, as positive and inclusive team dynamics. A few of the Generation Z student nurse participants cited previous negative experiences of team dynamics, and how this impacted upon them. Daisy explained how the negative team dynamics she had experienced in one clinical placement had impeded her, making her shy away from potential learning experiences:

“I know my last placement, um, it wasn't an awful place (the student laughs), there was just, you know, certain things that, and I felt like I did, I did shy away and I don't think that I probably got the best out of that placement that I could have, but that's purely because I felt so (Pauses) uncomfortable, and I just I kind of shied away but don't think they actually like they, in Ward B, I just, I felt like an actual student nurse like, I felt listened to and they were, they were just, it was really great.” (ST/N Daisy).

During Daisy's interview at the end of her placement she explored the influence of the ward sister in her previous placement learning experience. The way in which the sister acted prevented Daisy from approaching her:

“Again, I keep coming back to my last placement, I would never have approached the sister of the ward, she wasn't approachable, she wasn't very friendly, and it's like, but coming here I think it's probably done me the world a good to be honest.” (ST/N Daisy).

Another participant, Holly, highlighted that she experienced a placement where the team dynamics were being observed due to challenges with the culture. She highlights the feeling of tension in the area because of these dynamics:

“I think good team dynamics is like essential really, like I, I know in my last placement, there was um, there was certain people that were getting observed and stuff, and, like, the whole team dynamic was getting observed by outside nurses coming in to work for, like, I think it was, like, six, six months or something, um, so, that was a bit strange and you could tell that there was like tension.” (ST/N Holly).

Lucy, now a ward sister also reflected on her experiences of a toxic culture when she was a student nurse during her interview:

“I remember being a student in one of the other community hospitals, the sister at the time, I have massive respect for this lady, but I was absolutely terrified of that woman, she used to check your uniforms and your nails, everything. When you went into work in the morning and if she told you, you were doing a drug round, I could feel my little palpitations going absolutely mental, and I always thought I never want anybody to feel like that.” (Lucy RN).

The experiences that Lucy had during her nurse training and as a staff nurse in various areas have influenced her leadership and the importance, she places on good team dynamics. Although team dynamics were important across Lucy's team, she did express that Generation Z student nurses required more nurturing compared to previous generational cohorts, with a more relaxed approach when communicating with them:

“I think by having a bit of that soft kind of approach in a more relaxed, relaxed kind of approach, it kind of maybe emphasises, um, enhances their communication abilities because they feel more [more] comfortable.” (Lucy RN).

Stuart and Lucy discussed their leadership skills in their role as a Practice Supervisor and Practice Assessor, as well as in their wider roles as senior staff within their teams:

“I hope I give that kind of like vibe out that they can come speak to me about anything. Yeah. So, then it takes some of the fear and anxiety away from them around communicating, and also around raising potential issues” (Stuart RN)

“We've got a good team here, a fab, well, you've seen it, we've got a fabulous team here. We're all very, we're quite laid-back people, you've probably seen that, and we get our job done, and we do it well, there's this hierarchy everywhere, we're all the same people here. I think it makes them feel more comfortable to allow them to then stand up and have a discussion.” (Lucy RN).

“I'm the Senior Charge Nurse and it's again me going back to when I was a student nurse and having that Sister, I remember there was a Senior Charge Nurse in Ward Y as well, her name slips me, we were talking about it the other week, she was another lady we were absolutely terrified of and that's not how you should be feeling at work. Even working in Ward Z and like the Senior Charge Nurse that I've worked with and worked with her since she was a band five, she used to fear the life out that young quines [girls] and that's nae how we should be because you don't get effective workforce if you scare people.” (Lucy RN).

One of the Generation Z student nurse participants, Rose, emphasised that when she had a sense of belonging within a team it had a positive influence on her communication skills:

“Yeah, like you don't know people's mannerisms sometimes if people like you or not, but if you feel valued it helps” (ST/N Rose).

Rose explained how the placement environment impacts upon her:

“The atmosphere is better here than in some wards.” (ST/N Rose).

When asked if this had any influence on her communication skills, Rose stated:

“Yeah, when there is not a good atmosphere your feared to speak.” (ST/N Rose).

Creating a learning environment where the student nurses have a sense of belonging can help with the development of various skills, develop confidence and enhance both personal and professional development (Dunbar and Carter 2017). When conversing with another of the Generation Z participants during the fieldwork, I enquired if she felt like she was part of the team:

“Emm, yeah, I don’t feel excluded, I feel quite needed.” (ST/N Holly).

A similar question was posed to Esme, during one of the observations:

“Is it important to feel like you are part of the team?” (Cameron).

“Yeah, 100%” (ST/N Esme).

Feeling like part of the team and that feeling of belonging was echoed across the Generation Z sample, with the team dynamics proving important in their overall experience but also influencing their communication when in the area.

4.12.2 Effective teamwork

The second sub-theme identified was ‘*effective teamwork*’. Teamwork is crucial in nursing, playing a pivotal role in the safe and effective delivery of care, meeting the needs of people with increasingly complex care needs, and can enhance job satisfaction (Bragadóttir et al. 2023; Furukawa and Kashiwagi 2021). During the fieldwork, I observed teamwork and the student’s role in this. What became apparent through the observations, most notably in Ward B, was how the leadership within the team influenced the way in which the team functioned. I posed this to Daisy in relation to the ward sister in the area she was on placement:

“She is so good at her job, and she has made this environment so lovely, and like, because of how relaxed, obviously she's relaxed to a certain point, and everything, but everything runs well there because she is so relaxed and so approachable.” (ST/N Daisy).

The leadership of the senior staff within clinical areas is important to how a team functions. If the leadership is emotionally intelligent then teams will likely function more effectively (Furukawa and Kashiwagi 2021). I interviewed Lucy one of the ward sisters in a face-to-face interview that I conducted in her office at the far end of Ward B. Lucy shared her office with the junior sister, with their desks positioned on opposite walls. Lucy sat at her desk, and I took a seat at the end of it. The office was bright with a window at the far end of the desk from where I was sitting. Lucy reflected on her team and her desire to support student nurses:

“I love having students, that's why I take so many, we have good team ethics here” (Lucy RN).

Creating a culture where team members do not feel intimidated, treated unfairly or are not treated in a supportive manner can impede effective teamwork (Furukawa and Kashiwagi 2021):

“I think on placement in terms of for me, obviously, everybody's like open to like teaching you things or open to you making mistakes it's obviously a lot nicer because you da [don't] feel like everybody's gonna be mad at you if you dee [do] something wrong” (ST/N Lilly).

Effective teamwork was important to the Generation Z participants. Athena stated that teamwork was “*definitely*” an important factor for her whilst on clinical placement.

However, there are challenges that can impede teamwork, such as staffing pressures. Lucy explained that she was on her third 12-hour shift, meaning by Saturday she would have completed six 12-hour shifts in a row:

“I’m on my third 12-hour shift this week; I’m on 12-hour shifts all through until Saturday.” (Lucy RN).

4.12.3 Peer support

The third subtheme under the overarching theme of ‘*collaborative practice*’ was ‘*peer support*’. Peer support in nursing is crucial. It can establish a supportive working environment; in turn this can promote a feeling of belonging and enhance professional identity (Watson et al. 2024). Moreover, developing these supportive relationships can reduce the feeling of isolation and increase the sense of community (Watson 2024). Peer support between two of the participants specifically was observed during the fieldwork, as two of the Generation Z student nurses who participated in the study were on placement in the same area. In the fieldnotes, I made several observations where Rose and Daisy would work closely together and note that they often provided patient care together and would frequently answer the nurse call bells together. This led me to enquire about what I perceived to observe. During one observation episode, Rose was stood leaning on the drug trolley outside one of the patient bays during a quieter period of the morning shift. The ward felt less hurried at this time as the morning washes had been completed. I took this opportunity to pose the following question to Rose:

“Do you think peer support is important?” (Cameron).

“Yes, definitely, it’s nice to be on with another student.” (ST/N Rose).

“Do you think it’s because of your age?” (Cameron).

“I think we work the same, we are just in sync” (ST/N Rose).

During Daisy’s one-to-one interview I explored her relationship with Rose, and the importance of developing a peer network.

“I think having good, I would consider them friends now, like, um, being with those two, it really, it really helps because they know exactly what you’re going through, like you’re not the only one, like on my last ward, I don’t really think I made friends with any of the other students, but it was just down to,

like, we were hardly on shift together. So, you do feel like you're by yourself."
(ST/N Daisy).

Peer support was evident within the team that Daisy and Rose were part of during their placement. I observed one multi-disciplinary team meeting which took place in the staff room of Ward B. As you entered there was a circular table on the left, and slightly further into the room a large dining table in the centre, with armchairs in each corner. The room was full, with all seats taken, and some team members sat on the windowsill. I stood in the doorway, able to see everyone in the room. Lucy, the ward sister went round every staff member in the group, and asked:

"What's the best thing about today?" (Lucy RN).

Peer support was significant across the sample, with the Generation Z student nurses discussing the importance of it to their overall placement learning experience, but also where they would seek peer support from:

"I feel like obviously if they're older they've got a lot of experience, but I do feel like Um, a younger nurse they almost remember fit [what] it's like to be in my position, so they're more [more] like they understand my question more [more] and I think they just think about it more [more] like from my point of view than like if you've been nursing for thirty years you kinda forgot fit [what] it's like to be a student." (ST/N Lilly).

Lilly highlighted the value of having other student nurses around her whilst on placement:

"I liked haeing [having] the third years around, I feel like it's fine haeing [having] others around that dinna [don't] know fit they're deein [what they're doing]." (ST/N Lilly).

With Athena also highlighting the benefits of being on placement with other student nurses:

“Definitely, it doesn’t give you more confidence, but it means that you won’t be left out in the team.” (ST/N Athena).

Although peer support had not been an apparent theme during the Phase 1 and 2 interviews, on revisiting the data, a key point was highlighted by Natalie, which further demonstrates the importance of peer support for the Generation Z participants:

“When I’m on placement I definitely kind of not rely on the other students but I definitely share like I definitely just try and share, not I share our workload or anything but we’re just always like, like constantly just asking for updates from each other seeing what they’re doing, seeing what you’ve got, you’re doing, seeing what you’ve got to do, what they’ve got to do, and just kind of trying to you know make sure you’re both kind of fine and getting on fine” (ST/N Natalie).

Age was a factor in whom some of the Generation Z student nurses sought peer support from at times, although age was not necessarily a decisive factor, a few participants highlighted that they would tend to engage more freely with other staff members and student nurses of a similar age. This was evident in Lilly’s reflections:

“So, I feel like I’d be mare [more] likely to go up to, actually depends, but I feel like I’ve been more likely to ask a younger nurse first. I would speak to them mare [more] in general like aboot [about] normal things, like I was speaking to them aboot [about] like gan oot [going out] and like fake tanning and stuff like, far [where] as I don’t hae [have] as much in common as alder eens [older one’s]. So, I feel like I would be mare [more] chatty, ken mare [know more], the younger people I’m just closer to as the older ones.” (ST/N Lilly).

Although Lilly noted that she would seek support from older staff members when required, she emphasised a preference for approaching younger staff first:

“I feel like, obviously, if they’re older they’ve got a lot of experience, but I do feel, like, um, a younger nurse they almost remember fit [what] it’s like to be in my position, so they’re more [more], like, they understand my question more [more] and I think they just think about it more [more] like from my point of view than, like, if you’ve been nursing for thirty year you kinda forgot fit [what] it’s like to be a student.” (ST/N Lilly).

Daisy had a similar perspective to Lilly, and although Daisy had close friends who were older than her, she felt at times her older friends did not necessarily understand Daisy’s perspectives:

“I also do think it helps that they’re my age, um, I’ve got a friend, a friend in my uni class as well and, great friend, but she’s the same age as my mum, and sometimes I feel like, I love her to bits, I really do, but there’s that thing of we’re at different points in our life and I think that sometimes she doesn’t quite understand where I’m coming from or, you know, we’re there for each other, but it’s like a different kind of relationship. Whereas like, with friends my age we’re on the same level, like, we are, we’re all the same way” (ST/N Daisy).

However, for Holly, she did not view age as an important factor in relation to peer support, and had a contrasting view compared to Lilly and Daisy:

“I don’t think it makes a difference like, um, I just found out that both my, like closer friends at uni are both 28, and I was like, oh, or 29, I was like, oh, I don’t think so, no, I, I think it’s more to do with relationship, like both my mentors [Practice Supervisor/Practice Assessor] were obviously older, because of this, [Study] um, and I, and I think it was to do like, you didn’t see me and Sam, did you, um because I think I got on better with Stuart than I did Sam, and, and I think it was just because he, not more friendly, like Sam was great I really liked her, but I think he like was more up for a laugh, you know, whereas I only had Sam in day times, which is like full on, go, go, go you know, so I think we did have a different relationship.” (ST/N Holly).

4.12.4 Empowerment

The final subtheme identified under ‘*collaborative practice*’ was ‘*empowerment*’. Across the sample, I made several fieldnotes around what I perceived to be confidence displayed by the Generation Z student nurses. In Holly’s post-placement interview I put to her that my perception was that she appeared confident when she was communicating, however, my perception was not completely accurate:

“Yeah, maybe, I try and put the, the confidence shield on, yes.” (ST/N Holly).

Confidence develops over time, through experience and absorption of knowledge, self-confidence matures (Darawad et al. 2020). Moreover, organisational culture has a significant influence on empowerment (Darawad et al. 2020). Thus, directly linking with the subthemes of ‘*team dynamics*’, and ‘*effective teamwork*’. The sample included student nurses from Stage 2, Stage 3 and Stage 4 of the undergraduate course, although confidence was displayed across the sample, Esme a BSc (Honours) student in her final year, appeared confident in her skills and communication from the first observation, which was her third shift. As we walked side-by-side down one of the more dimly lit staff corridors towards the staff room I asked Esme about my perceptions of her confidence:

“I was speaking to my mum and dad about this, I feel confident more so in this placement, I could already be qualified” (ST/N Esme).

The Generation Z participants in this study highlighted the importance of empowerment and the effect this had on them when in clinical placement. The impact of empowerment was articulated by Esme. Esme was in her final practice learning experience, and the confidence that her Practice Supervisor and Practice Assessor had imparted on her had a profound effect:

“They’ve [Practice Supervisor/Practice Assessor] already said to me that I’m ready to get my blues. They’re very much instilling the confidence in me, and I think that just gives me a boost and, like, I think, okay, I actually can do this, gives me the confidence even more to go and just do it.” (ST/N Esme).

Esme also reflected on an experience during a previous practice learning experience where she did not feel valued within the team:

“I've had one placement where I've not felt extremely valued and it has made me go into my shell a bit more because I don't want to step on toes with not having them have the confidence in me already, but when they sort of take you in and really make you feel like you're part of the team, you feel like you're more open and even if you make a mistake It's, it's okay because they're supporting you through that as well.” (ST/N Esme).

Where staff and students feel empowered, they are more likely to address concerns they may have around poor practice and poor patient care. This relies upon a positive culture in the workplace, and effective peer support, allowing individuals an opportunity to develop their communication skills (Wing et al. 2015):

“When there is not a good atmosphere you're feared to speak” (ST/N Rose).

4.13 Generation stereotyping

The final theme identified from the analysis of the Phase 3 raw data was around generation stereotyping. Because of the growing amount of research that focuses on the perceived traits of different generations, and the interest in multigenerational workplaces, this can cement some of the stereotypes applied to different generations, with the stereotypes amplified through the media (Hayes et al. 2018).

The stereotypes around Generation Z were at times evident when in the field, with some of the registered nurses keen to share their own experiences of Generation Z. This captured some of the stereotypes applied to the wider Generation Z cohort in the broader literature. On a nightshift in Ward D, within the first five minutes of the observation, one of the nurses was keen to share a story about one such

experience. I was leaning against the units which ran the full length of the department, trying to stay out of the way. At the time there was only one patient in the department whom the other registered nurse was attending to with the student I was there to observe. Iain approached me face on, and initiated the conversation:

“I remember having a student upstairs who spoke to her patients like they were friends, it’s a Gen Z thing, it’s how they text is how they speak” (Iain RN).

There were some instances during the observations where some of the Generation Z stereotypes were reinforced by a few of the Practice Supervisors and Practice Assessors. These perceptions do, however, demonstrate ambiguity, and show individuality across Generation Z:

“There is definitely a change in communication, these students (Daisy and Rose) communicate very well. We get so many kinds of students here, some really young girls come in and they are superb, that one is very good, (Pointing to Daisy) very mature for her age.” (Ruby RN).

During the fieldwork, there seemed to be an interest in this study, and there was an awareness of different generations as well as the stereotypes applied to different generational cohorts. During one observation I was stood in the main corridor of the ward. The corridor was brightly lit with fluorescent strip lighting, with little natural light due to the rooms on either side of the corridor. On the opposite side, one of the registered nurses who was participating in the study was stood at the computer. She looked towards me, making eye contact and stated that:

“There is definitely a change in communication, there was just more respect I think” [More respect when this nurse trained] (Ruby RN).

This study suggests that the Generation Z participants are aware of some of the stereotypes that apply to them. Yet, the participants did not necessarily relate to these:

“When you told me about your study, I was like, everyone's like that, because they are” (ST/N Daisy).

There were also mixed views between the participants in relation to Generation Z's stereotypes, Daisy shrugged off some of the stereotypes, but expressed frustration at some:

“A lot of the stereotypes for Gen Z I find quite funny, and frustrating, because everyone does it [uses their phone and social media], but for some reason, it's always blamed on my generation.” (ST/N Daisy).

Whereas Holly reflected on individuality, which generational categories often fail to capture:

“You couldn't possibly say that we're all the same, and like, it wouldn't annoy me to be honest”. “You do see some and you're like, wow, we are very different.” (ST/N Holly).

Lilly was also not particularly phased by the stereotypes when I asked if she was bothered by them:

“No, because I feel like you get kind of get a look if you do something, you do well or you're spikin [speaking] to them they kind of go, ‘Oh like she's, she's quite good is she’ like as if it's like a shock that you're actually managing to dee [do] your job.” (ST/N Lilly).

Lilly's perspective was that although these stereotypes exist you can prove these wrong.

In this study, although most of the participants were not necessarily phased by the stereotypes, there were some frustrations expressed around generational stereotyping:

“I think if you were to muck-up, it can be quite annoying because you're automatically seen as you dinna [don't] understand your job or you da ken fit

your deen. [don't know what you are doing]" (Lilly), "People do like think of us in a bad way more often than any other generation, I would say." (ST/N Holly).

The impact of bias and stereotyping was also highlighted by Melissa. This relates specifically to her age, and how the attitudes of some staff members and one patient changes when they found out her age:

"When I tell them oh I am only 17 their attitude just changes, like, that and they just start like treating me like a child and I'm like, not so much now cause I only turned 19 last month, but prior to that I was treated like a child which I thought was a bit rubbish, but there's only some people do and I notice it was older people, and like some, like I had an older patient once who actually refused to care for him because they thought I was incompetent because I was too young." (ST/N Melissa).

Finally, Holly highlighted that other generations have had longer to develop their communication skills, and therefore, will communicate more effectively compared to Generation Z:

"Gen X, they like, they've been on this world for longer and had more experiences of communication so they will be better at it." (ST/N Holly).

4.13.1 Resistance to stereotypes

The subtheme associated with 'Generation Stereotypes', was 'Resistance to Stereotypes'. Stereotypes were not only raised by the Practice Supervisors and Practice Assessors of previous generations, but several of the Generation Z student nurses also discussed these stereotypes, and their frustration at some of the stereotypes applied to them:

"People just get this idea from this, the stigma that is going around anyway. Em, we do spend a lot more time on our phones than other people would, well, we do, I know we do but then also being on placement, I thought that a

lot of people also did spend a lot of their time on their phones and I'm too scared to use my phone, but I do find that. I don't think I think it's just because we were brought up in it, it's more of like a oh well they're the problem.” (ST/N Daisy).

The perspective that technology and social media have influenced all generations was reflected by Lucy, a Millennial, who considers how technology has impacted us all:

“I know that I can't live without my phone. Not just looking at Facebook, but how we communicate, me and Lara were talking about it the other week, I'd rather text her than phone her when we leave here, and we talk to each other all day and then I'd rather text her at night, and I think that's just everywhere. I think we're all bad at it now.” (Lucy RN).

The Generation Z participants discussed stereotypes focusing on their childhood experiences, with Lilly raising her frustrations around some of the perceptions that exist around Generation Z:

“People say I dinna [don't] know what it's like to go oot [out] and play wi [with] your pals, that annoys me, because that's exactly what I did.” (ST/N Lilly).

The discussion around 'going out to play' was echoed further by Holly and Daisy:

“I didn't have a phone or anything when I was younger, I went outside and played that's like so stereotypical I know (Laughing), but like, so I wasn't brought up like fully on technology.” (ST/N Holly).

“I played outside, you know, my mum was really big on, we had one phone that we used to take up to the park, so that Mum could phone us when dinner was ready” (ST/N Daisy).

What these perspectives demonstrate is that although technology played a role the Generation Z participants were not immersed in technology.

Daisy also highlighted a frustration at the labelling of Generation Z as 'Snowflakes':

“This whole snowflake thing, like, I don't, that it's like, they're upset that people are voicing their opinions which is fine for them to do by calling people snowflakes, and, you know, and it's just this whole like I don't really understand it, I don't really understand why people are so bothered about [what] other people do. I just don't get it, life's too short to care about what a 12-year-old girl has opinions of, doesn't make her a snowflake, she just thinks differently to what you do. And then the use of Technology like, everyone uses their phone, everyone, do you know what I mean, everyone's got a phone, my 79 year old grandparents What's app me all the time, pictures, you know what I mean? like, nobody says anything about them, but I do understand, I do get why people say it but I also just don't know why it affects them that much.” (ST/N Daisy).

What Daisy expressed here is not only are the ‘younger generations’ being labelled as ‘Snowflakes’ but also, technology and social media have not only influenced and impacted on Generation Z; it has also changed the way in which other generations communicate. When observing in Phase 3, all staff regardless of generation would use their smartphones on break.

As noted in section 4.3.5, the number of codes a theme comprises of does not necessarily equate to the importance or value of the theme (Rowland and Conolly 2024). This theme ‘*Generation Stereotypes*’ did not comprise of a large volume of associated codes, but when analysing the data the story the participants were telling was conceptually important in the context of Generation Z’s communication skills and the way in which bias and stereotypes may impact upon Generation Z student nurses in practice.

4.14 Closing off themes

As discussed previously, the purpose of Phase 1 and Phase 2 was to develop initial themes, with Phase 3 triangulating this data in clinical placement through observations. When undertaking the observations it became apparent that there would be limited scope to observe the overarching theme of ‘*Written Communication*’

and the associated subthemes '*Orthography*', '*The influence of technology on writing skills*', and '*Professionalism in writing*'. When undertaking the observations, there was limited and in some cases no examples of handwritten communication that I was able to see, furthermore, the patient notes across the health board are no longer handwritten, with the nursing notes being typed on TrakCare, an electronic system which is used to document, and share patient information easily and effectively. This system requires a login, which I do not have and therefore the opportunity to see written information rarely presented itself.

As this theme, and subthemes had been drawn out of the Phase 1 and Phase 2 raw data, I do not intend to dismiss their importance, as there were some passionate discussions around these perceived differences in Generation Z's written communication skills. Therefore, as a participant observer, I took the opportunity to ask the Generation Z student nurses about their written communication skills during the observations and did have an opportunity to see a poster that Rose had been tasked to complete whilst on placement, in which there was appropriate use of orthography. There was nothing to suggest a particular difference in the written communication skills of Generation Z student nurses.

Attempts were made to broach this theme with the participants whilst undertaking the observations. During one conversation with Daisy, we were sat in the nurse's station, a small office off the main corridor. There were two computers against the wall, separated by two tall metal filing cabinets. There was limited space at the desk, and I couldn't sit next to Daisy, so I sat against the opposite wall. Behind me there was a large white board, this had all the patients' names and estimated discharge dates on it. As Daisy was typing her notes, I asked her the following question:

"Do you feel social media or electronic communication has impacted on your written communication skills?" (Cameron).

I don't know, I think I can flit between the two, I haven't caught myself writing something I shouldn't.... yet, I don't think I have abbreviated anything I shouldn't have yet" (ST/N Daisy).

On another occasion a spontaneous comment was made by Daisy when she was updating a nursing care plan on TrakCare. Daisy highlighted that typing her patient notes quickly that this affected her spelling, noting that she would usually rely on the spell check, which isn't available in the TrakCare system:

"Have you ever spelled something so wrong, Jesus! I'm okay, my spelling is fine, it's just when you type quick, you are used to spell check popping up"
(ST/N Daisy).

Although discussions around '*Written Communication*' and the associated subthemes '*Orthography*', '*The influence of technology on writing skills*', and '*Professionalism in writing*,' took place, with the limited opportunity to observe Generation Z student nurses written communication whilst on placement, it seems appropriate to draw this theme to a close before proceeding to Chapter 5: The Discussion, as the triangulation data from Phase 3 is not sufficient enough to draw appropriate conclusions. I will, however, pick this theme up again in Chapter 6: The Recommendations and Conclusions, and consider the limitations of this study and how this theme may be addressed in future research.

4.15 Overall: A summary of Phase 1, Phase 2 and Phase 3

The analysis of the data from across the three phases of this study has highlighted four overarching themes, '*Interpersonal Communication*,' '*The Changing Face of Communication*,' '*Collaborative Practice*' and '*Generational Stereotypes*', with associated subthemes. Triangulation of the Phase 1 and Phase 2 data resulted in one of the initial themes '*Written Communication*' being closed off due to a lacking ability to observe this in the Phase 3 fieldwork, and therefore appropriate conclusions could not be reasonably drawn on this theme. However, the Phase 3 data did emphasise some key findings in relation to '*Interpersonal Communication*,' and '*The Changing Face of Communication*,' as well as highlighting additional themes which were not apparent in the initial phases of the study, '*Collaborative Practice*,' and '*Generational Stereotypes*'.

4.16 Conclusion

To conclude, this chapter has provided a recap of the processes applied to analyse the data gathered across the three phases of the study, addressing reflexive thematic analysis and how this was used specifically in this study. The chapter has drawn out the key themes from the data and presented each theme alongside the analysis of the themes across the phases. These themes will be explored further in Chapter 5: The Discussion. The final themes across the study that will be the focus of Chapter 5 are detailed in table 4.2. Table 4.2 which summarises the overarching themes, associated subthemes and highlights the phase(s) of the study that the theme emerged, with the data collection methods used to gather the raw data.

Table 4.3*The Final Themes*

Theme	Subtheme(s)	Theme Emergence	Data Collection Method(s)
Interpersonal communication	Verbal communication Nonverbal communication Interpersonal professionalism	Phase 1 Phase 2 Phase 3	Interviews Observations Ethnographic Interviews
The changing face of communication	Social media Electronic communication	Phase 1 Phase 2 Phase 3	Interviews Observations
Collaborative practice	Team dynamics Effective teamwork Peer support Empowerment	Phase 3	Observations Ethnographic Interviews Interviews
Generational stereotypes	Resistance to stereotypes	Phase 3	Observations Ethnographic Interviews Interviews

Note: 'Interviews' refer to the planned semi-structured interviews following the completion of the observations. Ethnographic interviews refer to the informal conversations that took place during fieldwork observations.

Chapter 5 The Discussion

5.1 Introduction

This study has been conducted over three Phases. Due to a lack of research focusing on the communication skills of Generation Z student nurses' phases 1 and 2 were undertaken to develop themes for Phase 3 of the study. Following the analysis of the Phase 1, 2 and 3 data, five overarching themes were identified alongside nine associated sub-themes which are presented in table 5.1.

Tabel 5.1

Themes and Subthemes

Theme	Subtheme
Interpersonal communication	Verbal communication Nonverbal communication Interpersonal Professionalism
The changing face of communication	Social media Electronic Communication
Collaborative practice	Team dynamics Effective teamwork Peer support Empowerment
Generational stereotypes	Resistance to stereotypes

These themes will be discussed in this chapter with the purpose of answering the primary research question:

‘Are Generation Z student nurses different from previous generational cohorts, in their communication style? If so in what ways?’

As well as answering the secondary research question.

‘Do Generation Z student nurses communicate differently in clinical practice compared to previous generational groups?’

The discussion will draw on appropriate literature and research to anchor the findings from this study in relation to the wider body of knowledge in this field whilst referring to the literature review and the findings.

5.2 Interpersonal communication

Interpersonal communication is complex; this study focuses on the verbal and nonverbal communication skills of Generation Z participants in clinical practice and for the purpose of the discussion verbal and nonverbal communication are discussed as two distinct themes. Although discussed independently, verbal and nonverbal communication is interwoven and defining verbal and nonverbal communication separately can prove challenging (Hargie 2010). This study identified some aspects which both support and contradict the narrative around the interpersonal communication skills of Generation Z in nursing practice.

5.2.1 Verbal communication

Effective verbal communication in nursing needs to be clear and precise. It should be delivered using terminology that is understandable whilst avoiding the use of jargon and complex medical terminology (Gregory 2024). The literature suggests that with the increased use of smart devices and electronic communication Generation Z may have missed the opportunity to develop some essential verbal communication skills; lacking an ability to build rapport, interject, and critically think (Schroth 2019, Shorey et al. 2021). Schroth’s (2019) meta-analysis uses multiple case studies of data across a 15-year period whilst drawing upon her own experiences of Generation Z in the workplace, providing a comprehensive appraisal of Generation Z’s unique characteristics. Although Schroth (2019) provides valuable insights into Generation Z’s workplace characteristics it is important to consider the limitations of meta-

analysis, such as author bias, selective reporting and the varied quality of the studies included (Allen 2019).

Despite the concerns that Generation Z may be lacking some of the skills required for verbal interactions some studies suggest that Generation Z value face-to-face communication (Raslie and Ting 2020). Generation Z were asked in Raslie and Ting's (2020) survey if they liked to talk to people face-to-face. This was reported on a Likert scale where a score of five meant that participants strongly agreed with this statement. Generation Z had a mean score of 4.06 even though they have been immersed with technologically supported communication.

Generation Z's communication style prioritises relationships over task accomplishment. This suggests Generation Z place a higher value on maintaining positive relationships than solely focusing on completing workplace tasks (Raslie and Ting 2020). In Raslie and Ting's (2020) study, Millennials and Generation Z prioritised relationships over task completion, with both generations mean scores 2.07 and 2.06 respectively. This overlap highlights one of the challenges associated with generation theory with different generations sharing characteristics.

Some of the literature suggests that Generation Z are keen to be seen to fit in. This may impede their abilities to manage challenging situations and speak up in the hierarchical structure of nursing and healthcare (Hee and Yeojin 2024; Jassen and Carradini 2021; Raslie and Ting 2020). This study found some alignment with the wider literature with participants noting that Generation Z student nurses found communication challenging within the hierarchical healthcare system. However, the findings also suggest that with appropriate support on placement, participants' confidence to speak up in the hierarchical structures increased. It is, therefore, important to provide a supportive learning environment in which Generation Z student nurses can develop their interpersonal skills (Bhana 2014).

Contrary to some of the broader literature, this study does not support the narrative of Generation Z being impeded in their ability to address challenging situations or verbally engaging with team members above them in the hierarchy. The Generation Z participants in this study described a stigma where they would 'say what they like',

however, the participants explained that being able to express themselves would prove positive when speaking up if they had concerns around their patients. The participants explicitly reported a readiness to advocate for their patients. They highlighted if they had any concerns they would speak up and challenge anything they believed to be wrong.

The stigma that the participants discussed could negatively influence communication, acting as a barrier to effective verbal interactions (Ivanović and Kolar 2023). The ability to speak up in challenging situations requires assertiveness, which Generation Z are perceived to lack (Jassen and Carradini 2021). This, however, may not be a generational difference. Speaking up in relation to poor or unsafe patient care is complex, with student nurses making a balanced decision whether to address inadequate care or to remain silent (Fagan et al. 2021). When addressing such concerns, student nurses will consider the direct impact on them, such as exclusion within the team, having learning opportunities restricted, and placement failure. When student nurses do speak up and address their concerns, they will consider phrasing and tone of voice (Fagan et al. 2021).

Previous studies have suggested that Generation Z may struggle to adapt their communication style (style-flex). Raslie and Ting's (2020) online survey of 243 Generation Z participants concluded that a specific challenge for Generation Z is that they may lack the ability to adapt their communication style to manage challenging situations. Additionally, they may lack self-awareness of the communication skills they possess. This view is somewhat supported by Hee and Yeojin's (2024) cross-sectional study which indicates that Generation Z may find it difficult to change their communication style in certain situations.

The findings from Raslie and Ting (2020) and Hee and Yeojin (2024) may be influenced by the cultural context of where the studies were conducted. Raslie and Ting's (2020) research took place in Malaysia and Hee and Yeojin's (2024) research conducted in Korea. In Asian culture where these studies were undertaken, nurses may be less inclined to speak up, reluctant to voice opinions where discussion is required (Hee and Yeojin's 2024). Furthermore, the communication skills of the

participants could be influenced by the hierarchical culture. As such the influence that culture has in these studies may affect communication style. This difference in culture may suggest why my study has differing findings. The UK based Generation Z student nurse participants were able to address situations they felt were unfair.

Whilst Raslie and Ting (2020) used an online survey to collect their data, Hee and Yeojin's (2024) recruited 79 Generation Z participants and relied on a self-reporting questionnaire. Both studies have limitations in the data collection methods used including a risk of respondent bias and a lack of depth that other data collection methods, such as interviews and observations may provide.

Hee and Yeojin (2024) and Raslie and Ting (2020) both conclude that Generation Z may struggle to style-flex: an ability to change communication style when communicating with previous generations-including Generation X and Baby Boomers-who hold hierarchical positions within the workplace. While Generation Z individuals do have the ability to style-flex, which can support the development of rapport in multigenerational workplaces, they may not effectively do so due to limited knowledge of style-typing (Hee and Yeojin 2024).

In contrast to the quantitative methods of Raslie and Ting (2020) and Hee and Yeojin (2024), the ethnographic methodology of my study has provided a richer understanding of Generation Z's communication skills through the findings of observations and the interviews. My study's findings are somewhat contradictory and suggest that Generation Z will adapt their communication skills to manage challenging situations, with the Generation Z sample in Phase 3 highlighting their intentions to address situations that they feel are unjust.

Hierarchy can create barriers to both communication and speaking out in challenging situations. That said, Generation Z's ability to style-flex could prove effective in managing conflict. This ability to adapt one's verbal communication and style-flex is theoretically underpinned by Communication Accommodation Theory. It rationalises why individuals adapt their communication depending on the social context.

Communication Accommodation Theory considers linguistic adaption, including word choice and altering the speed of delivery and accent (Watson 2020). The adaption of

communication can make people appear more alike and reduce social differences (Momand and Dubrowski 2020); enhancing acceptance and improving communication (Watson 2020). The ability to communicate in challenging circumstances relies not only on the ability to build rapport, but on several other factors such as the workplace culture and teamwork (Hoffmann et al. 2022). These factors will be discussed in further detail in sections 5.4.1 and 5.4.2.

This study also highlighted that participants could interject in verbal exchanges despite some of the literature suggesting that Generation Z struggle in this area (Schroth 2019; Shorey et al. 2021). This underlines the inherent challenges with generation theory and the negation of individuality. The ability to interject and raise concerns contradicts the broader literature suggesting that Generation Z have not developed these skills. The Generation Z participants in this study demonstrated confidence when communicating verbally. The confidence they had developed was also attributed to the encouragement they received from their Practice Supervisors and Practice Assessors.

Regardless of generation, undergraduate nurse education plays a pivotal role in the development of effective communication skills. Yet a standard approach to the teaching of communication skills across nursing courses is currently lacking (Kerr et al. 2022). Communication skills are often implicitly taught in undergraduate nursing curriculums rather than being taught independently (Kerr et al. 2022).

Communication is a skill that can be learned but student nurses require adequate time and opportunity to develop such skills (Kerr et al. 2022). Cannity et al. (2021) support Kerr et al. (2022), highlighting that the integration of communication skills in undergraduate nursing courses has been discreetly introduced. The single-arm pre-post study undertaken by Cannity et al. (2021) sampled 158 student nurses.

Findings highlight that focused communication training can significantly enhance student nurses' communication skills, such as confidence and empathetic communication. Cannity et al. (2021) used a quantitative methodology to reach their conclusions. This lacks the descriptive data within my study which articulates how Generation Z student nurses develop their communication skills throughout their undergraduate nursing course. My findings suggest that learning experiences within

undergraduate nursing courses play a role in developing communication skills. Even when initially uncomfortable, participants' confidence increased through repeated practice. This suggests that experiential learning can mitigate perceived generational differences in verbal communication skills.

The ability to practice communication skills is key for student nurses. Using simulated practice and models of communication, such as Situation-Background-Assessment-Recommendation (SBAR), can enhance skills development and the clarity of verbal communication (Yun et al. 2023). Undergraduate nursing courses have a central role supporting the development of communication skills, however, some of the Generation Z participants were also aware of their individual development needs. Participant highlighted barriers to communication, such as accent and actively sought opportunities to improve their skills through, volunteering or undertaking roles like working as a healthcare support worker, to gain experience. This highlights self-awareness and a desire to enhance communication skills through practical means, with self-awareness having a positive influence on individuals communication skills (Li et al. 2022).

My study challenges some of the assumptions around Generation Z's verbal communication skills. Despite being considered the first 'tech native' generation, the participants in this study demonstrated an ability to communicate well, build rapport, and speak up in challenging situations. This suggests that technology has not impeded the Generation Z participants verbal communication skills. This does somewhat contradict the literature indicating Generation Z will struggle to manage challenging situations and speak up in the hierarchical structure of nursing and healthcare (Hee and Yeojin 2024; Jassen and Carradini 2021; Raslie and Ting 2020). Providing Generation Z student nurses with supportive learning environments will develop the confidence to advocate, and address poor and unjust treatment, challenging the generational stereotypes. Generation Z's ability to speak up will have a positive influence on clinical practice.

5.2.2 Nonverbal communication

Nonverbal communication is entwined in all social interactions (Hall et al. 2019).

Although nonverbal communication is defined as behaviours of the face, body and voice, it is a much more complex bond between the nonverbal behaviours displayed and the linguistic processes (Hall et al. 2019). Both nonverbal and verbal cues are required for one to decode the message being conveyed (Hall et al. 2019).

Nonverbal communication encompasses a range of behaviours, including facial expressions, touch, eye contact and body language, such as hand gestures, physical positioning, tone of voice and accent (Hall et al. 2019; Hargie 2010, Jin et al. 2023).

Nonverbal communication skills are central to the development of relationships and rapport; with good nonverbal communication skills being linked to higher patient satisfaction (Collins et al. 2011). Poor nonverbal communication can impede effective interactions and hinder the development of relationships (Gregory 2024).

The participants in this study recognised nonverbal communication as an essential skill for nursing practice. Generation Z participants demonstrated an awareness of body language, facial expressions, and active listening. These behaviours were observed in this study including leaning forward towards the person they were communicating with to reduce the distance and as such appearing interested. This aligns with Brugel et al.'s (2015) findings which indicate that leaning towards the person when they are speaking and reducing the distance is a demonstration of positive body orientation. The research undertaken by Brugel et al. (2015) focused on the significance of body orientation when communicating with patients; therefore, the relevance to interactions between Practice Supervisors and Practice Assessors may differ. It does, however, allude to the importance of positive body orientation in communication. Brugel et al. (2015) found a mean score of 4.80 on a seven-point Likert scale highlighting the positive effects of body orientation towards patients. Similarly, the behaviours observed in this study suggest that the Generation Z participants were engaging with the conversations; therefore, a display of positive nonverbal communication skills (Gregory 2024; Hargie 2010). Other cues associated with nonverbal communication include head nodding (Aburumman et al. 2022) and

laughing (Krepsz et al. 2024); of which both behaviours were regularly observed during the fieldwork for this study. While there is evidence that supports these as positive nonverbal communication skills, consideration needs to be given to how gender, culture, familiarity and the environment in which communication occurs may change such behaviours (Young 2023).

However, this study also identified occasions where less effective nonverbal communication was displayed, with some student nurses who appeared disinterested, tired, or inattentive. One participant, a Millennial Practice Supervisor/Practice Assessor highlighted the importance of self-awareness in relation to non-verbal cues such as posture and facial expressions which are crucial to professional communication. The nonverbal cues demonstrated by Generation Z student nurses that the Practice Supervisor/Practice Assessor participant reflects on may be interpreted accurately or interpreted inaccurately. Irrespectively this will have a bearing on the relationship student nurses ultimately develop with their Practice Supervisors and Practice Assessors (Hall et al. 2019).

These findings suggest a lack of self-awareness from some Generation Z student nurses in relation to the nonverbal communication they convey whilst in a clinical environment. Self-awareness can enhance individuals' overall communication skills and positive links have been established between self-awareness and patient care (Li et al. 2022). Being aware of how one's nonverbal communication such as body language, eye contact and facial expressions are perceived can allow the adaption of these behaviours, leading to more positive communication (Gregory 2024). When people lack self-awareness in relation to their nonverbal communication skills this will impede the efficacy of face-to-face interactions (Hargie 2010).

Body language is difficult to decode, and although the Generation Z students discussed by one of the Practice Supervisor/Practice Assessor participants may have appeared disinterested or disengaged more detail would be required to accurately decipher what such behaviours were displaying (Patterson et al. 2023). This study demonstrates the challenges associated with decoding body language. Generation Z participants in this study reported sitting with their arms folded or picking their nails, behaviours which may be considered closed off or anxious.

However, these actions were not because they were disinterested but it was often due to comfort or nervousness, as such, this raises questions around the validity of standard interpretations of nonverbal cues. The explanation provided by these participants highlights that body language is difficult to decipher, with additional context required to understand such behaviours (Patterson et al. 2023).

Eye-contact plays an essential role in the development of interpersonal relationships (Jongerius et al. 2020). The importance of eye-contact was highlighted in Phase 2 of this study, and it became much more apparent through the observations. The participants in this study discussed the importance of eye-contact as a nonverbal cue, however, there was a belief amongst some participants that eye-contact was not as good in Generation Z individuals. This was contradicted in Phase 3 of this study with positive displays of eye contact being observed. Therefore, the assumption that Generation Z are not as good at making and maintaining eye-contact may be misleading.

It is important to consider factors that may not have been apparent with those individuals who did not display good eye contact. There are several influences that may better explain the nuances of eye-contact other than generational influence. Factors that were not identified in this study but could provide rational include social anxiety and autism spectrum disorder (Hall et al. 2019; Jongerius et al. 2020).

Accent and dialect also featured strongly in this study. The participants considerations around the influence their dialect and accent had differed, with one participant explaining that they were concerned that she would be seen as unprofessional because of her broad accent. The belief that her accent could be viewed unprofessionally is a valid concern. Regional accents can incite stereotypes bringing into question credibility, and cognitive aptitude (Hargie 2010; Heblich et al. 2015). Moreover, in the British class system regional accents are often perceived most negatively; hence why people may attempt to alter this (Baratta 2016). Accent is often a characteristic that people will adapt, depending on who a conversation is with (Hargie 2010). This need to adapt was apparent in this study; with the need to adapt reinforced by one of the participating Practice Supervisors/Practice Assessors, who tested one of the Generation Z participants' abilities to adapt their accent in a

conversation with a patient's family.

Accents do however form part of our identity, with Baratta (2016) noting the frustration that some individuals have in relation to accent modification. Although one's accent is a natural characteristic it can in some instances impede communication (Gu and Shah 2019). This study highlights the frustration of the participants and the feeling that accent modification is required demonstrated by one participant expressing a constant need to alter their accent and a belief that altering one's accent demonstrated more professionalism.

Although dialect and accent are not specific generational traits, the way in which people respond to individuals' dialect and accent this may impede the communication skills of some Generation Z student nurses. The participants who discussed their dialect and accents highlighted their self-awareness and how they feel their dialect and accents may be perceived when on placement. The way in which their accent and dialect is received can influence their communication, and in one participant's case, impacted upon their confidence.

This study emphasises the complex nature of nonverbal communication and the role it had in the interactions between the Generation Z participants and the Practice Supervisors and Practice Assessors. There were no unique Generation Z characteristics identified in relation to nonverbal communication. The findings from this study highlight how team dynamics, self-awareness, culture, and the support provided to the students in the clinical areas influenced their nonverbal communication skills. Accurate decoding of nonverbal cues is vital in developing rapport and good professional relationships. The findings have highlighted that nonverbal cues may be misconstrued leading to tension. Improving self-awareness, promoting inclusion and diversity will enhance intergenerational communication in nursing.

5.2.3 Interpersonal professionalism

Effective interpersonal communication skills are the foundation to successful professional relationships (Hardie et al. 2022). In this study interpersonal professionalism emerged as a key theme, discussed by both Generation Z participants and the Practice Supervisors and Practice Assessors, particularly in relation to the communication style demonstrated by Generation Z. Across all three phases of this study, participants observed that Generation Z tended to have a more relaxed approach to communication in the clinical environment.

While some participants discussed what they saw as benefits to a more relaxed style of communication; enabling Generation Z student nurses to build rapport and relate more to their patients, others discussed their concerns around this relaxed approach. Some of the participants suggested that an informal approach could be viewed as unprofessional. One participant however did not necessarily feel it was an issue if communication was appropriately adapted to different contexts and patients. These contrasting opinions demonstrate a generational tension with differing communication styles. The relaxed communication style amongst Generation Z students was simultaneously seen as beneficial for building rapport and potentially unprofessional. This reflects the subjective nature of interpersonal professionalism.

Whilst some participants felt that being more relaxed in their communication had a positive influence, not all employers are accepting of the more casual approach Generation Z have to communication. Therefore, Generation Z may need to adapt their relaxed approach to communication to fall in line with current expectations (Knight 2024). The difficulty with interpersonal communication is that there are no written rules on how we should communicate, and although some may find formal communication reassuring, others may find it somewhat detached (Pavord and Donnelly 2015).

Interpersonal professionalism and professional communication rely on positive role modelling with student nurses drawing on examples of positive and negative communication (Felstead and Springett 2016). Moreover, the positive role modelling

of senior nurses has a significant impact on student nurses developing professional communication skills (Felstead and Springett 2016). The findings in this study align to Felstead and Springett (2016) with the Generation Z participants highlighting the influence that positive role modelling had on them. The participants explained that they would adopt the behaviours and positive communication strategies they had seen demonstrated by their Practice Supervisor/Practice Assessors.

The theme, '*interpersonal communication*' does highlight a potential generational difference in relation to '*interpersonal professionalism*' with Generation Z participants and Practice Supervisors and Practice Assessors highlighting a more relaxed style of communication across the three phases of this study. In relation to the other subthemes, '*verbal communication*' and '*nonverbal communication*' the findings from this study do not highlight any clearly defined generational differences. Although differences may exist, generation theory excludes individuality. The Generation Z participants in this study did not display the perceived characteristics of the wider generational group instead demonstrating the ability to build rapport and communicate in challenging situations.

In response to the research questions, '*Are Generation Z student nurses different from previous generational cohorts, in their communication style? If so in what ways?*' and '*Do Generation Z student nurses communicate differently in clinical practice compared to previous generational groups?*' Generation Z's communication style is more relaxed when communicating in clinical nursing practice. This more relaxed approach was discussed across the sample, however, there were contradictory beliefs held on the impact this may have. In line with some of the available literature, this more relaxed style may enhance some nurse-patient relationships.

5.3 The changing face of communication

Generation Z are often described as the first digitally native, and technically savvy generation who have had access to technology and the internet through out their formative years (Chicca and Shellenbarger 2018; Hernandez-de-Menendez et al.

2020; Janssen and Carradini 2021; Treviño Benavides et al. 2023). Although widely used to describe Generation Z, the term 'digital native' presumes that growing up with technology equates to digital literacy and competency (Reid et al. 2023). Yet there is limited evidence to support this narrative (Burns and Gottschalk 2020). The term digital native continues to be used with growing abundance and the assumption that the younger generations are tech savvy, with Generation Z deemed by some as experts in using technology (Szymkowiak 2021).

This study challenges the narrative that Generation Z are 'tech savvy'. In contrast to the broader literature suggesting Generation Z are digitally native and 'tech savvy', the participants across the phases of this study did not align themselves with these assumptions. The Generation Z participants reported that although engaged with technology throughout their formative years they understood the basics of technology but did not believe they had significant expertise in this area or believed they were 'tech savvy'. The findings from this study may differ as this is an empirical study, with previous literature not always underpinned by empirical evidence. In addition, the ethnographic methodology applied in this study provided a rich data set, with several data points to gain the perspectives of Generation Z student nurses.

Although the Generation Z participants did not identify as 'tech savvy', they discussed feeling more confident to 'have a go'. They expressed that they would try and work through any challenges they may face with technology based on the understanding that nothing bad will come from trying to resolve any issues that may occur. Generation Z may not all deem themselves as 'tech savvy' however, the confidence that some of the Generation Z participants had proved particularly valuable in some of the clinical areas. One participant considered Generation Z's confidence with technology to be particularly beneficial in clinical practice, as Generation Z student nurses seem to grasp technology quicker than previous generations. The belief that Generation Z are more confident with technology from the Practice Supervisors and Practice Assessors may create some generational tension, as there are conflicting views around Generation Z's technical abilities. Furthermore, the assumption that Generation Z are 'tech savvy' may mask professional development needs of Generation Z student nurses.

The ability to adopt technology more readily than previous generations may, however, be linked to how individuals learn and develop across the lifespan. Implicit learning, the process of developing skills without explicit guidance (Collins et al. 2023), occurs best in pre-adolescence and steadies before declining in older age (Janacsek et al. 2012). Therefore, the exposure to technology, social media and electronic communication through early childhood may explain the confidence and tech savviness of some Generation Z individuals.

Although younger generations tend to adopt technology quicker than the preceding generations; these previous generational groups, although slower in their uptake of electronic communication, are often motivated to enhance intergenerational communication with their younger family members (Antonucci et al. 2017; Freeman et al. 2020). The way in which all generations communicate has changed because of technology, the internet, and social media (Abel et al. 2020); this is not unique to Generation Z. Nevertheless, the changing face of communication may limit Generation Z's experience with face-to-face communication because of an increasing dependence on technology such as instant messaging and e-mails to convey communication (Chicca and Shellenbarger 2018; Shorey et al. 2021; Jin et al. 2023).

5.3.1 Social media

Social media is widely used with 82% of the United Kingdom's population regularly engaging with social media platforms (Dixon 2024). Social media has many benefits, connecting people instantly and developing communities, whilst facilitating both verbal and visual communication (Bozzola et al. 2022). Although there are many benefits to social media, there are detrimental effects linked to its use. This includes isolation, psychological and mental health issues such as anxiety and depression, addiction to technology and sleep deprivation (Bozzola et al. 2022; Onjewu et al. 2024). Generation Z use social media for various means encompassing communication, entertainment, and in some cases emotional fulfilment (Yadav and Rai 2017). However, the use of social media platforms to communicate could potentially reduce Generation Z's ability to manage challenging situations that face-

to-face communication would be deemed more effective (Janssen and Carradini 2021). This study supports some of the negative effects described in the wider literature and the influence social media may have on its Generation Z users. Participants across the phases of this study discussed their reliance on their social media platforms. Several participants expressed that they would engage with social media platforms regularly and that there was an unhealthy need to engage with social media. Although the participants in this study did not define their social media use as an addiction, there were several discussions around their engagement with it, including some of their screen time. Albeit the participants in this study acknowledged an unhealthy reliance on social media they refrained from defining these behaviours as 'addiction'. This raises questions as to how Generation Z may rationalise their social media use or align to the definitions of addiction, as suggested by some of the wider literature.

The Increased engagement with social media was not confined to Generation Z, with participants observing their parents, and people of similar ages to their parents engaging heavily in social media platforms. Although Generation Z may have adopted social media more readily than previous generations, the use of these platforms has spread to other generational groups; with the COVID-19 pandemic introducing people to more forms of technology regardless of their generation (Koçak et al. 2021). Moreover, Generation X displayed some similar behaviours in relation to the use of both social media and smartphones when compared with Generation Y and Z (Mahmoud et al. 2020). Thus, reaffirming the observations from the participants in this study around the wide-ranging use of social media across the generations.

As social media platforms have become a main source communication for many, there is some research that implies Generation Z may have lesser developed social skills and be unaware of the nuances of in-person communication when communicating in face-to-face scenarios (Shorey et al. 2021; Venter 2019). This may impact on Generation Z student nurses' abilities to develop therapeutic relationships with patients and social connections with multi-generational colleagues. However, this study did not necessarily reflect some of the wider literature, suggesting lesser

developed social skills in face-to-face interactions; with many participants not believing that social media had influenced or impeded their communication skills.

This study also highlighted the participants ages when they first started engaging with both smartphones and social media. The Generation Z participants were all a similar age when they first got a smartphone and social media. Participants all reported that this coincided with commencing secondary school, around the age of 12 with one participant stating that they felt they had undertaken a lot of their development before this point. Although most social media platforms have a minimum age of 13, more than half of 12-year-olds now have social media accounts (BBC 2017). One participant did report that she felt that social media had potentially impacted on the development of her communication skills. However, this participant felt that social media would impede the next Generation, Generation Alpha, more than it had impacted her, as Generation Alpha are now engaging in social media platforms from a much younger age.

Although Generation Z engage more with social media currently, the perspective that Generation Alpha will be influenced more by social media is reaffirmed in some of the wider literature. Reschke (2024) suggests that 65% of eight- to eleven-year-olds in Generation Alpha are already engaging with social media up to four-hours a day.

The perspective raised in this study on the influence technology and social media will have on Generation Alpha is supported by Berkley (2022). Berkley (2022) undertook a mini-ethnographic case study design to gain an understanding of Generation Alpha's engagement with technology and social media. This study used various data collection methods, participant observation, interviews, fieldnotes and photographs. These multiple sources of data collection allow for triangulation and therefore reduces potential bias. Berkley's (2022) findings suggest that social media and technology can positively influence language development. Increased screen time can however, reduce face-to-face communication which may lead to lesser developed social skills and the ability to decipher nonverbal communication, such as eye contact.

In this study there were several discussions around the use of social media to communicate. However, these discussions provided conflicting opinions. With the Practice Supervisors and Practice Assessors believing that Generation Z's preferred method of communication was through the social media platforms. This opinion was not shared by the Generation Z participants, with several participants expressing their preferred mode of communication being in-person.

The Generation Z participants desire for face-to-face communication also deviates from some of the wider literature, suggesting that Generation Z prefer to communicate using technology versus direct face-to-face communication (Poláková and Klímová 2019). Again, the challenge with studying generations, is highlighted here, and although some literature indicates a preference for online communication, Serafin et al. (2022) indicates that Generation Z's preference would be for face-to-face communication. Benítez-Márquez et al.'s (2022) bibliometric analysis indicated that Generation Z want to have direct and authentic interactions within the workplace. Bibliometric analysis is a quantitative methodology, focusing on the identifying patterns within the literature, as such this can omit a depth of understanding. Unlike bibliometric analysis, my ethnographic study provides some rationale as to why Generation Z may prefer face-to-face communication, through the rich qualitative data.

The increased reliance on social media and technology to communicate may not necessarily hamper the development of one's social and communication skills. It may support some individuals' abilities to decrypt nonverbal cues which are less evident in text communication, in a safe environment, resulting in improved face-to-face communication (Ruben et al. 2020). The use of social media can improve skills essential in nursing such as problem solving and critical thinking; as well as enhancing communication skills (Lee et al. 2016). The positive influence that social media has on critical thinking and communication is somewhat supported by Galindo-Domínguez et al. (2024) quantitative study. This study had a sample of 301 university students, with the results of the online survey suggesting that using social media for evaluating sources and problem solving is positively associated with developing critical thinking. Galindo-Domínguez et al. (2024) reports a p-value of

less than 0.001, highlighting a statistically significant link between the using social media to evaluate sources and developing critical thinking skills.

Social media can enhance communication skills as it allows users to engage with formal and informal communication whilst improving critical thinking ability. Social media users are exposed to a significant amount of information and differing perspectives which can enrich people's ability to critically evaluate the information they are being exposed to. Although social media can enhance critical thinking skills the overuse of social media can result in feigning engagement with the content; therefore, impeding critical thinking abilities (Galindo-Domínguez et al. 2024).

Unlike Galindo-Domínguez et al.'s (2024) study, my ethnographic approach provides some understanding of the perceived benefits social media has had specifically on the Generation Z participants communication skills. One participant expressed their belief that social media had positively enhanced their communication skills, having an ability to communicate at any time had improved their confidence in face-to-face interactions. The participant reported that social media prevented isolation and enabled ongoing communication between her and her peers. This perspective again deviates somewhat from some of the wider literature, that suggests social media is a cause of social isolation.

One participant suggested that social media and online communication platforms can limit the transmission of nuanced cues which are present in face-to-face interactions. Despite the limitations, the participants noted that navigating text-based interactions encouraged them to reflect on their communication style. The lack of nonverbal cues in text-based communication appeared to encourage greater consideration of how messages were conveyed and received, and as such enhancing self-awareness in face-to-face communication. This may suggest that although social media lacks the nuances of in-person communication it may enhance the skills required in face-to-face interactions. This perspective somewhat aligns with Ruben et al. (2020), who suggests that the ability to decrypt nonverbal cues in a safe environment may lead to enhanced face-to-face communication.

My study, therefore, aligns with the findings from Lee et al. (2016) and Galindo-Domínguez et al. (2024), whilst emphasising a qualitative insight into the influence that social media has on communication skills. Participants expressed the positive influence social media has had on their communication abilities.

Although some research suggests that social media and technology has impeded the development of Generation Z's communication skills, this study does not provide evidence to support those conclusions. The participants in this study provided conflicting opinions around the influence social media may have had on their communication skills. Several of the students who participated in Phase 3 were sceptical about the impact that social media may have had on Generation Z's communication. They did not all feel it had impacted negatively on the development of their communication specifically. Moreover, there was some belief that social media had potentially enhanced self-awareness of the nuances of communication, in turn enhancing in-person interactions. The participants linked some of the perceptions around Generation Z's use of social media to generational stereotypes, which will be discussed in section 5.5.

5.3.2 Electronic communication

Electronic communication enables people to interact using technology and includes for example, e-mail, social media platforms, instant messaging, and artificial intelligence (Blanchard et al. 2023). The participants across the three phases of this study discussed different electronic communication that they engaged with. Whilst visual communication through images was prominent in early adolescence, participants discussed a transition between visual communication and text-based communication as they aged.

There was, however, a significant event that occurred during this research: the COVID-19 pandemic. The pandemic resulted in compulsory isolation and social distancing and as such technology, and electronic communication was adopted by the older generations, who may have previously had limited interaction with technology. It also increased the use of instant messaging and social media in

younger generations (Diehl et al. 2022; Nguyen et al. 2020). The pandemic ultimately changed people's communication behaviours, with significant increases observed in instant messaging platforms (Seufert et al. 2022). However, the increased use of electronic communication through the pandemic has potentially impacted on the development of soft skills in Generation Z (The National Society for Leadership and Success 2024). Soft skills encompass communication, critical thinking, teamwork and self-awareness; these soft skills being essential in nursing (Sancho-Cantus et al. 2023).

One challenge that this study highlighted was the anxiety that phone calls created for Generation Z participants; this was apparent across the three phases of the study. The reluctance to speak on the phone reflects some of the wider literature, which suggests that as instant messaging became the norm, the phone call became reserved only for 'bad' news (Rufo 2024). Moreover, there may be a reluctance as some literature suggests that Generation Z feel awkward with small talk and require time to mentally prepare to speak on the phone (Janssen and Carradini 2021). Not all the participants attributed this anxiety to a generational issue for one participant in particular their hesitancy to speak on the phone was because they had only just commenced placement. This reinforces the need to support student nurses in developing their communication skills and confidence. Developing their self-confidence in the placement area, will subsequently enhance communication skills (Tabriz et al. 2024).

The theme '*the changing face of communication*' does not suggest that Generation Z communicate differently from those of previous generational cohorts. Although Generation Z are engaged with social media and electronic communication, their preferred mode of communication is face-to-face. This theme does however highlight some generation stereotyping; with a presumption from previous generations that social media is the preferred method of communication. However, this study highlights that the influence of technology has not only influenced Generation Z. The impact of social media and electronic communication is far reaching with all generations using such communication methods. Moreover, the use of social media and electronic communication may enhance rather than impede the development of

face-to-face communication. Generation Z participants reflected upon are deciphering the meaning of unnuanced communication, which resulted in some of the participants considering their communion in a wider context.

5.4 Collaborative practice

Collaborative practice in nursing and healthcare is the action of working together to achieve set goals. Collaborative practice will often involve members of the multi-disciplinary and inter-agency teams, as well as patients and their support network, such as family, friends and carers (Goodman and Clemow 2010). Collaborative practice relies on power-sharing, and centres around effective partnerships (Orchard 2010). One of the limitations of this study was that the observation field did not view multi-disciplinary collaboration but focused on the relationship between the Generation Z participants and the Practice Supervisors and Practice Assessors. This limitation will be considered in greater detail in Chapter 6: The Recommendations and Conclusions.

5.4.1 Team dynamics

Team dynamics are the psychological factors that influence team behaviours. Team dynamics are multi-faceted, influenced by personalities, working relationships, the working environment and leadership within the team (Ansari et al. 2024). Good team dynamics can enhance performance and job satisfaction whilst improving patient care, safety and reducing medical errors (Dawdy et al. 2020; Munn et al. 2023; Ngo et al. 2020). Leadership is pivotal in the development of effective team dynamics with toxic leadership breeding deviant workplace behaviours and significantly impacting on job satisfaction and the wellbeing of team members (Ahmed et al. 2024).

The findings from this study align to the wider literature that suggests team dynamics and leadership play a crucial role in enhancing performance, improving job satisfaction and the wellbeing of team members. However, this study extends the findings of the wider literature, highlighting how team dynamics had a direct influence

on the Generation Z participants' communication skills. When exposed to negative team dynamics one participant reported that this resulted in distancing oneself from interacting with other team members. This had a detrimental impact on open communication and resulted in hesitance to undertake learning opportunities. In contrast, the participants expressed that when positive team dynamics were experienced this fostered a sense of belonging and confidence, empowering them in their role. This highlights how the placement learning environment can either hinder or facilitate communication skills and reiterates the importance of good leadership and supportive team dynamics within clinical settings. Moroney et al. (2022) explains that student nurses can often be exposed to negative body language, curt verbal exchanges, and can often be left to feel a burden when in certain placement areas. This can impact the development of student nurses' confidence and competence leaving some to question their future in the nursing profession (Moroney et al. 2022).

The literature does not highlight this as an issue specific to Generation Z, and negative ward culture had also been experienced by some of the participating Practice Supervisors and Practice Assessors. One participant explained how although they had deep respect for senior team members, they experienced a fear of certain ward sisters. The way in which some of the participants had been treated throughout their career had subsequently influenced their leadership style and the importance they placed on creating a positive culture within their ward area. However, one participant reported a need to have a more relaxed approach to communication when engaging with Generation Z recognising a need to be more nurturing towards Generation Z in comparison to previous generations.

Providing support to student nurses in practice can enhance confidence, develop independence and create positive working relationships (Moroney et al. 2022). Facilitating good team dynamics and a positive working environment is important to Generation Z. Job satisfaction is recognised as being vital and ongoing support and feedback deemed central to motivating and focusing Generation Z (Racolța-Paina and Irini 2021). Certain literature conveys that Generation Z have lesser developed communication skills, yet they value collaborative, open communication. To enable this, the workplace environment and dynamics need to be supportive, empowering

and cultivate a feeling of belonging (Rampen et al. 2023). Although my findings largely align with the wider literature, this study explicitly highlights that the communication skills of Generation Z student nurses are situational. The environment and the way in which they are treated within a placement area influence their communication skills and willingness to engage.

Patten (2025) discusses how developing a sense of belonging in Generation Z nurses leads to professional socialisation. While not explicitly linking a sense of belonging to the enhancement of communication skills, Patten (2025) argues that belonging, communication, learning in adversity and prevailing over feelings of self-doubt are interlinked and all important to professional socialisation. Participants in Patten's (2025) study discussed the importance of positive and supportive relationships with colleagues, and how this enhanced their professional identity. Unambiguous communication and constructive feedback from their colleagues and patients was key in supporting professional development. Strategies such as modelling experienced nurses' work behaviours helped develop a feeling of self-confidence. Lastly, the participants in Patten's (2025) study discussed how overcoming adversity helped to build their resilience. The combination of these themes demonstrates the complex nature of socialisation within the nursing workforce.

This grounded theory study recruited 22 Generation Z participants and five registered nurses with backgrounds in academia, leadership and generation research. The sample in Patten's study is suitable for the grounded theory methodology; with Thomson (2011) highlighting an average of 25 participants based on 100 grounded theory studies, therefore, Patten's sample is robust.

Yet, like my study there was a gender imbalance, with the participants predominantly female. This may impede transferability of the findings to male nurses. Nevertheless, the findings from both Patten (2025), and my study underscore the importance of being embraced within the team. A recognition of being a valued and respected member of the team enhanced the sense of belonging.

Leadership plays a crucial role in team dynamics. Good leadership can have a positive influence, whereas poor leadership will have a detrimental effect; breeding a toxic environment and inadequate team dynamics (Ahmed et al. 2024). There are several different leadership styles, yet Jyoti (2024) implies that transformational or servant leadership may prove most effective with Generation Z. Jyoti (2024) undertook a qualitative study which recruited participants which included Generation Z employees, as well as, managers across several industries to draw conclusions on the leadership styles that best engage Generation Z. Jyoti (2024) does not provide a discussion around the sample size. Providing this discussion would ensure a diverse and broad understanding of Generation Z's preferred leadership styles was accounted for. A transparent discussion around the adequacy of the sample size is important when considering the validity of the research and subsequent findings (Vasileiou et al. 2018).

Jyoti's (2024) findings indicate that Generation Z engage best with transformational and servant leadership styles as they emphasis shared vision, ethical consciousness, transparency and support for personal and professional development. Transformational leaders motivate their team members through a shared vision and are shown to enhance employee commitment and increase job satisfaction (Weber and Stewart 2022). Whereas servant leadership emphasises supporting personal development and employee wellbeing (Gandasari et al. 2023).

With good leadership, positive team dynamics will develop and foster a positive working environment (Rabie et al. 2017). The findings from my study align to the wider literature linking effective leadership to positive team dynamics and a good working environment; with this study providing a clear link between the atmosphere within the placement learning environment and communication. The Generation Z participants reported a sense of fear to communicate when there was not a good atmosphere in the placement area. This fear may result in students not fully engaging in the learning experiences available to them. This may additionally create issues around patient safety if student nurses are fearful of speaking up in clinical areas they feel uncomfortable in.

The participating Practice Supervisors and Practice Assessors in this study reflected on their leadership skills and the potential influence this had on team members. There was a strong emphasis on being approachable and challenging the hierarchical structures in nursing and healthcare to reduce fear and anxiety. The participants explained that being approachable and creating a dynamic where everyone feels comfortable and is treated equitably will result in more open communication where Generation Z student nurses feel able to raise potential issues and be involved in discussions.

Team dynamics are complex, and are influenced by numerous personalities, relationships, the working environment and leadership. Good team dynamics positively influence wellbeing, job satisfaction and motivation. This study highlights the detrimental influence that a toxic culture has on Generation Z student nurses, impeding their development and creating anxiety and fear. As such environments inhibiting communication have the potential to significantly impact on safe and effective patient care. Importantly, the findings from this study suggest that the communication challenges attributed to Generation Z may be less about generational deficits but linked more to the placement learning environment. This means that leadership and culture are critical in either supporting or impeding the communication skills of Generation Z student nurses. If Practice Supervisors and Practice Assessors are approachable, challenge the hierarchical structures of nursing and create a positive culture this will encourage open communication and a sense of belonging amongst Generation Z student nurses.

5.4.2 Effective teamwork

Whilst team dynamics focus on the psychological factors that influence team behaviours, teamwork considers how these dynamics are translated into safe and coordinated patient care. Teamwork is essential in nursing which enables the delivery of safe and effective care (Nursing and Midwifery Council (NMC) 2018). Nursing teamwork is linked to enhanced patient centred care and more positive patient outcomes (Baek et al. 2023; Tamburello 2023). There are several factors that may influence effective teamwork such as working hours, the environment and

staffing levels (Baek et al. 2023). Some of these factors were observed during Phase 3 of this study with staffing levels being discussed by some of the Practice Supervisors and Practice Assessors. One participant explained that due to staffing pressures they were working six 12-hour shifts in a row. Such factors can inhibit effective teamwork and impede nurses' abilities to provide the peer support required to function effectively as a cohesive team (Baek et al. 2023); as well as affecting the communication between nursing staff and patients (Bridges et al. 2019). Furthermore, workload pressures can impede Practice Supervisors' and Practice Assessors' ability to adequately support student nurses on placement, with inadequate staffing negatively impacting on student learning experience (Panda 2021). The challenges that staffing levels have not only impact on student learning, but as discussed in Chapter 3 section 3.5 inadequate staffing can have a negative impact on healthcare organisations culture with attention being diverted away from safe and effective patient care, often to support staff unfamiliar with the clinical environment (Beardsmore and McSherry 2017).

Effective teamwork was reported as being important by the Generation Z participants. I observed several demonstrations of teamwork throughout the observations, with the Generation Z participants working with a range of Practice Supervisors' and Practice Assessors to provide patient care. Teamwork and collaboration are important to Generation Z, and it is essential to recognise their contributions to the wider team (Paulise 2024; Schroth 2019). Moreover, Generation Z will be better engaged in the workplace if there is a positive atmosphere and a strong sense of teamwork and collaboration (Ngoc et al. 2022). Furthermore, effective teamwork can enhance job satisfaction (Bragadóttir et al. 2023); an important consideration for Generation Z who highly value job satisfaction, and a positive working environment (Anggapradja et al. 2024).

This study highlights that effective teamwork was a key factor for the Generation Z participants, moreover it can influence Generation Z's engagement within the workplace. My findings add to the existing literature, but also add to the current body on knowledge, highlighting that teamwork within the placement areas can help develop confidence and belonging. By ensuring appropriate staffing levels and

ensuring a positive atmosphere this will ensure effective teamwork and improve learning experience.

5.4.3 Peer support

In this study peer support was identified as an important theme during the Phase 3 observations; this had not been apparent across the Phase 1 and 2 interviews. Peer support is not a new notion in nursing (Cheraghi et al. 2021). However, peer support programmes are used sporadically in undergraduate nursing courses (Cust and Guest 2020). Peer support can foster collaborative practice, enhance knowledge and skills, provide emotional support, whilst developing confidence and reducing anxiety around clinical placement (Aston and Molassiotis 2003; Cheraghi et al. 2021; Cust and Guest 2020). Moreover, peer support can reduce clinical stress and enhance the development of psychomotor skills (Aslan and Erci 2021). The findings from this study support the wider literature but also provide a nuanced understanding of the benefits of peer support reported by the Generation Z student nurses. Participants reported that it was beneficial to have other students on placement at the same time and there was a level of comfort and shared sense of not knowing. This shared feeling of not knowing normalises the learning and development of student nurses and could reduce potential feelings of isolation.

Student nurses across earlier stages of their undergraduate courses often feel a sense of anxiety and perceive themselves to be lacking in knowledge (Gray et al. 2019). The Generation Z participants highlighted that peer support could be beneficial and some of their comments reflect the sense of knowledge deficit described in the literature. This study identified the importance that peer support had for some of the participating Generation Z student nurses. Peer support provided the student nurses an opportunity to update each other on their progress but also allowed an opportunity to check in on each other and make sure they were 'getting on fine'. This highlights how peer support provides both practical and emotional reassurance during placement learning experiences.

Age did play a role in peer support for some of the Generation Z participants in this study. I had the opportunity to observe two of the participants working together regularly throughout the fieldwork. The Generation Z student nurse participants explained that there was a feeling of connection, with one participant reporting that she felt 'in sync' with the other participating Generation Z student nurse. This feeling of being "in sync" may be the result of generational consciousness, united through their similar experiences and feeling, distinguishing them from other generations (Connolly 2019). This perspective was shared across the Generation Z participants, with a preference to seek support from those of a similar age. While they acknowledged the value of older, more experienced staff members, they perceived that those of a similar age would better understand their perspective or questions as they remember what it was like to be in their position.

Generation theory considers that those from the same generational cohort are connected through their values, attitudes and beliefs which have been shaped by historical events and societal changes, experienced throughout individuals' formative years (McKercher 2023). This may rationalise why the Generation Z participants were more inclined to engage with those of a similar age when on placement. Lin et al. (2017), suggests that older adults are more inclined to identify and find mutual connections with those of a similar age, when compared to those of younger generations. Regardless of who the support comes from, peer support for student nurses is an important aspect in their undergraduate training. This theme is consistent with the wider literature, with peer-to-peer support across the undergraduate nursing courses enhancing student learning, whilst facilitating a feeling of belonging (Cant et al 2021). This sense of belonging can then positively influence the development of communication skills in clinical practice and reduce burnout and feelings of isolation and anxiety (Saadatbakht et al. 2019; Watson et al. 2024).

Overall, the findings highlight that peer support amongst the Generation Z student nurse participants had both practical and emotional functions. Although the findings from this study are consistent with the wider literature, my study provides a more nuanced understanding of peer support amongst the Generation Z participants. The

findings from my study are culturally significant and demonstrate how the Generation Z participants developed their sense of belonging and the learning environment through their shared experiences. My study highlighted how the feelings of shared uncertainty about knowledge and confidence are culturally normalised amongst the student nurse participants shaping who they sought support from.

5.4.4 Empowerment

Empowering nurses in their role can enhance patient care and outcomes whilst supporting nurses in meeting the requirements of their role (Jiménez et al. 2022). Empowering nurses can improve job satisfaction whilst having a positive impact on retaining nurses in their roles (Jiménez et al. 2022; Woodward 2022). As discussed previously in section 5.4.1, Generation Z value job satisfaction, whilst empowering nurses will reduce the number leaving the profession. Retention is an important consideration in the current climate with 20.3% of nurses and midwives leaving the profession in the first 10 years of registering (Nursing and Midwifery Council (NMC) 2024).

This study highlights the positive effects that empowering Generation Z student nurses has. One participant articulated how being empowered by her Practice Supervisors and Practice Assessors instilled a feeling of confidence in her abilities, giving her the reassurance to undertake nursing tasks independently. Moreover, she explained that being empowered to undertake nursing roles made her feel valued. Being valued encouraged openness even if mistakes occurred as there would be appropriate support provided. These findings provide an understanding of how empowering Generation Z student nurses by instilling a feeling of confidence in their abilities will enhance a sense of job satisfaction. This can potentially improve retention, addressing a current challenge within the nursing profession.

There are several factors that can positively influence and empower student nurses: including being valued within the team and having consistent support from Practice Supervisors and Practice Assessors (Francis et al. 2024). One of the Generation Z

participants reflected on the implications of not being valued within a team and the impact this had on their confidence within a clinical environment. The positive influence of the Practice Supervisor and Practice Assessor in one of the participants final placements highlights how empowerment can inspire confidence and support one's professional development (Papathanasiou et al. 2014).

5.5 Generation stereotyping

Stereotyping is a common and sustained human behaviour, which helps people to organise and make-sense of the complexities within society and the world around them. Stereotyping can result in oversimplification and inaccurate perceptions which are the foundations of discriminatory behaviour (Zhang et al. 2023). The bias that people apply to different generational groups can be traced back to stereotypes, rather than through any clearly defined generational differences. Resultingly, this can influence the way in which people interact across the different generations (Urick 2019). As with previous generations, Generation Z have various stereotypes applied to them, such as being 'tech savvy', having a limited attention span, being more pragmatic, with underdeveloped and lacking interpersonal skills (Chicca and Shellenbarger 2018). There is however, limited empirical evidence to support generational differences and the impact, if any, these differences may have (Costanza et al. 2015). Although there is limited empirical evidence to support generational differences, there is a belief that they do exist (Zacher 2015), with some literature suggesting an increasing dissatisfaction in intergenerational communication based on stereotyping and communication aims (Anderson and Morgan 2016). The findings from this study suggest that the Generation Z participants were aware of these stereotypes, but the participants did not identify with the stereotypes linked to their generation.

Interestingly, the Generation Z participants suggested that when they first read about my study, they felt that people are all the same, specifically around the influence technology has had on people's communication skills. What this demonstrates is the participants' perception that society has been influenced by technology, not just

Generation Z. Although generational stereotypes are enduring there is limited evidence to support generational differences; moreover, the empirical evidence continues to draw contradictory findings on the presence of generational differences (Stanton 2017). Yet, the stereotypes applied to generations are widely accepted regardless of the variables in the current evidence (Fraser 2022; Parry and Urwin 2011). In this study across the three phases there are contradictory findings, and like other such studies, it does not highlight any major generational differences with the findings not necessarily aligning with the prevalent stereotypes.

Fundamentally, there are issues with the practice of generational categorisation which can negatively impact upon people as well as forsaking individuality and personal experience (Rauvola et al. 2022). There were some mixed opinions shared by the Generation Z participants with some unfazed by stereotyping and others expressing some frustration. In particular, there was frustration at the perception that relying heavily on phones and social media platforms was unique to Generation Z, as participants had observed this to apply across different generations. Moreover, participants felt that the stereotypes were there to be broken, and fulfilling their role would challenge these assumptions. There were some findings which did align to the wider literature with one participant reflecting on the lack of individuality that generational categories often fail to capture.

Generational stereotypes often create rivalry between generations based on perceived qualities and although the participants in this study were relatively unphased, stereotypes can have a detrimental effect on people and may lead to isolation and exclusion (Rauvola et al. 2022). Bias was however reported by one participant. This bias was directly linked to the participant's age; however, the bias only became apparent when the participant disclosed their age to the Practice Supervisors and Practice Assessors. This bias did have a significant impact on this participant who explained that she would be treated like a child when her age was revealed. This further impacted on her learning experiences when on placement, with a patient refusing to be treated by her because of her age. Ageism was originally used to describe the discrimination faced by older people; however, it also highlights the discrimination faced by children, adolescents and young adults. A

perception exists of naivety and inexperience, and as such the ideas and abilities of younger individuals are often disregarded (Suveren 2022). These findings illustrate that while generational stereotypes may be cast aside by some individuals, they can reinforce agism and impede the learning opportunities of younger individuals in clinical settings. Addressing these biases is critical to ensure equitable treatment of all student nurses regardless of age.

There were some findings in this study which did reinforce stereotypes in relation to Generation Z's communication skills, with one Practice Supervisor/Practice Assessor reporting that they had witnessed a change in the way Generation Z communicated. However, this observation was contradictory as they suggested, although there has been a change in communication, it did not impact on the participating Generation Z student nurses in the practice learning environment. These conflicting perceptions align with the wider literature that suggests the major issue with generation categorisation is the lack of individuality. It also highlights the potential for bias in relation to both generational communication skills and age. Moreover, the COVID-19 pandemic further cemented some of the stereotypes around generational differences escalating conflict between generations (Rudolph and Zacher 2020). Because of the vagueness of generations and to avoid the potential for stereotyping Rudolph et al. (2020) proposes an alternative approach to quantify age related differences, namely the Lifespan Development Perspective. Unlike generation categorisation the Lifespan Development Perspective considers the continuous development of skills with individual ability improving over time (Rudolph et al. 2017). This was supported by the findings of this study, with one participant suggesting that the older you are the more opportunity you have had to develop your communication skills.

5.5.1 Resistance to stereotyping

As discussed throughout this thesis Generation Z are described as the first 'tech native' generation, growing up heavily influenced by technology and social media. A pattern developed during the Phase 3 observations and interviews, where the Generation Z participants discussed stereotypes focusing on their childhood experiences. Unlike some wider perceptions around the influence technology has had on Generation Z, the participants described being outside during their childhood and playing with their friends. This study has highlighted a tension around the influence of technology, with the Generation Z participants distancing themselves from this stereotype. These findings demonstrate that although technology played a role, the Generation Z participants were not immersed in technology.

The resistance to stereotypes was further reinforced during one participant's interview. She highlighted her issue with terminology around the so called 'Snowflake' generation which has been increasingly used to describe the 'younger generation' who are viewed as less resilient and who take offence more readily than previous generations (Marcu 2024). The findings from this study reject this stereotype and the participant raises questions around why younger generations are criticised when they express differing beliefs from previous generations. Additionally, the participants discussed the wide multi-generational use of technology, with older generations engaging as heavily in technology as they do. As such, the assumption that it is only Generation Z who are reliant on technology may be misplaced.

In the hierarchical structures of healthcare, the use of smartphones in the clinical environment may also be learned behaviours and not because of generational differences. Dhaliwal (2020) indicates that the culture of healthcare is not shaped by the incoming generations it is created by those who proceeded them. This study supports this narrative, and the findings highlight multi-generational reliance on technology and social media, influencing communication across the generations.

Generational stereotypes can deepen bias and although not a particular concern to the participants in this study it is important to be cognisant of the impact stereotyping

may have on individuals. This study highlights the diversity within a generational cohort; with the findings of this study challenging the labels and stereotypes that are widely applied to Generation Z. This study supports the consideration of alternative theories, such as the Lifespan Development Perspective.

Unlike the study of generations, the Lifespan Development Perspective considers normal developmental influences that much of the population will face as they age, such as biological factors, and social events (Zacher 2015). Whilst like generation theory in accounting for the influence of historical events, the lifespan development perspective considers how these may influence individuals' development. The lifespan development perspective does not constrain the influence of these events to young individuals; considering how they may individually impact development regardless of age (Zacher 2015).

In summary, generation stereotyping and resistance to stereotyping was observed across the Phase 3 observations. Although there is limited empirical evidence to support generational differences this study highlights that there is a belief that they do exist. Although the Generation Z participants in this study were relatively unphased by the stereotypes applied to them, the negative connotations of generation stereotypes could negatively impact upon certain individuals. Furthermore, generation stereotyping could impede multigenerational communication and create tension between different generations.

This study highlights that the Lifespan Development Perspective may be a more appropriate theory to apply in comparison to generation theory. One of the main concerns around generation theory is the lack of individuality. The Lifespan Development Perspective considers how both biological and social events will influence development regardless of age.

5.6 In summary

This study has aimed to answer the following research questions:

‘Are Generation Z student nurses different from previous generational cohorts, in their communication style? If so in what ways?’

‘Do Generation Z student nurses communicate differently in clinical practice compared to previous generational groups?’

This discussion has considered the findings of this study in relation to the experiences of both Generation Z student nurse participants and that of Practice Supervisors and Practice Assessors, linked to the broader evidence. The findings of this study do emphasise a change in communication style within nursing practice, where the Generation Z participants had a more relaxed communication style. This study has also highlighted the persistence of generation stereotyping and bias relating to Generation Z’s perceived characteristics from the participants of previous generational groups.

There is a belief that generational differences do exist. This was apparent throughout the study with several of the Practice Supervisors and Practice Assessors discussing a definite change in the communication skills of Generation Z student nurses, albeit there was limited context to these perspectives. Whilst there may be changes in the communication skills of some of those individuals from Generation Z, the fundamental issue with the concept of generations is the oversimplification and lack of empirical evidence to define generational differences. Therefore, it is important that Generation Z student nurses are considered as individuals and not just part of a ‘*Generation*’. Being aware of these biases will reduce the possibility of isolation and discrimination in the workplace, which although were not of a particular concern to the participants of this study, can prove to be detrimental.

There are several positives that can be taken from the findings of this study. Primarily the verbal and nonverbal communication skills of the Generation Z participants were observed to be effective. This contrasted with some of the findings

in Phase 2, which underlined some concerns around Generation Z's communication skills. Although Generation Z may have grown up in a more technologically connected world than previous generations, this did not appear to have impeded the development of the Generation Z participants communication skills. Although described as '*tech savvy*' many of the participants did not have a smart phone or access to social media until they started secondary school, at the age of 12. Additionally, some of the Generation Z participants described limited use of technology during their childhood. Moreover, the literature highlights that there are other reasons that individuals have difficulty communicating such as autism spectrum disorder and social anxiety, rather than the explanation being a generational issue, which was not reflected in this study.

In the context of student nurses, communication can be difficult to navigate with challenging conversations proving a source of anxiety. Nevertheless, with innovative approaches student nurses can be supported to develop techniques to communicate effectively (Gutiérrez-Puertas et al. 2020; MacLean 2017).

Chapter 6: The Recommendations and Conclusions

6.0 Introduction

This chapter will consider some of the strengths of this study as well as some of the limitations and consider the areas where a different approach may be taken to similar future research. Based on the findings of this study there will be consideration around some potential recommendations for nursing practice and in relation to generation theory in a wider context with future research opportunities in this field identified. This chapter will conclude with a summary of the study followed by some personal reflections on the research journey, and the route ahead following the completion of this research.

6.1 The strengths and limitations

This study has several strengths as well as some limitations. It is important to discuss these, as acknowledgement of the strengths and limitations are an important part of the research process, helping to contextualise the findings of the study. It also helps consider how the findings may translate to the wider population, and shape future research in this field (Ioannidis 2007).

6.1.1 So, what were the strengths?

Before I address the limitations of this study, the strengths of this research will be firstly emphasised. This study adds to a small but growing body of evidence around Generation Z specifically in nursing but also enhances the current knowledge around Generation Z in the wider context. Furthermore, this study has used a methodology which has allowed me the opportunity to learn about Generation Z, from Generation Z. The benefit of this focused ethnography is the use of different data collection methods, and an ability to test and triangulate the data. This has allowed a picture of Generation Z student nurses communication skills in clinical nursing practice to be built, with rigor applied through both formal and informal interviews (Cruz and

Higgenbottom 2013). The observation data in this study, showed a different reality to much of the interview data gathered across Phase 1 and Phase 2 of this study. Had a methodology been applied that did not allow for participant observations this would not have become evident, and conclusions drawn on Generation Z's communication skills may have been based upon others' perceptions and potential bias.

6.1.2 So, what were the limitations?

Failure to address the limitations of this study may reduce its impact with a comprehensive discussion around the key limitations providing additional rigor to the research process (Ross and Zaidi 2019). There are four important limitations to this study that warrant acknowledgement and further exploration. My insider, outsider binary, bias, diversity in the sample and sample size, and the challenges posed by fieldwork.

6.1.3 Insider: Outsider binary

Firstly, there were challenges around my positionality and my insider, outsider binary. As discussed in Chapter 3: The Methodology, my positionality fell within both binaries. Although there are benefits of being an insider it did create some issues. I have multiple roles as a Lecturer, a Course Lead and as a Clinical Doctorate student. Separating these roles was at times challenging and although this became more manageable as I built up my confidence as a researcher the participants also knew me across my different roles, which did on occasion lead to my various roles being blurred together. What I had not necessarily considered when going into the clinical areas was the number of staff that I did know and particularly the number of staff nurses that I lectured during their training. Although a nice opportunity to see these staff and how they have progressed in their careers, it did on occasion lead to conversations around my other roles and to specific questions around the undergraduate curriculum and some of the processes linked to undergraduate nurse training. Reflexivity helped me to address this potential issue and is important in the context of ethnography where I am the main research tool (Crawford 2019). Although

my positionality could be a potential limitation, I also saw a possible benefit, as I believe these previously formed relationships supported my integration into the ward and department teams and helped me to build rapport within the wider team.

When considering future research, undertaking the research in a health board and with students from an institution out with the one I am employed through may reduce any potential influence or bias. However, there are practicalities to consider when undertaking field work out with my local region, such as travel and expenses, which as a Clinical Doctorate student, I would have had to fund personally, and in addition, during the first 6-weeks of the observations I was in the clinical areas up to 4 times per-week and on a range of shift patterns, including nightshift. Therefore, from a practical perspective, as a lone researcher, it was simply not feasible to do this. Future studies should consider data collection in different health boards and from different higher education institutions. This may need to involve a wider research team to make this feasible.

6.1.4 Bias

As discussed in Chapter 3: The Methodology, the scientific validity of ethnographic research is determined by the rigor applied (Madden 2010), with Higgenbottom et al. (2013) suggesting one should eradicate bias and perceptions prior to entering the field. It is, however, particularly challenging to achieve this. I think the complete eradication of my own bias is unachievable as these perceptions and biases have built over several years and through my own experiences. Objectivity can prove particularly challenging in the study of human behaviour and therefore we should set out to examine how we may react to the field, as well as how factors such as gender, ethnic and cultural background may influence one's observations (DeWalt and DeWalt 2010).

Therefore, to reduce bias several approaches were adopted. One of the approaches to reduce bias was to engage in reflexive practice, this allowed me the opportunity to challenge the potential bias that I hold. Reflexivity is a core principle in ethnography (Gelir 2021), and this process allowed me to challenge my own potential bias and

perceptions, especially when considering my insider binary. Prior to commencing this study, I had preconceived ideas about Generation Z, and some of the characteristics they were perceived to possess. I had developed these views through my own experiences, engagement with the literature, and mass media, which can impact on how our views, behaviours and our attitudes are formed (Liao 2023). The potential bias I held is evidenced in the original title of the research as I presumed at the outset of my study that Generation Z possess '*unique communications skills*'. In addition to reflexive practice, various other methods were used to reduce bias, including triangulation of the data using different methods. This included one-to-one interviews across all Phases of the study, observations and both observed conversations and participatory conversations whilst in the field.

6.1.5 Diversity and sample size

Another limitation of this study is a lack of gender, ethnic and cultural diversity in the sample. The gender balance in this study was highlighted In Chapter 4: The Findings. The total sample of Generation Z student nurses were all female, across Phase 1 and Phase 3. This is, however, reflective of the demographic across the nursing profession with 89.9% of the nursing workforce identifying as female (NHS Education for Scotland (NES) 2022), with the number male registrants across Scotland only standing at only 9.1% (Forrest 2023). Therefore, the lack of gender diversity within the sample is symptomatic of a wider issue with the recruitment of men into nursing. The study also had limited ethnic and cultural diversity across all phases of the study. As with the lack of gender diversity, this may be indicative of the geographical area this study was undertaken. Across Scotland only 12.9% of people are from a minority ethnic background (Scotland's Census 2022), although the urban area this study was undertaken in has relatively high levels of diversity, with 13.4% of the population being from a black or minority ethnic background (Foster 2024). However, geographic area does play a role in diversity, the health board and university that this study recruited from is widely remote and rural, and as Foster (2024) highlights, there is much lesser diversity within the population in remote and rural areas with only 2.1% of Scotland's rural population coming from black or ethnic

minority backgrounds. This coupled with notable drop in international students applying to universities across the United Kingdom (Standley 2024), may explain the limited diversity in the sample for this study.

The limited gender, ethnic and cultural diversity in this studies sample could impact on the validity of the results leading to potential bias in the conclusions. Additionally, by not having a diverse sample, one needs to be cautious when considering the context of the findings in relation to the wider population as ethnic and cultural factors can impact on the way in which participants respond to research (Almouzni 2024). Importantly for this study, communication and the factors that influence it, are shaped by our culture, including language, values, behaviours and perceptions (Taylan and Weber 2022). This may not be reflected in this study with the ethnic and cultural make-up of the sample. To address this potential limitation purposive sampling could have been used to increase the diversity of the participants. Although purposive sampling has benefits in qualitative research and may provide key detail in relation to the research aims and questions (Campbell et al. 2020), this may have manipulated the results and is not necessarily representative of the population and the potential participants in the geographical area the study was undertaken.

6.1.6 Fieldwork limitations

Overall, the fieldwork went better than I predicted, however, there were challenges which I had not considered whilst designing Phase 3. One of the limitations has been discussed somewhat in Chapter 4: The Findings. I had little opportunity to observe the written communication skills of the Generation Z participants. I had not predicted this prior to commencing the fieldwork, and as such, with limited opportunity to observe this in clinical practice, I closed these themes off. The availability and accessibility of the written work that was undertaken would not have yielded enough data to make reasonable conclusions around perceived differences. As such, I make recommendations in section 6.2.2 around future research that could focus on this theme.

Additionally, time in the field was limited, with more time potentially yielding different results; traditionally ethnographers spend extended periods conducting fieldwork, in some cases for years. However, this was not practical in this study, as I had competing priorities, between working full time, studying whilst balancing family life alongside this. Although additional time in the field may have been beneficial, as this study is a focused ethnography, the time I spent observing was appropriate, with over 100-hours in the field.

6.2 Recommendations

6.2.1 Practice

This study underscored the importance of being valued and embraced by the wider clinical team in the development of good communication skills. Leslie et al. (2021), suggests that there are benefits to understanding Generation Z's values and characteristics, but there should be consideration of individual characteristics and requirements within a generational group. However, from the findings of this study, generational differences were not clearly defined or observed, therefore, I propose that:

1. Healthcare environments should strive to develop supportive working environments, where there is not a 'culture of fear'. Staff and Students regardless of 'generation' should be valued and embraced by the multi-disciplinary team, as reducing fear and anxiety will help to enhance communication skills.
2. Nursing leadership should not focus on perceived generational traits or differences but should endeavour to provide person centred leadership and management. Understanding individuals needs over generational needs will foster a sense of being valued.

6.2.2 Future research

1. It is recommended that a wider national study should be undertaken with the aim of replicating and validating the findings of this research. This should aim to recruit more participants nationally, which may also highlight potential regional differences in communication. Recruiting nationally may also provide a more diverse group of participants, both with gender, ethnic and cultural diversity which was not represented in this study.
2. This study focused on the communication between Generation Z student nurses, Practice Supervisors and Practice Assessors only. Therefore, it is recommended that future research in this field should explore the communication skills of Generation Z the wider context of clinical nursing practice, and should involve the multi-disciplinary team, patients and relatives. This would identify if Generation Z student nurses altered the way in which they communicate depending on the situation and the people involved with the communication.
3. This study used a different sample of student nurses for Phase 1 and Phase 3, therefore applying the themes identified by one group of Generation Z student nurses and testing the themes through observing a different sample of Generation Z student nurses. Consideration should be given to a longitudinal research design, following the same sample of students across all years of their undergraduate course and into the workplace post registration; to explore the perceptions they hold about their communication at the beginning of their training and how their communication skills develop over time. As longitudinal study designs in generational research are not necessarily beneficial; (Rudolph and Zacher 2017) this future research should consider a Lifespan Development Perspective, to identify how student nurses develop their communication through the collection of experiences.
4. This study identified written communication as an initial key finding from the Phase 1 and 2 interviews, however, there was limited opportunity to observe written communication in practice. Therefore, future research should explore any unique characteristics with Generation Z's written communication skills.

6.2.3 Generation theory

Generation theory and generational differences are widely contested subjects in the literature. There remains limited empirical evidence of such differences, and as this study highlights, although differences may exist, they are not applicable to all individuals. Generation theory aims to organise and categorise people based on similar experiences during their formative years; however, these categories remain undefined, with differing stances on when different generations begin and another generation ends. Moreover, the notion of 'micro generations' further confuses the theory of 'Generations'. Those individuals although possessing shared traits with the pre and proceeding groups, have their own nuances which distinguishes them. This study also emphasises that generational stereotypes are continuing to endure, and, although not detrimentally impacting on the Generation Z participants in this study, could impact negatively on other individuals, potentially leading to bias and discrimination.

This study has highlighted that there are no clearly defined differences between the Generation Z participants in relation to their communication skills; although they had a more relaxed style the Generation Z student nurses did not vastly differ from previous generational cohorts in their communication. This does not imply that some individuals from Generation Z do not possess different communication skills, but this was not observed in this study. These participants have been brought up in a more technologically connected world; but their engagement with smart devices and social media did not occur until they were approximately 12-years old when they started secondary school. There will always be differences within a generation, but this underlines the issue of generation stereotyping and the presumption that being born within a similar period will lead to developing similar cultural identities.

Research on generations is divided into two camps, those that identify clear generational differences, and those that do not identify clear generational differences. This study aligns with those that do not identify any clear differences. I therefore recommend that:

1. Future research considers looking at alternatives to generation theory. Specifically, the Lifespan Development Perspective, as suggested by Rudolph and Zacher (2017). Unlike generation theory the Lifespan Development Perspective works on a trajectory, which takes a more individualistic approach when compared to generation theory. This approach considers development as lifelong, and through a cumulation of experiences. This is important in relation to this study, where there is literature that suggests that Generation Z have underdeveloped social and relationship skills (Chicca and Shellenbarger 2018). However, the Generation Z participants discussed how their skills improved from one placement to the next as they accumulated more knowledge. Therefore, the Lifespan Development Perspective may better articulate how student nurses develop their communication skills through accumulation of experiences.

6.3 In Summary

To summarise, this study has not identified definitive generational differences within the sample. Much is written about generational differences; however, this study has found that the Generation Z's communication skills in clinical placement do not differ significantly from those of previous generations, although their style of communication may be more relaxed, they are not identifiably 'unique'. This does not mean that in other aspects of life there aren't differences in the way Generation Z communicate, but these differences were not translated into clinical practice in this study.

6.4 “Hello Trouble” Reflections and observations of a novice ethnographer

The final section of this chapter, and of this thesis will focus on my own personal reflections of the research process, and conducting ethnography, specifically the field work. This will take into consideration my own personal biases and perceptions that I held of Generation Z when commencing this study 5-years ago, and how

reflexivity has forced me to confront these biases and perceptions throughout this journey.

6.4.1 It's a long day for you just standing watching

When I designed this research, I naively thought that fieldwork would be a relatively straightforward process, it was anything but. As an insider I shared several attributes with the participants, being a previous student nurse, a registered nurse with extensive clinical experience, and working for the health board where the data collection took place did have its benefits. As Gelir (2021) suggests, my insider binary meant I didn't need a long period of time to familiarise myself with the areas. However, as an inexperienced ethnographer I still required a period of adjustment, and it did take time to consider where best to position myself in the departments where I could gather the data without feeling that I was getting in the way, this was easier in some wards compared to others.

Access to the field was easier than I had initially expected, yet until I had commenced the first set of observations with Daisy, Rose, Lilly, and Holly, I felt a degree of anxiety; and although entry to the field was relatively straightforward, ongoing access is not a guarantee (Nepali et al. 2023). As such, I felt an ongoing pressure to maintain and develop my relationships with those in the participating wards. The areas and the participants were able to withdraw at any point; and this remained an ongoing consideration throughout the duration of the fieldwork. However, I worked at building my relationships with the participants and the other team members within the clinical areas, regardless of their role within the area. Although developing and maintaining these relationships can be difficult (Nepali 2023), I feel the effort paid off. I began to feel accepted in the areas with staff from across all professions, and support staff, who began greeting me, and speaking with me when I was in the areas. Moreover, once the domestic team in one area found out I was not from infection control, they were certainly more willing to speak and were less suspicious of my presence. When I arrived in the ward, they would cheerily greet me "*Hello trouble*".

Fieldwork is an intense and vulnerable experience (Pollard 2009), I can certainly resonate with some of the emotions experienced by fellow ethnographers in Pollard's (2009) research. During the fieldwork I did at times feel alone, disconnected from my day job which I usually rely on for routine and stability. But to focus on the fieldwork I disconnected almost completely for three months. There were certainly benefits to this, as it allowed me to alter my mindset, I became a 'researcher' not a lecturer. And although these challenges may not be comparable to those undertaking ethnographic fieldwork in remote and rural communities, the challenges faced in ethnographic fieldwork can evoke both physical and emotional responses (Punch 2012).

The fieldwork and the need to undertake concurrent data analysis, arrange observation dates with the Generation Z participants, and the gatekeepers for the clinical areas, arrange follow up interviews and write my thesis all at the same time was somewhat stressful. It certainly started to take its toll on my health and wellbeing. During the fieldwork and my extended study leave I felt that my mind was in overdrive, all thought processes led back to my thesis, and my participant observations. However, with the right support networks, I started to manage these thought processes, my confidence in the areas grew week by week, and I started to embrace the fieldwork over the 3-months I was in the field. It can be difficult to maintain the motivation for the fieldwork, however, being embraced in the areas certainly helped to maintain focus.

6.4.2 It's so hot in here today

The observations were undertaken across three clinical areas, two of these areas within the main teaching hospital, and one of the areas, although still a hospital setting, was out with the main teaching hospital, with a focus on rehabilitation. The areas all posed different opportunities and different challenges.

In my field notes, in the section for my personal reflections I noted on numerous occasions about one environment, it was always hot, often uncomfortably hot, and very bright. In the corridors where I tended to position myself there was very little

natural light, just the artificial lighting which was very bright, there was also a lot of background noise, from the crashing together of stores cages, the alarms sounding on infusion pumps, the constant hum of the ventilation system, and what felt like the continuous sound of patient's bedside call bells sounding. I always left this area with a headache, and it was always a relief to walk out to the carpark at the end of the observation.

6.4.3 Final thoughts

The purpose of ethnography is to provide a voice; a story told through the experiences of the participants; I hope I have achieved this whilst making recommendations for future research in this field. Undertaking this research has also allowed me to explore my own bias. When I started to design this study, I presumed that Generation Z possessed 'unique communication skills.' Being reflexive has allowed me to challenge these beliefs and consider how my presence and preconceptions may have impacted on this study; but how people's bias may impact the experience of student nurses both in academia and in the practice learning environment.

I finish this study with a sense of positivity for the future of nursing. The Generation Z participants in this study demonstrated the limitations of generation theory. These Generation Z participants are not defined by the stereotypes that are commonly used to describe their generation. They are all individuals, who are accumulating different experiences on the path from undergraduate nurse training to the point of registration. The areas that participated in this study are all suffering from staff shortages and increasing clinical pressures; but through the observations I witnessed Practice Supervisors, and Practice Assessors who appear determined to provide student nurses with positive placement learning experiences, regardless of the challenges they face. It is not only Generation Z student nurses that need to be valued, but all healthcare staff.

References

Abed, L.G., Abed, M.G. and Shackelford, T.K. (2023) Interpersonal communication style and personal and professional growth among Saudi Arabian employees.

International Journal of Environmental Research and Public Health, 20(2).

Aboim, S. and Vasconcelos, P. (2013) From political to social generations: A critical reappraisal of Mannheim's classical approach. *European Journal of Social Theory*, 17(2). doi.org/10.1177/1368431013509681 [Accessed 15 July 2024]

Abel, S., Machin, T. and Brownlow, C. (2020) Social media, rituals, and long distance family relationship maintenance: A mixed-methods systematic review. *New Media and Society*, 23(3), pp. 632-654.

Aburumman, N., Gillies, M., Ward, J.A. and Hamilton, A.F.C. (2022) Nonverbal communication in virtual reality: Nodding as a social signal in virtual interactions.

International Journal of Human-Computer Studies, 164.

doi.org/10.1016/j.ijhcs.2022.102819 [Accessed 16 December 2024].

Adams, N. (2024) Studying 'closed' workplaces: 'Embedded-actualised' ethnography and reflections on 'embeddedness' from the remote UK oilfields. *Ethnography*, 0(0), pp. 1-27.

Afriyie, D. (2020) Effective communication between nurses and patients: an evolutionary concept analysis. *British Journal of Community Nursing*, 25(9), pp. 438-445.

Ahmed, A.K., Atta, M.H.R., El-Monshed, A.H. and Mohamed, A.I. (2024) The effect of toxic leadership on workplace deviance: the mediating effect of emotional exhaustion, and the moderating effect of organizational cynicism. *BMC Nursing*, 23.

doi.org/10.1186/s12912-024-02308-x [Accessed 08 December 2024].

Airey, L., Lain, D., Jandric, J. and Loretto, W. (2021) A selfish generation? 'Baby Boomers', values, and the provision of childcare for grandchildren. *The Sociological Review*, 69(4), pp 842-829. [doi10.1177/0038026120916104](https://doi.org/10.1177/0038026120916104) [Accessed 12 July 2024].

Akhmedova, S.R. (2024) The influence of social media on language evolution. *International Scientific Journal*, 3(10), pp. 51-58.

Allan, H., Traynor, M., Kelly, D. and Smith, P. (2016) *Understanding sociology in nursing*. London: SAGE Publications Ltd.

Allen, M. (2019) Understanding the practice, application, and limitations of meta-analysis. *American Behavioural Scientist*, 64(1), pp. 74-96. [doi:org.ezproxy.rgu.ac.uk/10.1177/0002764219859619](https://doi.org/ezproxy.rgu.ac.uk/10.1177/0002764219859619) [Accessed 05 December 2024].

Almouzni, G. (2024) Diversity in research, research in diversity. Available: <https://erc.europa.eu/news-events/magazine-article/diversity-research-research-diversity> [Accessed 12 November 2024].

Aloufi, A. (2021) Language and linguistic orthography. *English Language and Literature Studies*, 11(3), pp. 40-44.

American Psychological Society. (2018) Stress in America: Generation Z. Available: <https://www.apa.org/news/press/releases/stress/2018/stress-gen-z.pdf> [Accessed 12 July 2024].

Anderson, M. and Jiang, J. (2018) Teens, Social Media & Technology. Pew Research Centre. Available: <https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018> [Accessed 04 December 2024].

Anderson, L.B. and Morgan, M. (2016) An examination of nurses' intergenerational communication experiences in the workplace: Do nurses eat their young? *Communication Quarterly*, 65(4), pp. 377-401.

Andreassen, P., Christensen, M.K., and Moller, J.E. (2020) Focused ethnography as an approach in medical education research. *Medical Education*. 54, pp. 296-302.

Anggapradja, I.T., Marianti, M.M. and Deti, R. (2024) Job satisfaction Gen-Z: A systematic literature review. *Nomico Journal*, 1(5), pp. 31-43.
doi.org/10.62872/s1adv86 [Accessed 08 December 2024].

Ansari, A. (2020) The role of interpersonal communication skills in human resource and management. *International Journal of Science and Research*, 10(11), pp. 916-922.

Ansari, N., Warner, E., Taylor-Swansen, L. and Wilson, R. (2024) Nurses navigate moral distress, resilience, and team dynamics: A literature review. *Nursing Ethics*, 0(0), pp.1-39.

Antonucci, T.C., Ajrouch, K.J. and Manalel, J.A. Social relations and technology: Continuity, context, and change. *Innovation in Aging*, 1(3), pp. 1-9.

Aslan, H. and Erci, B. (2021) The impact of peer support provided to the first-year students of nursing on the clinical stress and psychomotor nursing skills. *International Journal of Caring Science*, 14(1), pp. 68-78.

Aslan, S.K., Ozdemir, D., Ozel, Z. (2023) Generation Z workplace expectations: Nursing students' perspectives. *International Journal of Management Academy*, 6(4), pp.1159-1170.

Aston, L. and Molassiotis, A. (2003) Supervising and supporting student nurses in clinical placement: the peer support initiative. *Nurse Education Today*, 23(3), pp. 202-210.

Audit Scotland. (2023) NHS in Scotland 2022. Available:
https://audit.scot/uploads/docs/report/2023/nr_230223_nhs_overview.pdf [Accessed 10 July 2024].

Augusto dos Reis, T. (2018) Study on the alpha generation and the reflections of its behaviour in the organisational environment. *Journal of Research in Humanities and Social Science*, 6(1), pp. 9-19.

Ayagan, Y.S., Zhekiyayeva, B.A., Analbekova, K.T. and Mukhametzhanova, A.O. (2023) Interpersonal communication as an acmeological problem in contemporary education. *Power and Education*, 0(0), pp. 1-11.

Babiker, A., El Hussein, M., Al Nemri, A., Al Frayh, A., Al Juryyan, N., O Faki, M., Assiri, A., Al Saadi, M., Shaikh, F. and Al Zamil, F. (2014) Health care professional development: working as a team to improve patient care. *Sudanese Journal of Paediatrics*, 14(2), pp. 9-16.

Baek, H., Han, K., Cho, H. and Ju, J. (2023) Nursing teamwork is essential in promoting patient-centred care: a cross-sectional study. *BMC Nursing*, 22. doi.org/10.1186/s12912-023-01592-3 [Accessed 08 December 2024].

Barnlund, D.C. (2008) *A transactional model of communication*. In Mortensen, C.D. (Ed). *Communication theory*. (pp 11-15) 2nd ed. New York: Routledge.

Baratta, A. (2016) Keeping it real or selling out: The effects of accent modification on personal identity. *Pragmatics and Society*, 7(2), pp. 291-319. doi.org/10.1075/ps.7.2.06bar [Accessed 10 December 2024].

Baron, N. (2013) Do mobile technologies reshape speaking, writing or reading? *Mobile Media & Communication*, 1(1), pp. 134-140.

BBC News. (2017) Under-age social media use 'on the rise', says Ofcom. Available: <https://www.bbc.co.uk/news/technology-42153694> [Accessed 09 December 2024].

Beardsmore, E. and McSherry, R. (2017) Healthcare workers' perceptions of organisational culture and the impact on the delivery of compassionate quality care. *Journal of Research*, 22(1-2). [doi-
org.ezproxy.rgu.ac.uk/10.1177/1744987116685594](https://doi.org.ezproxy.rgu.ac.uk/10.1177/1744987116685594) [Accessed 3 August 2025].

Beckett, L. (2024) Honey, I lost the kids: is generation Z done with Disney? Available: <https://www.theguardian.com/film/article/2024/aug/18/disney-generation-z-younger-fans> [Accessed 19 August 2024].

Bengry-Howell, A., and Griffin, C. (2017) *Ethnography*. London: SAGE Publications Ltd.

Benítez-Márquez, M.D., Sánchez-Teba, E.M., Bermúdez-González, G. and Núñez-Rydman, E. (2022) Generation Z within the workforce and in the workplace: A bibliometric analysis. *Frontiers in Psychology*, 12. [doi:10.3389/fpsyg.2021.736820](https://doi.org/10.3389/fpsyg.2021.736820) [Accessed 15 November 2024].

Berge, Z.L. and Berge, B.M. (2019) The economic ABCs of education and training generations X, Y, and Z. *Performance Improvement*, 58(5), pp44-53.

Berger, B.M. (1960) How long is a generation? *The British Journal of Sociology*, 11(1), pp. 10-23.

Berger, R. (2013) Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), pp. 219-234.

Berkley, S.K. (2022) Digital tools and streaming media coverage to inspire social interactions of Generation Alpha. *International Journal of Early Childhood*, 54, pp.185-205. doi.org/10.1007/s13158-021-00301-y [Accessed 09 December 2024].

Berkup, S.B. (2014) Working with generations X and Y in generation Z period: Management of different generations in business life. *Mediterranean Journal of Social Science*, 5(19), pp. 218-229.

Bhana, V.M. (2014) Interpersonal skills development in Generation Y student nurses: A literature review. *Nurse Education Today*, 34, pp. 1430-1434.

Billups, F. (2021) *Qualitative data collection tools: design, development, and applications*. Los Angeles: SAGE Publications.

Blanchard, A., Duran, J., and Lewis, J. (2023) Electronic communication. *Oxford Research Encyclopedia of Psychology*. doi.org/10.1093/acrefore/9780190236557.013.283 [Accessed 09 December 2024].

Bonaccio, S., O'Reilly, O'Sullivan, S.L. and Chiocchio, F. (2016) Nonverbal behaviour and communication in the workplace: A review and an agenda for

research. *Journal of Management*, 45(5). doi.org/10.1177/0149206315621146 [Accessed 16 December 2024].

Bourque, C.J. and Bourdon, S. (2016) Multidisciplinary graduate training in social research methodology and computer-assisted qualitative data analysis: a hands-on/hands-off course design. *Journal of Further and Higher Education*, 41(4), pp. 475-491.

Boyd, C. and Dare, J. (2014) *Communication skills for nurses*. Chichester: John Wiley & Sons, Ltd.

Bozzola, E., Spina, G., Agostiniani, R., Barni, S., Russo, R., Scarpato, E., Di Mauro, A., Stefano, A.V.D., Caruso, C., Corsello, G. and Staiano, A. (2022) The use of social media in children and adolescents: Scoping review on potential risks. *International Journal of Environmental Research and Public Health*, 19(16). doi.org/10.3390/ijerph19169960 [Accessed 09 December 2024].

Bragadóttir, H., Kalisch, B.J., Flygenring, B.G. and Tryggvadóttir, G.B. (2023) The relationship of nursing teamwork and job satisfaction in hospitals. *SAGE Open Nursing*, 9, pp. 1-12.- [doi:10.1177/23779608231175027](https://doi.org/10.1177/23779608231175027) [Accessed 15 November 2024].

Braun, V. and Clarke, V. (2019) Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), pp. 589-597.

Braun, V. and Clarke, V. (2022) *Thematic analysis, a practical guide*. London: SAGE.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3(2), pp77-101.

Braun, V. and Clarke, V. (2016) *Thematic analysis a practical guide*. London: SAGE.

Braun, V., Clarke, V., Hayfield, N. and Davey, L. (2023) Doing reflexive thematic analysis, in S.Bager-Charleson and A.McBeath (eds) *Supporting research in counselling and psychotherapy, qualitative, quantitative and mixed methods research*. Cham, Switzerland: Plagrave Macmillan, pp.19-38.

Bressers, G., Brydges, M. and Paradis, E. (2020) Ethnography in health professions education: Slowing down and thinking deeply. *Medical Education*, 54, pp. 225-233.

Brewer, J.D. (2000) *Ethnography*. Buckingham: Open University Press.

Bridges, J., Griffiths, P., Oliver, E. and Pickering, R.M. (2019) Hospital nurse staffing and staff-patient interactions: an observational study. *BMJ Quality Staffing*, 28, pp. 706-713. doi.org/10.1136/bmjqs-2018-008948 [11 December 2024].

Bristow, J. (2019) *Stop mugging grandma: The 'Generation Wars' and why Boomer blaming won't solve anything*. London: Yale University Press.

Bristow, J. (2016) *The sociology of generations: New directions and challenges*. London: Palgrave Macmillan.

Brugel, S., Postma-Nilsenová, M. and Bates, K. (2015) The link between perception of clinical empathy and nonverbal behaviour: The effect of a doctor's gaze and body orientation. *Patient Education and Counselling*, 98(10), pp. 1260-1265. doi.org/10.1016/j.pec.2015.08.007 [Accessed 20 December 2024]

Bryman, A. (2012) *Social research methods*. 4th ed. New York: Oxford university Press.

Burns, T. and Gottschalk, F. (2020) Education in the digital age: Healthy and happy children. *Educational Research and Innovation*. doi.org/10.1787/1209166a-en. [Accessed 19 November 2024].

Caeymaex, F., Wenger, C. and Lafleur, J.M. (2023) "Ethics ready"? Governing research through informed consent procedures. *International Journal of Qualitative Methods*, 22. <https://doi.org/10.1177/16094069231165718> [Accessed 20 August 2024]

Care Quality Commission. (2023) The health and care workforce. Available: <https://www.cqc.org.uk/publications/major-report/state-care/2022-2023/workforce#:~:text=The%20number%20of%20all%20FTE,4.4%25%20over%20the%20same%20period>. [Accessed 19 February 2025].

Campbell, S., Greenwood, M., and Walker, K. (2020) Purposive sampling: complex or simple? Research case examples. *Journal of Research Nursing*, 25(8), pp. 652-661.

Cannity, K.M., Banerjee, S.C., Hichenberg, S., Leon-Nastasi, A.D., Howell, F., Coyle, N., Zaider, T. and Parker, P.A. (2021) Acceptability and efficacy of a communication skills training for nursing students: Building empathy and discussing complex situations. *Nurse Education in Practice*, 50. doi.org/10.1016/j.nepr.2020.102928 [Accessed 06 December 2024].

Cant, R., Ryan, C., Hughes, L., Luders, E. and Cooper, S. (2021) What helps, what hinders? Undergraduate nursing students' perceptions of clinical placements based on a thematic synthesis of literature. *SAGE Open Nursing*, 7, pp. 1-20. doi.org/10.1177/23779608211035845 [Accessed 18 December 2024].

Critical Appraisal Skills Programme (2024). CASP Descriptive/cross sectional studies checklist. [online] Available at: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcasp-uk.net%2Fcasps-checklists%2FCASP-checklist-cross-sectional-study-2024.docx&wdOrigin=BROWSELINK>. [Accessed: 27 January 2025].

Critical Appraisal Skills Programme (2024). CASP qualitative research checklist. [online] Available at: <https://casp-uk.net/casp-checklists/CASP-checklist-qualitative-2024.pdf>. [Accessed: 27 January 2025].

Critical Appraisal Skills Programme (2024). CASP Randomised controlled trials (RCTs) Checklist. [online] Available at: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcasp-uk.net%2Fcasps-checklists%2FCASP-checklist-randomised-controlled-trials-RCT-2024.docx&wdOrigin=BROWSELINK> [Accessed: 27th January 2025].

Caronia, L. (2018) How “at home” is an ethnographer at home? Territories of knowledge and the making of ethnographic understanding. *Journal of Organisational Ethnography*, 7(2), pp. 114-134. [doi:10.1108/JOE-12-2017-0067](https://doi.org/10.1108/JOE-12-2017-0067) [Accessed 02 October 2024]

Chang, C.W. and Chang, S.H. (2023) The impact of digital disruption: Influences of digital media and social networks on forming digital natives' attitude. *SAGE Open*, 13(3).

Cheraghi, F., Hooshangian, M., Doosti-Irani, A. and Khalili, A. (2021) The effect of peer support approach on communication skills of nursing students in paediatric clinical setting. *Nurse Education in Practice*, 52. doi.org/10.1016/j.nepr.2021.102984 [Accessed 18 December 2024].

Chicca, J. and Shellenbarger, T. (2018) Connecting with Generation Z: Approaches in nursing education. *Teaching and Learning in Nursing*, 13, pp. 180-184.

Chicca, J. and Shellenbarger, T. (2019) A new generation of nurses is here: Strategies for working with generation Z. *American Nurse Today*, 14(2), pp. 48-50.

Chillakuri, B. (2020). Understanding Generation Z expectations for effective onboarding. *Journal of Organizational Change Management*, 33(7), pp. 1277–1296. doi.org/10.1108/JOCM-02-2020-0058 [Accessed 12 July 2024].

Coffey, A. (2018) *Doing ethnography*. London: SAGE Publishing Ltd.

Collins, D., MacPherson, A.C., Bobrownicki, R. and Carson, H. (2023) An explicit look at implicit learning: an Interrogative review for sport coaching research and practice. *Sports Coaching Review*. <https://doi.org/10.1080/21640629.2023.2179300> [Accessed 10 December 2024].

Collins, L.G., Schrimmer, A., Diamond, J. and Burke, J. (2011) Evaluating verbal and nonverbal communication skills, in an ethnogeriatric OSCE. *Patient Education and Counselling*, 83(2), pp. 158-162.

Connolly, J. (2019) Generational conflict and the sociology of generations: Mannheim and Elias reconsidered. *Theory, Culture & Society*, 36(7-8).

Cook, D.A. (2019) Systematic and nonsystematic reviews: Choosing an approach, in D. Nestel and J.Hui (eds) *Healthcare simulation research a practical guide*. Switzerland: Springer, pp. 55-60.

- Cortés-Rodríguez, A.E., López-Rodríguez, M.M., Roman, P., Granero-Molina, J., Fernández-Sola, C. and Hernández-Padilla, J.M. (2024) Effect of two teaching methods on nursing students' acquisition of patient-centred communication competence in older people care: a cluster randomized trial. *Frontiers in Public Health*. doi: [10.3389/fpubh.2024.1510620](https://doi.org/10.3389/fpubh.2024.1510620). [Accessed 27th January 2025].
- Costa, A.P., Reis, L.P., De Souza, F. and Moreira, A. (2017) *Computer supported qualitative research*. Cham, Switzerland: Springer International Publishing.
- Costanza, D.P. (2012) Generational differences in work-related attitudes: A meta-analysis. *Journal of Business Psychology*, 25, pp. 375-394.
- Costanza, D.P. and Finkelstein, L.M. (2015) Generationally based differences in the workplace: Is there a *there* there? *Industrial and Organizational Psychology*, 8(3), pp. 308-323.
- Costanza, D.P., Rudolph, C.W. and Zacher, H. (2023) Are generations a useful concept. *Acta Psychologica*, 243.
- Crabtree., A, Rouncefield, M., Tolmie, P. (2012) *Doing design ethnography*. London: Springer Nature.
- Crawford, R. (2019) Using focused ethnography in nursing research. *Kia tiaki nursing research*, 10(1), pp. 63-67.
- Creswell, J.W. (2014) *Research design: Qualitative, quantitative and mixed methods approaches*. London: SAGE.
- Cruz, E.V. and Higginbottom, G. (2013) The use of focused ethnography in nursing research. *Nurse Researcher*, 20(4), pp. 36-43.
- Cust, F. and Guest, K. (2020) Peer support for undergraduate children's nursing students. *Journal of Nursing Education and Practice*, 10(4), pp. 21-25.
- Darawad, M.W., Mansour, M. and Al-Niarat, T. (2020) Organisational empowerment and assertive communication behaviours: a survey of Jordanian newly qualified

nurses. *British Journal of Nursing*, 29(7), pp. 419-425.

doi.org/10.12968/bjon.2020.29.7.419 [Accessed 14 December 2024].

Dawdy, K., McGuffin, M. and Fegan, C.M. (2020) Understanding team dynamics to promote team building in a radiotherapy department. *Journal of Radiotherapy in Practice*, 21(1), pp. 45-50.

De Sordi, J.O. (2024) *Qualitative research methods in business: techniques for data collection and analysis*. 1st ed. Cham, Switzerland: Palgrave Macmillan.

Dekkers, R., Carey, L. and Langhorne, P. (2022) *Writing literature reviews*. Cham, Switzerland: Springer.

Delamont, S. and Smith, R.J. (2024) *Leaving the field: Methodological insights from ethnographic exits*. Manchester: Manchester University Press.

DeWalt, K.M. and DeWalt, B.R. (2010). 'Doing participant observation: becoming an observer', in *participant observation*. United States: AltaMira Press.

Deza, E.G. (2024) *Improving clinical communication: A clinician's guide to building better skills and patient outcomes*. Switzerland: Springer.

Dhakal, K. (2022) NVivo. *Journal of the Medical Library Association*, 110(2), pp.270-272.

Dhaliwal, G. (2020) The Greatest Generation. *American Medical Association*, 323(17), pp. 1696-1697.

Diehl, C., Tavares, R., Abreu, T., Almeida, A.M.P., Silva, T.E., Santinha, G., Rocha, N.P., Seidel, K., MacLachlan, M., Silva, A.G. and Ribeiro, O. (2022) Perceptions on extending the use of technology after the COVID-19 pandemic resolves: A qualitative study with older adults. *International Journal of Environmental Research and Public Health*, 19(21). doi.org/10.3390/ijerph192114152 [Accessed 10 December 2024].

Dixon, S.J. (2024) *Active social media audience in the United Kingdom (UK) in January 2024*. Available: <https://www.statista.com/statistics/507405/uk-active-social-media-and-mobile-social-media-users/> [Accessed 28 November 2024].

Dunbar, H. and Carter, B. (2017) A sense of belonging: The importance of fostering student nurses' affective bonds. *Journal of Child Health Care*, 21(4), pp. 367-369.

Du Pré, A. and Foster, E. *Transactional communication*. (2016) In Wittenberg, E., Ferrell, B.R., Goldsmith, J., Ragan, S.L., Glajchen, M. and Handzo, G. (eds) Textbook of palliative care communication. Oxford: Oxford University Press.

Edwards-Maddox, S., Cartwright, A., Quintana, D. and Contreras, J.A. (2021) Applying nuwman's theory of health expansion to bridge the gap between nursing faculty and Generation Z. *Journal of Professional Nursing*, 37(3), pp. 541-543.

Eisenhart, M. (2018). *Changing conceptions of culture and ethnography in anthropology of education in the United States*. In Beach, D. Bagley, C. and Silva, S.M da (Ed). The Wiley handbook of ethnography of education. (pp 151-172). 1st ed. New Jersey: Wiley Blackwell.

Equality Act. (2010). C.1.

Fagan, A., Lea, J. and Parker., V. (2021) Student nurses' strategies when speaking up for patient safety: A qualitative study. *Nursing and Health Sciences*, 23(2), pp. 447-455. doi.org/10.1111/nhs.12831 [Accessed 15 December 2024].

Felstead, I.S. and Springett, K. (2016) An exploration of role model influence on adult nursing students' professional development: A phenomenological research study. *Nurse Education Today*, 37, pp. 66-70.

Fetterman, D.M. (2010) *Ethnography step-by-step*. 3rd ed. London: Sage.

Flick, U. (2023) *An introduction to qualitative research*. 7th ed. London: SAGE

Ford, M. (2023) Concern over decline in student nurse applications for 2023-24. Available: <https://www.nursingtimes.net/news/education/concern-over-decline-in-student-nurse-applications-for-2023-24> [Accessed 21 July 2024].

Foronda, C., MacWilliams, B. and McArthur, E. (2016) Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice*, 19, pp. 36-40. doi.org/10.1016/j.nepr.2016.04.005 [Accessed 20 December 2024].

Forrest, B. (2023) Men in nursing: smoke and mirrors. *British Journal of Nursing*, 32(5). [doi:10.3390/bs13080621](https://doi.org/10.3390/bs13080621) [Accessed 12 November 2024].

Foster, K.R. (2013) *Generation, discourse, and social change*. New York: Routledge.

Foster, L.S. (2024) Scotland's Census 2022: What do the latest statistics tell us about minority ethnic groups in Scotland? Available: <https://www.crer.org.uk/blog/census-2022-bme-population#:~:text=This%20marked%20a%2075%25%20increase,from%20a%20BME%20background%2C%20respectively>. [Accessed 12 November 2024].

Fox, N. (2006) *Using interviews in a research project*. Sheffield: Trent Research and Development Support Unit.

Francis, A., Clare, L., Sabu, A., Biju, A. and James, A. (2024) Exploring the journey of empowerment: Student nurses' perspectives in shaping their professional identity and future roles. *Brio International Journal of Nursing Research*, 5(1), pp. 37-46.

Fraser, K.C. (2022) *Extracting age-related stereotypes from social media texts*. Proceedings of the 13th Conference on Language Resources and Evaluation (LREC 2022), pp. 3183–3194.

Freeman, S., Marston, H.R., Olynick, J., Musselwhite, C., Kulczycki, C., Genoe, R. and Xiong, B. (2020) Intergenerational effects on the impacts of technology use in later life: Insights from an international, multi-site study. *International Journal of Environmental Research and Public Health*, 17(16). doi.org/10.3390/ijerph17165711 [Accessed 20 December 2024].

Furukawa, A. and Kashiwagi, K. (2021) The relationship between leadership behaviours of ward nurse managers and teamwork competency of nursing staff: A cross-sectional study in Japanese hospitals. *Journal of Nursing Management*, 29(7), pp. 2056-2064.

Gabrielova, K. and Buchko, A.A. (2021) Here comes Generation Z: Millennials as managers. *Business Horizons*, 64(4), pp. 489-499.

Galindo-Domínguez, H., Bezanilla, M.J. and Campo, L. (2024) Relationship between social media use and critical thinking in university students. *Education and Information technologies*. doi.org/10.1007/s10639-024-12953-z [Accessed 22 December 2024].

Gandasari, D., Dwidienawati, D. and Tjahjana, D. (2023) Gen Z, which one: Transformational or Servant leadership? *International Journal of Economics and Management Systems*, 8, pp. 68-78.

García-Marco, F.J. (2016) *The relevance of communicative competence in the context of information literacy programs*. In Sales, D. and Pinto, M. (eds) *Pathways into information literacy and communities of practice: Teaching approaches and case studies*. London: Elsevier.

Gelinas, L., Pierce, R., Winkler, S., Cohen, I.G., Lynch, H.F. and Bierer, B.E. (2017) Using social media as a research recruitment tool: Ethical issues and recommendations. *The American Journal of Bioethics*, 17(3), pp. 3-14.

Gelir, I. (2021) Can insider be outsider? Doing an ethnographic research in a familiar setting. *Ethnography and education*, 16(2), pp. 226-242.

Getchell, K., Dubinsky, J., and Lentz, P. (2023) A critique of transmission communication models in introductory management and organizational behaviour textbooks. *Journal of Management Education*, 47(5), pp. 477-504.

Giles, H., Edwards, A.L. and Walther, J.B. (2023) Communication accommodation theory: Past accomplishments, current trends, and future prospects. *Language Sciences*, 99. doi-org.ezproxy.rgu.ac.uk/10.1016/j.langsci.2023.101571 [Accessed 24 August 2025].

Gillespie, D.J. and Schiffman, R. (2018) A critique of the Shannon-Weaver theory of communication skills and its implications for nursing. *Research and Theory for Nursing Practice: An International Journal*. 32(2), pp. 216-225.

Goodman, B. and Clemow, R. (2010) *Nursing and collaborative practice: A guide to interprofessional and interpersonal working*. 2nd ed. Exeter: Learning Matters.

Gray, S., Wheat, M., Christensen, M. and Craft, J. (2019) Snaps: Peer-to-peer and academic support in developing clinical skills excellence in under-graduate nursing students: An exploratory study. *Nurse Education Today*, 73, pp. 7-12.

Gregory, J. (2024) Understanding the communication skills that support nurses to provide person-centred care. *Nursing Standard*. [doi:10.7748/ns.2024.e12132](https://doi.org/10.7748/ns.2024.e12132) [Accessed 13 December 2024].

Gu, Y., Shah, A.P. (2019) A systematic review of interventions to address accent-related communication problems in healthcare. *Ochsner Journal*, 19(4), pp. 378-396.

Gullion, J, S. (2016) *Writing ethnography*. Rotterdam: Sense Publishers.

Gusenbauer, M. and Haddaway, N.R. (2019) Which academic search systems are suitable for systematic reviews of meta-analysis? Evaluating retrieval qualities of Google Scholar, PubMed, and 26 other resources. 11(2), pp. 147-313.

Gutiérrez-Puertas, L., Márquez-Hernández, V.V., Gutiérrez-Puertas, V., Granados-Gámez, G. and Aguilera-Manrique, G. (2020) Educational interventions for nursing students to develop communication skills with patients: A systematic review. *International Journal of Environmental Research and Public Health*, 17(7). doi.org/10.3390/ijerph17072241 [Accessed 10 December 2024].

Half, R. (2015) *Get Ready for Generation Z*. Robert Half International Inc.

Hall, J.A., Horgan, T.G. and Murphy, N.A. (2019) Nonverbal communication. *Annual Review of Psychology*, 70, pp. 271-294.

Hammersley, M. (2006) Ethnography: problems and prospects. *Ethnography and Education*, 1(1), pp. 3-14.

Hampton, D.C. and Keys, V. (2016) Generation Z students: Will they change our nursing classrooms? *Journal of Nursing Education and Practice*, 7(4).

Hardie, P., Darley, A., Langan, L., Lafferty, A., Jarvis, S. and Redmond, C. (2022) Interpersonal and communication skills development in general nursing training

programmes: A scoping review. *Nurse Education in Practice*, 65.
doi.org/10.1016/j.nepr.2022.103482 [Accessed 31 October 2024].

Hargie, O. (2010) *Skilled interpersonal communication: research, theory and practice*. 5th ed. London: Routledge.

Harrison, A.K. (2018) *Ethnography*. New York: Oxford University Press.

Hart, L. (2022) Emotion and othering in a contaminated community. *Ethnography*, 0 (0), pp. 1-19.

Hayes, J.B., Parks, C., McNeilly, S. and Johnson, P. (2018) Boomers to Millennials: Generational stereotypes at work in academic librarianship. *The Journal of Academic Librarianship*, 44(6), pp. 845-853. doi.org/10.1016/j.acalib.2018.09.011 [Accessed 18 December 2024].

Heblich, S., Lameli, A. and Riener, G. (2015) The effect of perceived regional accents on individual economic behaviour: A lab experiment on linguistic performance, cognitive ratings and economic decisions. *PLoS ONE*, 10(2).
[doi:10.1371/journal.pone.0113475](https://doi.org/10.1371/journal.pone.0113475) [Accessed 13 December 2024].

Hee, L.S. and Yeojin, Y. (2024) Work values and communication styles among Generation X, Y and Z nurses: A cross-sectional study. *International Nursing Review*, 71(1), pp. 115-121. doi.org/10.1111/inr.12863 [Accessed 27 January 2025].

Henry, S.G., Fuhrel-Forbis, A., Rogers, M.A.M. and Eggly, S. (2012) Association between nonverbal communication during clinical interactions and outcomes: a systematic review and meta-analysis. *Patient Education and Counselling*, 86(3), pp. 297-315. [doi: 10.1016/j.pec.2011.07.006](https://doi.org/10.1016/j.pec.2011.07.006). [Accessed 17 December 2024].

Heritier, A. (2018) 'Casual explanation', in Porta, D.D and Keating, M (ed) *Approaches and methodologies in the social sciences a pluralist perspective*. Cambridge: Cambridge University Press, pp. 61-79.

- Hernandez-de-Menendez, M., Diaz, C.A.E. and Morales-Menendez, R. (2020) Educational experiences with generation Z. *International Journal on Interactive Design and Manufacturing*, 14, pp. 847-859.
- Higginbottom, G.M., Pillay, J.J., and Boadu, N.Y. (2013) Guidance on performing focused ethnographies with an emphasis on healthcare research. *The Qualitative Report*, 18(9), pp1-6.
- Hill, T. and Dao, M. (2020) Personal pasts become academic presents: engaging reflexivity and considering dual insider/outsider roles in physical cultural fieldwork. *Qualitative Research in Sport, Exercise and Health*, 13(3), pp. 521-535.
- Hoffmann, M., Schwarz, C.M., Schwappach, D., Banfi, C., Palli, C. and Sendlhofer, G. (2022) Speaking up about patient safety concerns: view of nursing students. *BMC Health Services Research*, 22. doi.org/10.1186/s12913-022-08935-x [Accessed 13 December 2024].
- Hoover, R.S. and Koerber, A.L. (2009) Using NVivo to answer the challenges of qualitative research in professional communication: Benefits and best practices tutorial. *IEEE Transactions on Professional Communication*, 54(1), pp. 68-82.
- Howitt, D. (2019) *Introduction to qualitative research methods in psychology: Putting theory into practice*. 4th ed. Upper Saddle River: Pearson.
- Hunter, B. (2004). Conflicting ideologies as a source of emotion work in midwifery. *Midwifery*, 20(3), pp. 261-272.
- Information Commissioner's Office (ICO). (2018) Guide to the privacy and electronic communications regulations. Available: <https://www.ico.org.uk/media/for-organisations/direct-marketing-and-privacy-and-electronic-communications/guide-to-pecr-2-4.pdf> [Accessed 15 December 2024].
- Ioannidis J.P.A. (2007) Limitations are not properly acknowledged in the scientific literature. *Journal of Clinical Epidemiology*, 60(4), pp. 324-329.
- Ivanović, M.P. and Kolar, J. (2023) Challenges and opportunities of leading different generations – the case of Slovenia. *Politics in Central Europe*, 19(1), pp. 423-440.

- Jaeger, H. (1985) Generations in history: Reflections on a controversial concept. *History and Theory*, 24(3), pp. 273-292.
- Janacsek, K., Fiser, J. and Nemeth, D. (2012) The best time to acquire new skills: Age-related differences implicit sequence learning across human life span. *Developmental Science*, 15(4), pp. 496-505.
- Jassen, D. and Carradini., S. (2021) Generation Z workplace communication habits and expectations. *Transactions of Professional Communication*, 64(2), pp. 137-153.
- Jenks, C. (2005) *Culture*. 2nd ed. London: Routledge.
- Jiménez, L.V., Kuokkanen, L., Kilpi, H.L., Löyttyniemi, E., Turjamaa, R., Brugnolli, A., Gaspar, F., Nemcová, J., Palese, A., Rua, M., Zelenikova, R. and Unkuri, S.K. (2022) Graduating nursing students' empowerment and related factors: Comparative study in six European countries. *Healthcare*, 10(5).
- Jin, E., Kang, H., Lee, K., Lee, S. and Lee, E.C. (2023) Analysis of nursing students' nonverbal communication patterns during simulated practice: A pilot study. *Healthcare*, 11. doi.org/10.3390/healthcare11162335 [Accessed 20 December 2024].
- Johnson, K. (2024) *Student nurse recruitment as bad as ever, RCN says*. Available: <https://www.bbc.co.uk/news/articles/cdje34m1k8xo#:~:text=There%20are%2021%25%20fewer%20nursing,6%2C350%20fewer%20than%20in%202021> [Accessed 30 October 2024].
- Jojan, L. and Carroll, K. (2024) Peplau's theory of interpersonal relations: Scholarly practice. *Nursing Science Quarterly*, 38(1). [doi-
org.ezproxy.rgu.ac.uk/10.1177/08943184241291544](https://doi.org.ezproxy.rgu.ac.uk/10.1177/08943184241291544) [Accessed 24 August 2025].
- Jones, J. and Smith, J. (2017) Ethnography: challenges and opportunities. *Evidence Based Nursing*, 20(4), pp. 98-100.
- Jones, K., McLoughlin, M., Warren, A, Davies, A., Jamieson, I. and Crofts, L (2016) Meeting the needs of four generations of nurses. *Nursing Times*, 112, pp. 12-15.

- Jongerius, C., Hessels, R.S., Romijn, J.A., Smets, E.M.A. and Hillen, M.A. (2020) The measurement of eye contact in human interactions: A scoping review. *Journal of Nonverbal Behaviour*, 44, pp. 363-389. doi.org/10.1007/s10919-020-00333-3 [Accessed 14 December 2024].
- Jowsey, T., Deng, C. and Weller, J. (2021) General-purpose thematic analysis: a useful qualitative method for anaesthesia research. *BJA Education*, 21(12), pp. 472-478. doi.org/10.1016/j.bjae.2021.07.006 [Accessed 15 October 2024].
- Jyoti, M. (2024) Leading Gen Z: A study on preferred leadership styles for a new generation. *International Journal of Multidisciplinary Research*, 2(10), pp. 290-304. [doi:10.5281/zenodo.14102295](https://doi.org/10.5281/zenodo.14102295) [Accessed 15 December 2024].
- Kallio H., Pietilä A.-M., Johnson M. & Kangasniemi M. (2016) Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72(12), pp. 2954- 2965.
- Karnieli-Miller, O., Strier, R., and Pessach, L. (2009) Power relations in qualitative research. *Qualitative Health Research*, 19(2), pp. 279-289.
- Keen, S., Lomeli-Rodriguez, M., and Joffe, H. (2022) From challenge to opportunity: Virtual qualitative research during COVID-19 and beyond. *International Journal of Qualitative Methods*, 21, pp. 1-11.
- Kelly, Leanne M. (2022). Focused ethnography for research on community development non-profit organisations. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 23(2), Art. 3, doi.org/10.17169/fqs-22.2.3811. [Accessed 15 January 2025].
- Kerr, D., Martin, P., Furber, L., Winterburn, S., Milnes, S., Nielson, A. and Strachan, P. (2022) Communication skills training for nurses: Is it time for a standardised nursing model? *Patient Education and Counselling*, 105(7), pp. 1970-1975.
- Khan, M.H. (2018) Ethnography: An analysis of its advantages and disadvantages. Available: <https://ssrn.com/abstract=3276755> [Accessed 19 February 2025].

Kilpatrick, K. (2012) Understanding acute care nurse practitioner communication and decision-making in healthcare teams. *Journal of Clinical Nursing*, 22(1-2), pp. 168-179.

Kim, J., Chae, D. and Yoo, J.Y. (2021) Reasons behind Generation Z nursing students' intentions to leave their profession: A cross-sectional study. *Inquiry*, 58, pp. 1-8.

Knight, R.M. (2024) *Not all employers are tolerating Gen Z's laid-back language*. Available: <https://www.bbc.com/worklife/article/20240307-gen-z-casual-workplace-language> [Accessed 27 December 2024].

Knoblauch, H. (2005) Focused Ethnography. *Forum: Qualitative Social Research*, 6 (3).

Koçak, O., Arslan, H. and Erdoğan, A. (2021) Social media use across generations: From addiction to engagement. *European Integration Studies*, 15, pp. 63-77. doi.org/10.5755/j01.eis.1.15.29080 [Accessed 22 December 2024].

Kolnhofer-Derecskei, A., Reicher, R.Z. and Szeghegyi, A. 2017. The X and Y Generations' characteristics comparison. *Acta Polytechnica Hungarica*, 14(8), pp. 107-125.

Kourkouta, L. and Papathanasiou, I.V. (2014) Communication in nursing. *Mater Sociomed*, 26(1), pp. 65-67. [doi:10.5455/msm.2014.26.65-67](https://doi.org/10.5455/msm.2014.26.65-67) [Accessed 07 December 2024].

Kramer, D. (2024). *A guide for developing a culture of caring through nursing peer mentorship programs: fostering success and resilience*. Cham: Springer.

Krepsz, V., Horváth, V., Huszár, A., Neuberger, T. and Gyarmathy, D. (2024) 'Should we laugh?' Acoustic features of (in)voluntary laughs in spontaneous conversations. *Cognitive Processing*, 25(1), pp. 89-106. [doi10.1007/s10339-023-01168-8](https://doi.org/10.1007/s10339-023-01168-8) [Accessed 26 February 2025].

Lee, J., Koo, Y. and Kim, M.H. (2016) Enhancing problem solving skills in science education with social media and an e-collaboration tool. *The New Education Review*, 43, pp. 248-259.

Lee, Y.J., Lee, H. and Choi, E.H. (2023) Moderating role of communication competence in the association between professionalism and job satisfaction in Korean millennial and Generation Z nurses: A cross-sectional study. *Healthcare*, 11.

Leslie, B., Anderson, C., Bickham, H., Overly, A., Gentry, C., Callahan, C. and King, J. (2021) Generation Z perceptions of a positive workplace environment. *Employee Responsibilities and Rights Journal*, 33, pp. 171-187.

Li, T., Jiang, T., Shi, G., Song, C. and Shi, T. (2022) Correlation between self-awareness, communication ability and caring ability of undergraduate nursing students/A cross-sectional study. *Nurse Education Today*, 116.

doi.org/10.1016/j.nedt.2022.105450 [Accessed 01 December 2024]

Liamputtong, P. (2009) Qualitative data analysis: conceptual and practical considerations. *Health Promotion Journal of Australia*, 20(2), pp. 83-157.

Liao, C.H. (2023) Exploring the influence of public perception of mass media usage and attitudes towards mass media news on altruistic behaviour. *Behavioural Sciences*, 13(8).

Lin, T., Ankudowich, E. and Ebner, N.C. (2017) Greater perceived similarity between self and own-age others in older than young adults. *Psychol Aging*, 32(4), pp. 377-387.

Linneberg, M.S. and Korsgaard, S. (2019) Coding qualitative data: a synthesis to guide the novice. *Qualitative Research Journal*, 19(3), pp. 259-270.

MacLean, S., Kelly, M., Geddes, F. and Della, P. (2017) Use of simulated patients to develop communication skills in nursing education: An integrative review. *Nurse Education Today*, 48, pp. 90-98.

- Madden, R. (2010) *Being ethnographic a guide to the theory and practice of ethnography*. London: Sage.
- Mahapatra, G.P., Bhullar, N. and Gupta, P. (2022) Generation Z: An emerging phenomenon. *NHRD Network Journal*, 15(2) pp. 135-292.
- Mahmoud, A.B., Fuxman, L., Mohr, I., Reisel, W.D. and Grigoriou, N. (2020) “We aren’t your reincarnation!” workplace motivation across X, Y and Z generations. *International Journal of Manpower*, 42(1), pp. 193-209.
- Mannheim, K. (1952). *The Problem of Generations*. In P. Kecskemeti (Ed.), *Essays on the Sociology of Knowledge* (pp. 276-320). London: Routledge and Kegan Paul.
- Manning, E. (2024) The real reason Gen Z don’t want to go to the pub after work with ‘draining’ colleagues (and it’s not avoiding booze). Available: <https://www.dailymail.co.uk/femail/article-13743019/The-real-reason-Gen-Z-dont-want-pub-work-draining-colleagues-not-avoiding-booze.html> [Accessed 19 August 2024].
- Mannion, R. and Davies, H. (2018) Understanding organisational culture for healthcare quality improvement. *BMJ*, 363. doi.org/10.1136/bmj.k4907 [Accessed 3 August 2025].
- Manstead, A.S.R. (2018) The psychology of social class: How socioeconomic status impacts thought, feelings and behaviour. *British Journal of Social Psychology*, 57, pp. 267-291. [doi:10.1111/bjso.12251](https://doi.org/10.1111/bjso.12251) [Accessed 30 January 2025].
- Mapedzahama, V. and Dune, T. (2017) A clash of paradigms? Ethnography and ethics approval. *Sage Open*, 7(1), pp. 1-8.
- Marcu, S. (2024) From “snowflake generation” to “agents of social change”: Recognizing the voice of Spanish young people in the post-pandemic era. *Futures*, 164. doi.org/10.1016/j.futures.2024.103500 [Accessed 14 November 2024].

McCarthy, B., Trace, A. and O'Donovan, M. (2014) Integrating psychology with interpersonal communication skills in undergraduate nursing education: Addressing the challenges. *Nurse Education in Practice*, 14(3), pp. 227-232.

McCrindle, M. (2021) *Generation Alpha*. London: Hachette UK.

McKercher, B. (2023) Age or generation? Understanding behaviour differences. *Annals of Tourism Research*, 103.

McLaney, E., Morassaei, S. and Prospero, L.D. (2022) A framework for interprofessional team collaboration in a hospital setting: Advancing team competencies and behaviours. *Healthcare Management Forum*, 35(2), pp. 112-117.

Mitchell, W. and Irvine, A. (2008) I'm okay, You're okay?: Reflections on the wellbeing and ethical requirements of researchers and research participants in conducting qualitative fieldwork interviews. *International Journal of Qualitative Methods*, 7(4), pp. 31-44.

Mohorek, M. and Webb, T.P. (2015) Establishing a conceptual framework for handoffs using communication theory. *Journal of Surgical Education*. 72(3), pp. 402-409.

Momand, B. and Dubrowski, A. (2020) Addressing social context in health provider and senior communication training: What can we learn from communication accommodation theory? *Cureus*, 12(12).

Moore, J., Prentice, D., Crawford, J., Lankshear, S., Limoges, J. and Rhodes, K. (2019) Collaboration among registered nurses and practical nurses in acute care hospitals: A scoping review. *Nursing Forum*, 54(3), pp. 376-385.

Morini, P. (2024) Gen Z has a trust problem with British institutions – especially the police. Available: <https://theconversation.com/gen-z-has-a-trust-problem-with-british-institutions-especially-the-police-234226> [Accessed 19 August 2024].

Moroney, T., Gerditz, M., Brockenshire, N., Maude, P., Weller-Newton, J., Hatcher, D., Molloy, L., Williamson, M., Woodward-Kron, R. and Molloy, E. (2022) Exploring the contribution of clinical placement to student learning: A sequential mixed

methods study. *Nurse Education Today*, 113. doi.org/10.1016/j.nedt.2022.105379. [Accessed 20 November 2024].

Müller, F. (2021) *Design ethnography: epistemology and methodology*. Cham, Switzerland: Springer.

Munn, L.T., Lynn, M.R., Knafl, G.J., Willis, T.S. and Jones, C.B. (2023) A study of error reporting by nurses: the significant impact of nursing team dynamics. *Journal of Research Nursing*, 28(5), pp. 354-364.

National Academies Science, Engineering, Medicine. (2020) Categorizing workers' needs by generation such as baby boomers or millennials is not supported by research or useful for workforce management. Available: <http://www.nationalacademies.org/news/2020/07-categorizing-workers-needs-by-generation-such-as-baby-boomers-or-millennials-is-not-supported-by-research-or-useful-for-workforce-management> [Accessed 16 July 2024].

National Audit Office. (2016) Managing the supply of NHS clinical staff in England. Available: https://www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf?utm_source=chatgpt.com [Accessed 19 February 2025].

Nepali, S., Einboden, R., Rudge, T. (2023) The social relations of ethnographic fieldwork: Access, ethics and research governance. *Global Qualitative Nursing Research*, 10, pp. 1-12.

Ngo, T.T., Nguyen, H.V., Pham, T.H., Nguyen, T.V., Vu, K.D., Pham, M.D., Phung, D., Tran, A, Nguyen, P.T., Le, P.M., Dao, A, Ngo, H.T. and Hoang, M.V. (2020) The relationship between team dynamics with healthcare coordination and clinical work satisfaction among commune health workers: A Bayesian model averaging study. *The International Journal of Health Planning and Management*, 37(5), pp. 2519-3024. doi.org/10.1002/hpm.3494 [Accessed 20 November 2024].

Ngoc, T.N., Dung, M.V., Rowley, C. and Bach, M.P. (2022) Generation Z job seekers' expectations and their job pursuit intention: Evidence from transition and emerging economy. *International Journal of Engineering Business Management*, 14.

Nguyen, M.H., Gruber, J., Fuchs, J., Marler, W., Hunsaker, A. and Hargittai, E. (2020) Changes in digital communication during the COVID-19 global pandemic: Implications for digital inequality and future research. *Social Media + Society*. doi.org/10.1177/2056305120948255 [Accessed 22 December 2024].

NHS Education for Scotland (NES). (2022) NHS Workforce data. Available: [https://turasdata.nes.nhs.scot/media/rqyfigzk/workforce-report-june-2022.html#:~:text=Over%20the%20past%20two%20years,and%20midwifery%20\(Figure%203.3\)](https://turasdata.nes.nhs.scot/media/rqyfigzk/workforce-report-june-2022.html#:~:text=Over%20the%20past%20two%20years,and%20midwifery%20(Figure%203.3)). [Accessed 4 October 2024].

Novak, A.N. (2016) *Media, millennials and politics: The coming of age of the next political generation*. London: Lexington Books.

Nowell, L.S., Norris, J.M. and Moules, N.J. (2017) Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1).

Nursing and Midwifery Council (NMC) (2018) *Enabling professionalism in nursing and midwifery practice*. Available: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/enabling-professionalism.pdf> [Accessed 15 October 2024].

Nursing and Midwifery Council (NMC) (2018) Future nurse standards of proficiency for registered nurses. Available: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf> [Accessed 23 August 2025].

Nursing and Midwifery Council (NMC). (2014) Standards for competence for registered nurses. Available: <https://www.nmc.org.uk/standards/standards-for-nurses/pre-2018-standards/standards-for-competence-for-registered-nurses/> [Accessed 04 September 2024].

Nursing and Midwifery Council (NMC). (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Available: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> [Accessed 28 November 2024].

Nye, C.M., Canales, M.K., and Somayaji, D. (2023) Exposing othering in nursing education praxis. *Nursing Enquiry*, 30(3), pp. 1-10.

Onjewu, A.K.E., Godwin, E.S., Azizsafaei, F. and Appiah, D. (2024) The influence of technology use on learning skills among generation Z: A gender and cross-country analysis. *Industry and Higher Education*, 0(0). doi.org/10.1177/09504222241263227 [Accessed 21 December 2024].

Opara, U.C. and Petrucka, P. (2024) A critical comparison of focused ethnography and interpretive phenomenology in nursing. *Global Qualitative Nursing Research*, 11, pp. 1-14.

Orchard, C.A. (2010) Persistent isolation or collaborator? The nurse's role in interprofessional collaborative practice. *Journal of Nursing Management*, 18(3), pp. 245-350.

O'Reilly, K. (2009) *Interpretivism*. London: SAGE Publications Ltd.

Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff JM, Akl EA, Brennan SE, Chou R, Glanville J, Grimshaw JM, Hróbjartsson A, Lalu MM, Li T, Loder EW, Mayo-Wilson E, McDonald S, McGuinness LA, Stewart LA, Thomas J, Tricco AC, Welch VA, Whiting P, Moher D. (2021) The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. [doi: 10.1136/bmj.n71](https://doi.org/10.1136/bmj.n71) [Accessed 22 February 2025].

Panda, S., Dash, M., John, J., Rath, K., Debata, A., Swain, D., Mohanty, K. and Eustace-Cook, J. (2021) Challenges faced by student nurses and midwives in clinical learning environment – A systematic review and meta-synthesis. *Nurse Education Today*, 101.

Panter-Brick, C. and Eggerman, M. (2018) The field of medical anthropology in social science and medicine. *Social Sciences and Medicine*. 196, pp. 233-239.

Papathanasiou, I.V., Fradelos, E.C., Kleisaris, C., Tsaras, K., Kalota, M.A. and Kourkouta, L. (2014) Motivation, leadership, empowerment and confidence: Their relation with nurses' burnout. *Mater Sociomed*, 26(6), pp. 405-410.

Park, Y.S, Konge, L., and Artino, A. (2020). The positivism paradigm of research. *Academic Medicine*, 95(5), pp. 690-694.

Parry, E. and Urwin, P. (2011) *The impact of generational diversity on people management*. In Parry, E., Tyson, S. (eds) *Managing an age-diverse workforce*. London: Plagrove Macmillan.

Parry, E. and Unwin, P. (2021) Generational categories: A broken basis for human resource management research and practice. *Human Resource Management Journal*, 31, pp. 857-869.

Patten, Y.A. (2024) Critical factors influencing Generation Z registered nurses' professional socialization process: A grounded theory study. *Nurse Education Today*, 146. doi.org/10.1016/j.nedt.2024.106514 [Accessed 27th January 2025].

Patterson, M.L., Fridlund, A.J. and Crivelli, C. (2023) Four misconceptions about nonverbal communication. *Perspectives on Psychology*, 18(6).
[doi:10.1177/17456916221148142](https://doi.org/10.1177/17456916221148142) [Accessed 09 December 2024].

Paulise, L. (2024) 6 ways to engage Gen Z and Millennials on your team. Available: <https://www.forbes.com/sites/lucianapaulise/2024/02/29/6-ways-to-engage-gen-z-and-millennials-on-your-team/#:~:text=Gen%20Z%20is%20drawn%20to,purpose%20fosters%20engagement%20and%20dedication>. [Accessed 28 December 2024].

Pavord, E. and Donnelly, E. (2015) *Communication and interpersonal skills*. 2nd ed. Banbury: Lantern Publishing Limited.

Perri, M., Jagan, S., Sandhu, K. and Santos Salas, A. (2018) Challenges associated with qualitative interviews: Perspectives of graduate students. *International Journal of Student Scholarship*, 5, pp. 1-10.

Pilcher., J. (1994) Mannheim's sociology of generations: An undervalued legacy. *The British Journal of Sociology*, 45(3), pp. 481-495.

Poláková, P. and Klímová, B. (2019) Mobile technology and Generation Z in the English language classroom – A preliminary study. *Education Science*, 9(3). doi.org/10.3390/educsci9030203 [Accessed 19 December 2024].

Pollard, A. (2009) Field of screams: difficulty and ethnographic fieldwork. *Anthropology Matters*, 11(2), pp.1-24.

Pontoppidan, M., Blower, S., Solvang, J.N. and Bywater, T. (2021) What do parents think of using informational videos to support recruitment for parenting trials? A qualitative study. *Trials*.

Porta, D.D. and Keating, M. (2008) *Approaches and methodologies in the social sciences: a pluralist perspective*. Cambridge: Cambridge University Press.

Prasad, D., Bibhar, S.S, and Baikani, L.S. (2017) The role of pilot studies in ethnographic research: An assessment. *International Journal of Advanced Education and Research*, 2(6), pp. 37-42.

Punch, S. (2012) Hidden struggles of fieldwork: Exploring the role and use of field diaries. *Emotion, Space and Society*, 5(2), pp. 86-93.

Pursglove, A. (2023) The inbetweeners: Born on the cusp of two different groups? Find your micro-generation tribe here. Available: www.dailymail.co.uk/femail/article-11672303/Born-cusp-two-different-demographic-groups-micro-generation-tribe-here.html [Accessed 12 August 2024].

Rabie, T., Klopper, H.C. and Coetzee, S.K. (2017) Creating positive practice environments in a primary health care setting. *International Journal of Nursing Practice*, 23(4).

Racolța-Paina, N.D. and Irini, R.D. (2021) Generation Z in the workplace through the lenses of human resource professionals – A qualitative study. *General Management*, 22(183), pp. 78-85.

Rampen, D.C., Pangemanan, A.S. and Mandagi, D.W. (2023) The X-factors behind Gen Z employee performance: A systematic review. *Jurnal Mantik*, 7(2), pp. 668-680.

Randles, R. and Finnegan, A. (2023) Guidelines for writing a systematic review. *Nurse Education Today*. doi.org/10.1016/j.nedt.2023.105803 [Accessed 23 October 2025].

Rashid, M., Caine, V. and Goetz, H. (2015) The encounters and challenges of ethnography as a methodology in health research. *International Journal of Qualitative Methods*. [doi:10.1177/1609406915621421](https://doi.org/10.1177/1609406915621421) [Accessed 15 June 2024].

Raslie, H. and Ting, S. (2020) Gen Y and Gen Z communication style. *Studies of Applied Economics*, 39(1). doi.org/10.25115/eea.v39i1.4268 [Accessed 03 January 2025]

Rauvola, R.S., Carruth, N.P. and Rudolph, C.W. (2022) Modern agism and age stereotyping. In Yerkes, M.A., Bal, M. (eds) *Solidarity and social justice in contemporary societies an interdisciplinary approach to understanding inequalities*. Cham: Palgrave Macmillan.

Rear., J. (2024) Why Gen Z are turning into old codgers. Available: <https://www.telegraph.co.uk/family/life/gen-z-old-hobbies/> [Accessed 19 August 2024]

Reeves, C.L. (2010) A difficult negotiation: fieldwork relations with gatekeepers. *Qualitative Research*, 10(3), pp. 283-395.

Rehman, A.A. and Alharthi, K. (2016) An introduction to research paradigms. *International Journal of Educational Investigations*, 3(8), pp. 51-59.

Reid, L., Button, D. and Brommeyer, M. (2023) Challenging the myth of the digital native: A narrative review. *Nurse Reports*, 13(2), pp. 573-600. doi: [10.3390/nursrep13020052](https://doi.org/10.3390/nursrep13020052). [Accessed 18 December 2024].

Reschke, M. (2024) Generation Alpha: Online habits and media preferences by the numbers. Available: <https://basis.com/blog/generation-alpha-online-habits-and-media-preferences-by-the-numbers#:~:text=This%20early%20and%20extensive%20exposure,by%20the%20age%20of%2010>. [Accessed 2 December 2024].

Rinaldo, R. and Guhin, J. (2022) How and why interviews work: Ethnographic interviews and meso-level public culture. *Sociological Methods & Research*, 51(1), pp. 34-67.

Roberts, J.K., Pavlakis, A.E., and Richards, M.P. (2021) It's more complicated than it seems: Virtual qualitative research in the COVID era. *International Journal of Qualitative Methods*, 20.

Roberts, T. (2009) Understanding ethnography. *British journal of Midwifery*, 17(5), pp. 276-338.

Roddesnes, S., Faber, C.H. and Jensen, M.R. (2019) NVivo courses in the library: Working to create the library services of tomorrow. *Nordic Journal of Information Literacy in Higher Education*, 11(1), pp. 27-38.

Roitenberg, N. (2021) Gaining access to the field in medical ethnography: Reflections on ethical, methodological, and structural challenges in the study of long-term care facilities. *Health*, 26(6), pp. 681-792.

Roller, M.R., Lavrakas, P.J. (2015) *Applied qualitative research design: A total quality framework approach*. London: The Guilford Press.

Ross, J.G., Furman, G. and Scheve, A. (2024) The impact of standardised patients on first-year nursing students' communication skills. *Clinical Simulation in Nursing*, 89.

Ross, P.T. and Zaidi, N.L.B. (2019) Limited by our limitations. *Perspectives on medical education*, 8(4), pp. 261-264.

Rowland, E. and Conolly, A. (2024) A worked example of contextualising and using reflexive thematic analysis in nursing research. *Nursing Researcher*.

Royal College of Nursing (RCN). (2024) UCAS figures showing applicants to nursing courses in Scotland down by 8.3%. Available: <https://www.rcn.org.uk/news-and-events/news/ucas-figures-scotland-150224#:~:text=The%20figures%20show%20that%20the,the%20same%20point%20last%20year>. [Accessed 28 August 2024].

Ruben., M. Stosic, M.D., Correale, J. and Blanch-Hartigan, D. (2020) Is technology enhancing or hindering interpersonal communication? A framework and preliminary results to examine the relationship between technology use and nonverbal decoding skill. *Frontiers in Psychology*, 11, pp.1-10.

Rubin, H.J. and Rubin, I.S. (2011) *Qualitative interviewing: The art of hearing data*. London: SAGE.

Rue, P. 2018. Make way, Millennials, here come Gen Z. *About Campus*, 23(3), pp.3-34.

Rudolph, C.W. and Zacher, H. (2018) The kids are alright: taking stock of generational differences at work. *The Industrial Organizational Psychologist*, 55, pp. 1-7.

Rudolph, C.W. and Zacher, H. (2020) "The COVID-19 Generation": A cautionary note. *Work, Aging and Retirement*. doi.org/10.1093/workar/waaa009 [Accessed 20 August 2024].

Rudolph, C.W., Rauvola, R.S., Costanza, D.P. and Zacher, H. (2021) Generations and generational differences: Debunking myths in organizational science and practice and paving new paths forward. *Journal of Business Psychology*, 36(6), pp. 945-967.

Rudolph, C.W. and Zacher, H. (2017) Considering generations from a lifespan development perspective. *Work, Aging and Retirement*. 3(2), pp.113-129. doi.org/10.1093/workar/waw019 [Accessed 20 August 2024].

Rufo, Y. (2024) *Why Gen Z & Millennials are hung up on answering the phone*. Available: <https://www.bbc.co.uk/news/articles/crgklk3p70yo> [Accessed 5 December 2024].

Ryan, G. (2018) Introduction to positivism, interpretivism and critical theory. *Nurse Researcher*, 25(4), pp. 14-20. [doi: 10.7748/nr.2018.e1466](https://doi.org/10.7748/nr.2018.e1466). PMID: 29546962. [Accessed 15 June 2024].

Saadatbakht, M., Ahmadi, A., Ansari, A.M.Z., Forouzi, M.A. and Jahani, Y. (2019) The effects of group counselling with emphasis on communication skills on midwifery students' sense of belonging in clinical settings. *Strides in Development of Medical Education*, 16(1). [doi:10.5812/sdme.90362](https://doi.org/10.5812/sdme.90362) [Accessed 03 December 2024].

Salzman, M.B. (2018) *A psychology of culture*. Cham, Switzerland: Springer.

Sancho-Cantus, D., Cubero-Plazas, L., Botella Navas, M., Castellano-Rioja. and Cañabate Ros, M. (2023) Importance of Soft Skills in Health Sciences Students and Their Repercussion after the COVID-19 Epidemic: Scoping Review. *International Journal of Environmental Research and Public Health*, 20(6). [doi:10.3390/ijerph20064901](https://doi.org/10.3390/ijerph20064901) [Accessed 07 December 2024].

Sandiford, P.J. (2015) Participant Observation as Ethnography or Ethnography as Participant Observation in Organisational Research. In Strang, K.D. (ed) *The Palgrave Handbook of Research Design in Business and Management*, (pp. 411-446), New York: Palgrave Macmillan.

Savage, J. (2000a) Ethnography and health care. *BMJ*. [doi: 10.1136/bmj.321.7273.1400](https://doi.org/10.1136/bmj.321.7273.1400). [Accessed 15 June 2024].

Savage, J. (2006) Ethnographic evidence, the value of applied ethnography in healthcare. *Journal of Research in Nursing*. 11(5), pp. 383-393.

- Savage, J. (2000b) Participative observation: Standing in the shoes of others? *Qualitative Health Research*, 10(3), 324–339.
- Savage, J. (2008) The culture of ‘culture’ in national health service policy implementation. *Nursing Inquiry*, 7(4), pp 230-238.
- Savage, M., Devine, F., Cunningham, N., Taylor, M., Li, Y., Hjellbrekke, J., Le Roux, B., Friedman, S. and Miles, A. (2013) A new model of social class? Findings from the BBC’s Great British class survey experiment. *Sociology*, 47(2), pp. 219-420.
- Schenarts, P.J. (2020) Now arriving: Surgical trainees from Generation Z. *Journal of Surgical Education*, 77(2), pp. 246-253.
- Schroth, H. (2019) Are you ready for Gen Z in the workplace? *California Management Review*. 61(3), pp. 5-114.
- Scotland’s Census. (2022) Scotland’s census 2022- Ethnic group, national identity, language and religion. Available: <https://www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-ethnic-group-national-identity-language-and-religion/> [Accessed 8th December 2024].
- Serafin, L., Danilewicz, D., Chyla, P. and Czarkowska-Pączek, B. (2020) What is the most needed competence for newly graduated generation Z nurses? Focus group study. *Nurse Education Today*, 94. [doi:10.1016/j.nedt.2020.104583](https://doi.org/10.1016/j.nedt.2020.104583) [Accessed 27th January 2025].
- Seufert, A., Poignée, F., Hoßfeld, T. and Seufert, M. (2022) Pandemic in the digital age: Analysing WhatsApp communication behaviour before, during and after the COVID-19 lockdown. *Humanities and Social Science Communications*. doi.org/10.1057/s41599-022-01161-0 [Accessed 18 December 2024].
- Shannon, P.J., Soltani, L. and Sugrue, E. (2023) Exploring the use of focused ethnography in social work research: A scoping review. *Qualitative Social Work*, 23(5), pp. 777-796. doi.org/10.1177/14733250231214199 [Accessed 10 August 2025].

Shattnawi, K.K. (2025) Ethnography in nursing research: A reflective methodological perspective. *Journal of Advanced Nursing*. doi.org/10.1111/jan.16940 [Accessed 9 August 2025].

Sherman, R.O. (2020) Keeping an eye on Generation Z nurses. *Nurse Leader*, 19(1), pp. 6-7.

Shorey, S., Chan, V., Rajendran, P. and Ang, E. (2021) Learning styles, preferences and needs of generation Z healthcare students: scoping review. *Nurse Education in Practice*, 57.

Sillero, A.S., Gil Poisa M., Marques-Sule E. and Ayuso Margañon R. (2023) Motivations and expectations of generation Z nursing students: A post-pandemic career choice qualitative analysis. *Journal of Professional Nursing*. 49, pp. 178-185.

Simmons, M. (2007) Insider ethnography: tinker, tailor, researcher or spy? *Nurse Researcher*, 14(4). [doi: 10.7748/nr2007.07.14.4.7.c6039](https://doi.org/10.7748/nr2007.07.14.4.7.c6039). [Accessed 15 June 2024].

Slepian, R., Vincent, A.C., Patterson, H. and Furman, H. (2024) Social media, wearables, telemedicine and digital health – A Gen Y and Z perspective. *Comprehensive Precision Medicine*, 1, pp. 524-544.

Smartt-Gullian, J. (2016) *Writing ethnography*. Rotterdam: Sense Publishers.

Smith, L.G. (2005) Medical professionalism and the generation gap. *The American Journal of Medicine*, 118(4), pp. 439-442.

Snee, H. and Goswami, H. (2020). Who cares? Social mobility and the 'Class ceiling' in nursing. *Sociological Research Online*, 26(3), pp. 562-580. doi.org/10.1177/1360780420971657 [Accessed 29 July 2025].

Spector, P.E. (2019) Do not cross me: Optimizing the use of cross-sectional designs. *Journal of Business Psychology*, 34, pp.125–137. doi.org/10.1007/s10869-018-09613-8 [Accessed 08 February 2025].

Standley, N. (2024) Drop in foreign student visas worrying for UK universities. Available: <https://www.bbc.co.uk/news/articles/cdd4p62nyg8o> [Accessed 12 November 2024].

Stanton, R. (2017) Communicating with employees: Resisting the stereotypes of generational cohorts in the workplace. *IEEE Transactions on Professional Communication*, 60(3), pp. 256-272.

Stein-Parbury, J. (2021) *Patient & person interpersonal skills in nursing*. 7th ed. Chatswood: Elsevier.

Strauss, W. and Howe, N. (1991) *Generations: The history of America's future, 1584-2069*. New York: William Morrow and Company.

Suveren, Y. (2022) Unconscious bias: Definition and significance. *Current Approaches in Psychiatry*, 14(3), pp. 414-426.

Swanzen, R. (2018) Facing the generation chasm: The parenting and teaching of generation Y and Z. *International Journal of Child, Youth and Family Studies*. 9(2), pp. 125-150.

Szymkowiak, A., Melović, B., Dabić, M., Jeganathan, K. and Singh Kundi, G. (2021) Information technology and Gen Z: The role of teachers, the internet, and technology in education of young people. *Technology in Society*. 65. doi.org/10.1016/j.techsoc.2021.101565. [Accessed 29 October 2024].

Tabriz, E.R., Sadeghi, M., Tavana, E., Heidarian Miri H., and Heshmati Nabavi, F. (2024) Approaches to boosting self-confidence of clinical nursing students: A systematic review and meta-analysis. *Heliyon*, 10(6). doi.org/10.1016/j.heliyon.2024.e27347. [Accessed 29 October 2024].

Tamburello, H. (2023) *Impact of staffing levels on safe and effective patient care: Literature review*. London: Royal College of Nursing.

Tandon, A., Dhir, A., Islam, N., Talwar, S. and Mäntymäki, M. (2021) Psychological and behavioural outcomes of social media-induced fear of missing out at the workplace. *Journal of Business Research*, 136, pp. 187-197.

Taris, T.W., Kessler, S.R. and Kelloway, E.K. (2021) Strategies addressing the limitations of cross-sectional designs in occupational health psychology: What they are good for (and what not). *Work and Stress*, 35, pp. 1-5.

Taylan, C. and Weber, L.T. (2022) “Don’t let me be misunderstood”: communication with patients from a different cultural background. *Pediatric Nephrology*, 38(3), pp. 643-649.

Terry, G., Hayfield, N., Clarke, V., and Braun, V. (2017) ‘Thematic Analysis’ in Willing, C and Stainton-Rogers (eds) *The SAGE handbook of qualitative research in psychology*. (2nd ed). London: SAGE, pp. 23-24.

The National Society for Leadership and Success. (2024) How the pandemic has impacted Gen Z’s soft skills. Available: <https://www.nsls.org/blog/how-the-pandemic-impacted-gen-z-soft-skills> [Accessed 6 December 2024].

The Scottish Government. (2018) NHS workforce at record high. Available: <https://www.gov.scot/news/nhs-workforce-at-record-high/> [Accessed 19 February 2025].

Thomson, S. B. (2011) Grounded Theory - Sample Size. *Journal of Administration and Governance*, 5(1), pp. 45-52.

Thorpe, C. and Inglis, D. (2019) Do ‘Global Generations’ Exist? From Mannheim to Beck and Beyond. *Youth and Globalization*, 1(1), 40-64. doi.org/10.1163/25895745-00101003 [Accessed 16 July 2024].

Timonen, V. and Conlon, C. (2015) Beyond Mannheim: Conceptualising how people ‘talk’ and ‘do’ generations in contemporary society. *Advances in Life Course Research*. 24, pp.1-9. doi.org/10.1016/j.alcr.2015.03.001 [Accessed 16 July 2024].

Tourangeau, A., Wong, M., Saari, M. and Patterson, E. (2014) Generation specific incentives and disincentives for nurse faculty to remain employed. *Journal of Advanced Nursing*, 71(5), pp. 1019-1031.

Townsend, R.C. and Cushion, C.J (2020) 'Put that in your fucking research': reflexivity, ethnography and disability sport coaching. *Qualitative Research*, 21(2). doi.org/10.1177/1468794120931349 [Accessed 14 July 2024].

Trainor, L.R. and Bundon, A. (2020) Developing the craft: reflexive accounts of doing reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 13(5), pp. 705-726.

Treviño Benavides, T.B., Castro, A., Marichalar, S., Cisneros, M. and Suárez, E.C.B. (2023) *Social media addiction in Generation Z consumers implications for business and marketing*. Cham: Springer.

Trundle, C. and Phillips, T. (2023) Defining focused ethnography: Disciplinary boundary-work and the imagined divisions between 'focused' and 'traditional' ethnography. *Social Science & Medicine*. doi.org/10.1016/j.socscimed.2023.116108 [Accessed 14 July 2024].

Tussing, T.E., Chipps, E. and Tornwall, J. (2024) Generational differences in the nursing workforce: Strategies for nurse leaders. *Nurse Leader*, 22(5), pp. 602-608. doi.org/10.1016/j.mnl.2024.03.007 [Accessed 06 December 2024].

Twenge, J.M. (2017) *Igen: Why today's super-connected kids are growing up less rebellious, more tolerant, less happy, and completely unprepared for adulthood – and what that means for the rest of us*. New York: Simon and Schuster.

Twenge, J.M. (2020) The coronavirus could be Generation Z's 9/11. Available: <https://theconversation.com/the-coronavirus-could-be-generation-zs-9-11-133740> [Accessed 24 July 2024].

Urick, M.J. (2019) *The generation myth: How to improve intergenerational relationships in the workplace*. New York: Business Expert Press.

Vanmaanen, J., 2011. *Tales of the field: On writing ethnography*. Chicago: University of Chicago Press.

Vasileiou, K., Barnett, J., Thorpe, S. and Young, T. (2018) Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18.

Venter, E. (2017) Bridging the communication gap between generation Y and the baby boomer generation. *International Journal of Adolescence and youth*, 22(4), pp. 497-507.

Venter, E. (2019) Challenges for meaningful interpersonal communication in a digital era. *HTS Teologiese Studies/Theological Studies*, 75(1).

Vindrola-Padros, C. and Vindrola-Padros, B. (2017) Quick and dirty? A systematic review of the use of rapid ethnographies in healthcare organisation and delivery. *BMJ Quality & Safety*, 27(4), pp. 321-330.

Walford, G. (2018) The impossibility of anonymity in ethnographic research. *Qualitative Research*, 18(5), pp516-525.

Wall, S. (2015) Focused ethnography: A methodological adaption for social research in emerging contexts. *Forum Qualitative Social Research*, 16(1).

Ward, T. (2023) *Zillennials: The newest micro-generation has a name*. Available: <https://edition.cnn.com/2023/05/10/health/what-are-zillennials-wellness/index.html> [Accessed 12 August 2024].

Warren, M. (2022) *How social class is reflected in our psychology*. Available: <https://www.bps.org.uk/psychologist/how-social-class-reflected-our-psychology> [Accessed 07 February 2025].

Watson, A., Young, C., Whitham, A., Prescott, S. and Flynn, E.J. (2024) Enhancing nursing practice through peer support: Strategies for engagement in the nursing

workforce. *Journal of Radiology Nursing*. doi.org/10.1016/j.jradnu.2024.06.003 [Accessed 25 November 2024].

Watson, A.L. (2024) Connections ease nurses' burdens: Support comes from many sources. *American Nurse Journal*, 19(2), pp. 26-31.

Watson, B.M. (2020) *Communication Accommodation Theory as an Intervention Tool to Improve Interprofessional Practice in Healthcare*. In: Mullany, L. (eds) *Professional Communication. Communicating in Professions and Organizations*. Cham: Palgrave Macmillan.

Webb, L. (2018) Exploring the characteristics of effective communicators in healthcare. *Nursing Standard*. 33(9), pp. 57-51.

Weber, R. and Stewart, S. (2022) Recruiting, hiring, and retaining members of Generation Z. *Journal of Contemporary Business Issues*, 25(1), pp. 26-33.

Wen, X. and Walters, S.M. (2022) The impact of technology on students' writing performances in elementary classrooms: A meta-analysis. *Computers and Open Education*, 3. doi.org/10.1016/j.caeo.2022.100082 [Accessed 10 October 2024].

White, J. (2013) Thinking generations. *British Journal of Sociology*, 64(2), pp. 216–247.

Wiederhold, A. (2015) Conducting fieldwork at and away from home: shifting researcher positionality with mobile interviewing methods. *Qualitative Research*, 15(5), pp. 600-615.

Wing, T., Regan, S. and Spence Laschinger, H.K. (2015) The influence of empowerment and incivility on the mental health of new graduate nurses. *Journal of Nurse Management*, 23(5), pp. 632-643.

Wong, L.P. (2008) Data analysis in qualitative research: A brief guide to using Nvivo. *Malaysian Family Physician*, 3(1), pp14-20.

Woodward, K.F. (2020) Individual nurse empowerment: A concept analysis. *Nursing Forum*, 55, pp. 136-143.

Wray, J., Archibong, U., and Walton, S. (2017) Why undertake a pilot in a qualitative PhD study? Lessons learned and to promote success. *Nurse Researcher*, 24(3), pp. 31-35.

Xu, A., Baysari, M.T., Stocker, S.L., Leow, L.J., Day, R.O. and Carland, J.E. (2020) Researchers' views on, and experiences with, the requirement to obtain informed consent in research involving human participants: a qualitative study. *BMC Medical Ethics*, 21.

Yadav, G.P. and Rai, J. (2017) The Generation Z and their social media usage: A review and research outline, *Global Journal of Enterprise Information System*, 9(2). [doi:10.18311/gjeis/2017/15748](https://doi.org/10.18311/gjeis/2017/15748) [Accessed 18 December 2024].

Young, E. (2023) Misconceptions around non-verbal communication. Available: <https://www.bps.org.uk/psychologist/misconceptions-around-non-verbal-communication> [Accessed 9 December 2024].

Yun, J., Lee, Y.J., Kang, K. and Park, J. (2023) Effectiveness of SBAR-based simulation programs for nursing students: a systematic review. *BMC Medical Education*, 23. doi.org/10.1186/s12909-023-04495-8 [Accessed 07 December 2024].

Yuwono, M.A. and Rachmawati, D. (2024) Combined methods. Can this solve the differences between deductive and inductive methods in qualitative research. *Moroccan Journal of Quantitative and Qualitative Research*, 5(3). [doi:10.48379/IMIST.PRSM/mjqr-v5i3.45541](https://doi.org/10.48379/IMIST.PRSM/mjqr-v5i3.45541) [Accessed 07 January 2025].

Zacher, H. (2015) Using lifespan development theory and methods as a viable alternative to the study of generational differences at work. *Industrial and Organizational Psychology*, 8(3), pp. 342-346.

Zhang, B., Hu, Y., Zhao, F., Wen, F., Dang, J. and Zawisza, M. (2023) Editorial: The psychological process of stereotyping: Content, forming, internalizing, mechanisms, effects, and interventions. *Frontiers in Psychology*, 5(13). [doi:10.3389/fpsyg.2022.1117901](https://doi.org/10.3389/fpsyg.2022.1117901) [Accessed 25 November 2024].

Appendix 1 CASP Checklist and Appraisal Summary

CASP – Qualitative Research

CASP Question	Patten (2025)	Serafin et al. (2020)
Was there a clear statement of the aims of the research?	Yes – The aim was to understand factors that influence Generation Z nurses' socialisation process in the nursing workforce and co-create a substantive theory.	Yes – The aim is stated clearly, to explore Generation Z newly graduated nurses' competence that increases work efficiency and support them during periods of professional adaption.
Is a qualitative methodology appropriate?	Yes – Charmaz's Constructivist Grounded Theory, this is appropriate as it supports the development of ongoing relationships to enable knowledge construction.	Yes – A focus-group approach was used; this is an appropriate approach to explore multiple participants perceptions.
Was the research design appropriate to address the aims of the research?	Yes – Grounded theory enables emerging theory to develop from the interviews and focus groups.	Yes – Exploratory descriptive design was used with 4 semi-structured focus groups used across four participant groups, nursing students, newly graduated nurses, nurse managers, and clinical nurses. This provides breadth and depth of perspectives are considered.
Was the recruitment strategy appropriate to the aims of the research?	Yes – Purposive sampling was used which is appropriate for grounded theory. 22 Generation Z nurses and 5 registered nurses with expertise in generational cohort research, leadership and academic were recruited from South Florida hospitals.	Yes – 29 participants were recruited across the four participant groups, nursing students (n=7), newly graduated nurses (n=9), nurse managers (n=7), and clinical nurses (n=6). Recruitment was arranged amongst nursing groups and nursing student groups on social

		media. With each declared participant being invited to participate via their personal e-mail. Additional clarity on the recruitment through social media would have been beneficial as it is unclear who 'declared' them a participant.
Was the data collected in a way that addressed the research issue?	Yes – Semi-structured interviews in Phase 1 of the study with Generation Z nurses, with Phase 2 focus groups with and 5 registered nurses with expertise in generational cohort research, leadership and academic to authenticate the fit of the emerging theory to nurse education, practice, research and health policy.	Yes – COREQ-guided reporting was applied, with each focus group conducted in the same way using a semi-structured interview guide to ensure key discussion topics were addressed by each focus group, thus ensuring consistency.
Has the relationship between researcher and participants been adequately considered?	Can't Tell – No explicit discussion about the researcher's positionality but does note in the data analysis discussion that they have a familiarity with the nuances of the nursing workforce. As such highlight that they engaged in reflexivity.	No - The reporting does not consider reflexivity or the potential influence the interviewer may have had on the focus-groups. There is no explicit discussion around reflexivity.
Have ethical issues been taken into consideration?	Yes – Informed consent gained following an explanation of the study, participants informed they could withdraw at any point. Ethical approval granted by Barry University Institutional Review Board.	Yes – The study was approved by the Ethical Board at the University of Warsaw. Participants were consented on a voluntary basis with participants having the right to withdraw from the study.

Was the data analysis sufficiently rigorous?	Yes – Initial, focused and theoretical coding was applied iteratively. Categories were developed through ongoing comparison with data saturation being confirmed before moving to theory construction that addressed the initial research question.	Yes – Transcription of the focus groups was completed by two members of the study team, with transcripts being returned to the participants for comment. Qualitative content approach was used with two researchers constantly comparing initial codes from across interview transcripts to make refinements. The initial coding was conducted independently followed by research team discussions to verify codes. The reporting around the data analysis process is detailed.
Is there a clear statement of findings?	Yes – Four categories emerged significant to Generation Z's professional socialisation 'developing a sense of belongingness, enhancing communication, overcoming self-doubt, and advancing learning in the depths of adversity'	Yes – The findings are clearly defined, and they report the following key concepts, 'knowledge and the ability to use it in practice, communication, teamwork, openness to development, decision making, coping with stress, and empathy'
How valuable is the research?	Valuable – This research provides theory informing professional socialisation strategies for Generation Z in nursing practice and education.	Valuable – The findings help to understand areas of competence as well as deficits which should be considered during the period of professional adaption. This research also considers how developing competence should commence solidly from the start of nurse education.

Critical Appraisal Skills Programme (2024). CASP qualitative research checklist.
[online] Available at: <https://casp-uk.net/casp-checklists/CASP-checklist-qualitative-2024.pdf>. [Accessed: 27 January 2025].

CASP Descriptive/Cross-Sectional Design

CASP Question	Lee et al. (2023)	Hee and Yeojin (2022)
Did the study address a clearly focused issue?	Yes – The study clearly defines its aim, to determine the mediating role of communication competence between professionalism and job satisfaction in Millennial and Generation Z nurses, and how communication competence moderates this relationship. The research combines the generations, referring to them as MZ Generation.	Yes – The aim is clearly defined, with the study aiming to compare nurses' work values and communication styles across Generation X, Y and Z.
Did the authors use an appropriate method to answer their question?	Yes – The cross-sectional survey design is appropriate to test the association and moderating effects between the variables in the defined MZ population.	Yes – This descriptive cross-sectional study used structured questionnaires and X ² analysis, this is appropriate as it tests differences between groups, which this study aims to achieve.
Were the subjects recruited in an acceptable way?	Yes – A total of 188 nurses between the ages of 20-39 were recruited through flyers and URLs with study information was posted in online communities and social media sites composed of nurses. The nurses who accessed the study information could then press the consent button allowing them to proceed with the survey. There was remuneration in the form of \$5 drinks certificates available to participants who	Yes – 243 nurses were recruited across the three generations. X (n=78), Y (n=86), and Z (n=79). The researcher visited the wards and specific departments within a Korean hospital. The researcher explained the study purpose and issued the questionnaire if the potential if the nurse agreed to participate. There is the potential that recruiting in this manner may pressurise people to participate. However,

	completed the survey, potentially this could be viewed as coercion, however, this has been reported transparently in the report.	participants could discontinue or refuse participation at any point.
Were the measures accurately measured to reduce bias?	Yes – Validated tools were used to measure professionalism (The Nursing Professional Value Scale), communication (The Global Interpersonal Communication Competence Scale) and job satisfaction (Job Satisfaction Scale for Clinical Nurses). The Cronbach's alpha values indicate strong reliability.	Yes – Validated tools were used, The Work Values Scale and The Rhetorical Sensitivity Scale.
Were the data collected in a way that addressed the research issue?	Yes – Self-reported questionnaires were used, and statistical analysis (regression, bootstrapping) was applied to address the research aims.	Yes – The data was collected using self-report questionnaires, this is an appropriate method to compare generations, with the data analysis appropriate with the study design.
Did the study have enough participants to minimise the play of chance?	Yes – The researchers used a G*Power calculation which identified that a minimum sample of 184 would be required, the total number of surveys completed was 227, 39 of these were incomplete responses and discarded leaving a total of 188 responses, thus exceeding the minimum participant requirement.	Yes – The researchers used a G*Power calculation which identified that a minimum sample of 207 participants with 69 participants required in each generational group. Therefore, the total number of participants (243) exceeded the minimum sample size, with each generational group exceeding the minimum requirement of 69 participants.

How are the results presented and what is the main result?	Yes – The results are presented clearly; they are presented as tables with statistical summaries. Communication competence significantly moderated the relationship between professionalism and job satisfaction.	Yes – The results have been presented clearly in tables. The results demonstrated that there were no significant differences in communication between the different generations, however, there were significant differences in work values between the generations.
Was the data analysis sufficiently rigorous?	Yes – The research used statistical techniques which included correlation analysis, multiple regression, and bootstrap moderation analysis and PROCESS macro. This is discussed in detail.	Yes – The research used appropriate statistical techniques, this included the X ² test which examines differences in variables across the generations.
Is there a clear statement of findings?	Yes – This research highlights that communication competence has a mediating role in the relationship between nursing professionalism and job satisfaction with R ² =0.58 demonstrating the strength of the findings.	Yes – The researcher clearly highlights that the Generation Y and Z participants prefer extrinsic work values with Generation X showing similar amounts of extrinsic and intrinsic values. The researcher also highlights clearly that there were no significant differences noted in the types of communication between the three generations.
Can the results be applied to the local population?	Yes – In Korea it is likely that these results could be applied within their healthcare systems more widely. However, it is important to consider the cultural context of these results out with Korea or	Yes – Similarly to Lee et al. (2023) this research was conducted in Korea, therefore, it would likely have generalisability in Korea. However, out with Korea it is important to consider how culture may

	Asian culture and as such may not be generalisable.	influence these findings, and as such this may not be generalisable in other countries.
How valuable is the research?	Valuable – With the caveat that the results may not have generalisability out with Korea or Asia. The results do, however, highlight a correlation between communication competence, nursing professionalism and job satisfaction. Consideration is given to communication training programmes to enhance job satisfaction and retention of Millennials and Generation Z nurses.	Partially Relevant – This research highlights a change in workplace values in Generation Y and Z, this could prove important for workforce planning, however, this may only be applicable in Korea. The research does not highlight significant differences with communication but does highlight that Generation Z have more rhetorical reflectors than Generation X and Y showing a reluctance to argue and avoid debate due to the hierarchical culture, therefore Generation Z would benefit from education to enhance communication skills, it is important to consider the hierarchical culture this study was conducted and this may not be generalisable out with Asia.

Critical Appraisal Skills Programme (2024). CASP Descriptive/cross sectional studies checklist. [online] Available at:

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcasp-uk.net%2Fcasp-checklists%2FCASP-checklist-cross-sectional-study-2024.docx&wdOrigin=BROWSELINK>. [Accessed: 27 January 2025].

CASP – Randomised Control Trial

CASP Question	Cortés-Rodríguez et al. (2024)
Did the study address a clearly formulated research question?	Yes – The research aimed to compare the effectiveness of two different teaching methods, standardised patient simulation and role play on Generation Z nursing students' development of patient centred communication competence in care of older adults.
Was the assignment of participants to interventions randomised?	Yes – This study used a controlled cluster randomised design. The participants from eight pre-existing teaching groups were randomly assigned using computer generated numbers to either intervention, standardised patient simulation or role play.
Were all participants who entered the study accounted for at its conclusion?	Yes – The participant flow is clearly detailed and displayed in a flowchart for the study design. A total of 126 participants were enrolled in the study, with 124 datasets being analysed at the retention test. It is not clear why the two participants were lost to follow up.
4(a) Were the participants 'blind' to intervention they were given?	No – The participants were not 'blind' due to the clear differences in teaching format. The nature of the educational intervention would make blinding unfeasible.
4(b) Were the investigators 'blind' to the intervention they were giving to participants?	No – As the facilitator was required to deliver the workshops. The same facilitator delivered all the workshops across the two interventions to minimise bias.
4(c) Were the people assessing/analysing outcome/s 'blinded'?	Can't tell – The participants psychomotor skills were tested before, immediately after and 6-weeks post workshop, these assessments were videotaped with two researchers

	separately marking the participants interactions, it is unclear if the researcher was 'blind' to the intervention that the participant had undertaken.
Were the study groups similar at the start of the randomised controlled trial?	Yes – There were no statistically significant differences between the two groups. 77% of the participants were female which is characteristic of the nursing profession. All participants were from Generation Z and none had received any previous training in patient-centred communication.
Apart from the experimental intervention, did each study group receive the same level of care (that is, were they treated equally)?	Yes – The same facilitator delivered all of the workshops across all participating groups; this could reduce any potential bias. All workshops followed a standardised structure and included identical durations for theoretical reviews, observation activities and interactive components.
Were the effects of intervention reported comprehensively?	Yes – The study details the outcomes clearly for each component (knowledge, self-efficacy and psychomotor skills). The statistical methods are presented clearly.
Was the precision of the estimate of the intervention or treatment effect reported?	Yes – Statistical significance has been reported with p-values and odds ratios.
Do the benefits of the experimental intervention outweigh the harms and costs?	Can't tell – This study highlights that there is no statistical difference between both interventions in overall communication competence. There is no discussion around cost or potential harm, however, these may not be applicable to this study with the interventions being relatively low risk.
Can the results be applied to your local population/in your context?	Partially – Standardised patient simulation and role play will likely be applicable in enhancing student nurses' competence across all

	undergraduate nursing courses. This was undertaken in Spain, and the cultural context and delivery of undergraduate nurse education may be a consideration if generalising these findings.
Would the experimental intervention provide greater value to the people in your care than any of the existing interventions?	Partially – Standardised patient simulation and role play are currently used across the curriculum I am involved with, alongside theory and clinical placement. Further development of these interventions and honing of staff facilitation skills will enhance these interventions further.

Critical Appraisal Skills Programme (2024). CASP Randomised controlled trials (RCTs) Checklist. [online] Available at:
<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcasp-uk.net%2Fcasp-checklists%2FCASP-checklist-randomised-controlled-trials-RCT-2024.docx&wdOrigin=BROWSELINK> [Accessed: 27th January 2025].

Appendix 2: Interview Schedule Phase 3

Interview Schedule (Generation Z Student Nurses).

An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 3

Opening

- **(Establish rapport)** – Shake hands and welcome. My name is Cameron Smith, and I am the principal investigator for the above-mentioned study. Thank you for agreeing to participate in this 1:1 interview. I have some questions to ask you to follow my observations of you in placement.
- **(Purpose)** – The purpose of this 1:1 interview is to support me (Cameron Smith) in gaining your perspective of some aspects I observed in practice to help me better understand your behaviours, circumstances, identities, and events.
- **(Consent)** – Do you have any questions or queries regarding the interview? You have previously signed a consent form to be involved in the observations and interview, do you have any questions you would like to ask before we proceed?
- **(Motivation)** – I hope to use this interview to better understand and interpret the data I have collected through observation.
- **(Timeline)** – This interview will last approximately 30-45 minutes. If you would like me to repeat any of the questions please ask, or if you would like any clarity on any of the questions, please stop me and ask. Are you happy to continue?

Main Body

- Do you think your verbal communication skills are unique compared to previous generational cohorts?
I have observed.... In relation to your verbal communication, what is your interpretation of this?

How might your verbal communication skills influence your practice?

- Do you think your written communication skills in clinical practice may differ from previous generational cohorts?

I have observed....in relation to your written communication, what is your interpretation of this?

- What are your preferred methods of communication on placement?
- Tell me how you use technology whilst on placement, do you think this is different from other generational cohorts?

I have observed....in relation to your use of technology, what is your interpretation of this?

- Can you tell me about your professional values, do you see any difference in your professional values compared to previous generational cohorts?
- I have observed....in relation to your professional values, what is your interpretation of this?

Transition

- It has been a pleasure meeting with you today; you have provided me with some interesting information which will enrich the observations I have undertaken.

Closing

- **(Summary)** – To summarise you have discussed with me the following points.
- **(Maintain Rapport)** – I appreciate the time you have taken to attend this interview. Is there anything further you would like to add? Are there any questions you would like to ask me before we conclude this interview?
- **(Action to be taken)** – I should have all the information I need, if you have any questions following this interview, please e-mail me directly.

Appendix 3: NHS, Invasive or Clinical Research approval Phase 1

Cameron Smith

14 January 2020

NHS, Invasive or Clinical Research (NICR) Committee

Research & Innovation Services 3B1 Cottrell Building

University of Stirling

Stirling

FK9 4LA

Tel: +44 (0) 1786 466233

Email: nicr@stir.ac.uk

Dear Cameron,

Study Title: An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 1; developing themes.

NICR 18/19 – Paper No. 045

Thank you for your email of 17 December 2019 which included the following attachments:

- PIS
- Consent Forms

I am happy to grant approval of the minor amendments to your project under Chairs Action.

Please may I remind you of the need to inform NICR (nicr@stir.ac.uk) prior to making any further amendments to this protocol, or any changes to the duration of the project or the research team and provide notification of study completion.

Yours sincerely Pp

On behalf of

(Interim Deputy Chair)

Appendix 4: School ethics review panel (SERP) approval Phase 1

Cameron Smith

[REDACTED]

[REDACTED]

09 July 2020

SERP reference number:20-04

Dear Cameron

An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses.

Phase 1; developing themes

Thank you for submitting your application for ethical approval. The School [REDACTED] Ethics Review panel has now reviewed the above research proposal. Your proposal has been approved. You may go ahead with your research unless the project requires further approval. Where the project involves NHS patients, approval through IRAS system must be obtained. Where the project involves NHS staff, approval through the NHS R&D office must be obtained and this is usually done through IRAS. <https://www.myresearchproject.org.uk/> Please email a copy of this approval letter along with your study protocol to [REDACTED] tracks NHS IRAS applications on behalf of Sponsor [REDACTED]

SERP approval is valid for 1 year from the date of this letter. If your data collection period progresses beyond 1 year please notify the SERP convenor.

Please include your SERP reference number in a footer on all documents related to your study.

If you require further information please contact the committee by email on [REDACTED]

Yours sincerely

Appendix 5: Research and Development approval Phase 2

Research and Development

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Mr Cameron Smith

University of Stirling

Stirling

FK9 4LA

Date 18/08/2021

Project No 2021NR002E

Dear Mr Smith

Management Permission for Non-Commercial Research

STUDY TITLE: An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 2; developing themes

PROTOCOL NO: v2, July 2021

REC REF: n/a

IRAS REF: 262344

Thank you very much for sending all relevant documentation. I am pleased to confirm that the project is now registered with the NHS [REDACTED] Research & Development Office. The project now has R & D Management Permission to proceed locally. This is based on the documents received from yourself and the relevant Approvals being in place.

All research with an NHS element is subject to the UK Policy Framework for Health and Social Care Research (2017 v3), and as Chief or Principal Investigator you should be fully committed to your responsibilities associated with this.

R&D Permission is granted on condition that:

1) The R&D Office will be notified and any relevant documents forwarded to us if any of the following occur:

- Any Serious Breaches in [REDACTED] (Please forward to [REDACTED]).
- A change of Principal Investigator in [REDACTED] or Chief Investigator.
- Any change to funding or any additional funding

2) When the study ends, the R&D Office will be notified of the study end-date.

3) The Sponsor will notify all amendments to the relevant National Co-ordinating centre. For single centre studies, amendments should be notified to the R&D office directly.

We hope the project goes well, and if you need any help or advice relating to your R&D Management Permission, please do not hesitate to contact the office.

Yours sincerely

[REDACTED]

Non-Commercial Manager

cc: CI/Sponsor

Research Monitor

Sponsor: University of Stirling

Appendix 6: Consent form Phase 3

Consent Form

Study Title: An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 3; Observation and Interview

Chief Investigator: Cameron Smith

Participant unique identifier code:

Please read the statements below and initial whether you agree or decline. Please then sign and date the form at the bottom.

I confirm that I have read and understood the participant information sheet, version 1.0, for the above study and have had the opportunity to ask any questions and I am satisfied with the answers.

Yes

☐

No

☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.

Yes

☐

No

☐

I agree to be observed on placement and partake in an interview, which will be audio-recorded and transcribed. Transcripts will be anonymised and held for a maximum of 10 years, and recordings will be deleted once the interview has been transcribed and verified.

Yes

☐

No

☐

I agree to any data I provide to this study being used anonymously (including the use of anonymised quotes) for the purposes of reports, publications, training, and presentations.

Yes

☐

No

☐

I agree that my anonymised research data can be used in other ethically approved studies.

Yes

☐

No

☐

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

Appendix 7: NHS, Invasive or Clinical Research approval Phase 3

25/03/2024

Dear Cameron Smith

Ethics Application Form: Generation Z Communication Skills - Phase 3

Ethics Reference Number: NICR 2024 15742 13129

Thank you for your submission of the above ethics application.

The ethical approaches of this project have been approved and you can now proceed with your project.

Please note that should any of your proposal change, a further change request submission will be necessary.

If you have any further queries, please do not hesitate to contact the Panel by email to ethics@stir.ac.uk

Yours sincerely,

NHS, Invasive or Clinical Research

Research Ethics in Practice training is available online:

Staff & Postgraduate Research Students

Undergraduate & Postgraduate Taught Students

Appendix 8: School ethics review panel (SERP) approval Phase 3

Cameron Smith

Lecturer

[REDACTED]

[REDACTED]

6 May 2024.

SERP reference number:24-07

Dear Cameron,

Research proposal name: Generation Z Communication Skills - Phase 3

Thank you for submitting your application for ethical approval. The School [REDACTED]
[REDACTED] Ethics Review panel has now reviewed the above research proposal. Your proposal has been approved. You may go ahead with your research unless the project requires further approval. Where the project involves NHS patients, approval through IRAS system must be obtained. Where the project involves NHS staff, approval through the NHS R&D office must be obtained and this is usually done through IRAS. <https://www.myresearchproject.org.uk/> Please email a copy of this approval letter along with your study protocol to [REDACTED] who tracks NHS IRAS applications on behalf of Sponsor [REDACTED]

SERP approval is valid for 1 year from the date of this letter. If your data collection period progresses beyond 1 year please notify the SERP convenor.

Please include your SERP reference number in a footer on all documents related to your study.

If you require further information please contact the committee by email at [REDACTED]

Yours sincerely

Appendix 9: Research and Development approval Phase 3

Research and Development

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Mr Cameron Smith

University of Stirling

Date 4/07/2024

Project No 2024NR001E

Enquiries to [REDACTED]

Extension [REDACTED]

Direct Line [REDACTED]

Email [REDACTED]randdpermissions[REDACTED]

Dear Mr Smith

Management Permission for Non-Commercial Research

STUDY TITLE: An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 3¼Observation and Interview in Practice

PROTOCOL NO: V1, 7.5.24

IRAS REF: 317804

Thank you very much for sending all relevant documentation. I am pleased to confirm that the project is now registered with the [REDACTED] Research & Development Office. The project now has R & D Management Permission to proceed locally. This is based on the documents received from yourself and the relevant Approvals being in place.

All research with an NHS element is subject to the UK Policy Framework for Health and Social Care Research (2017 v3), and as Chief or Principal Investigator you should be fully committed to your responsibilities associated with this.

R&D Permission is granted on condition that:

- 1) SAEs and Serious Breaches are notified according to the Protocol and the Sponsor SOPs.
- 2) Amendments are notified to R&D according to the Sponsor SOPs.
- 3) When the study ends, the R&D Office will be notified of the study end-date.
- 4) R&D is notified if there are any changes to funding.

It is particularly important that you inform us when the study terminates.

We hope the project goes well, and if you need any help or advice relating to your R&D Management Permission, please do not hesitate to contact the office.

Yours sincerely

[Redacted Signature]

Non-Commercial Manager

cc: Research Monitor

[Redacted Name]

[Redacted Name]

[Redacted Name]

[Redacted Name]

Sponsor: University of Stirling

Appendix 10: Participant Information Sheet Phase 3

Participant Information Sheet

Study title: An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 3; Observation and Interview.

Background aims of project.

The aim of this study is to determine if Generation Z student nurses are different from previous generational cohorts, in their communication style. If so in what ways? This study is taking place over 3 Phases.

- Phase 1 - Developing themes with individual interviews Generation Z students.
- Phase 2 - Developing themes with individual interviews NHS Grampian Registered Nurses
- Phase 3 - Observation and 1:1 interview with Generation Z student nurses, practice supervisors, and practice assessors

Phase 1 and Phase 2 are now complete, with the overarching themes being perceived differences in verbal communication, written communication, and the use of technology. The purpose of Phase 3 is to observe you and the interactions you have in clinical practice, to see if the themes identified in Phase 1 and Phase 2 are observed.

Why have I been invited to take part?

You have been invited to take part in this study because you are:

- You are a Generation Z student nurse who is currently on a clinical placement.

1. Do I have to take part?

No. You do not have to take part.

If you do decide to take part, you can withdraw your participation at any time without needing to explain and without penalty by advising the chief investigator of this decision.

You can also withdraw your data within a 2-week timeframe following the end of observation period and the 1:1 interview. To withdraw your data please email [REDACTED] (Chief Investigator).

You will be given this information sheet to keep and be asked to sign a consent form.

2. What will happen if I take part?

You will be observed in clinical practice communicating with your practice supervisors/assessors and asked to undertake a 1:1 interview with the chief investigator. In the interview you will be asked to talk about.

- You will be asked about your experiences communicating with nurses from previous generational cohorts and other observations the chief investigator has made.

The interview will be audio-recorded and should take approximately 30 – 45 minutes. The interviews will take place within NHS Grampian sites. Your practice supervisors and practice assessors will also be invited for a 1:1 interview.

3. Are there any potential risks in taking part?

There are no foreseeable risks by being observed in clinical placement or taking part in the 1:1 interview.

4. Are there any benefits in taking part?

There will be no direct benefit to you from taking part in this research. However, we hope that your involvement in the study will help to enhance future clinical practice.

There will be no payment for taking part in this project.

5. Legal basis for processing personal data

As part of the project, we will be recording personal data relating to you for example name, date of birth and e-mail address. This will be processed in accordance with the Data Protection Act 2018.

6. What happens to the data I provide?

Personal Data

Your personal data (name, date of birth, email address), will be stored separately from your research data using the University of Stirling's Research Drive in password protected files. Your personal data and interview audio-recordings will be deleted within a period of 6 months of the study being completed.

Only the chief investigator will have access to your personal data. The project supervisors will only have access to anonymised research data.

Research Data

Your research data (observations and interviews) will be anonymised to protect your identity. Your anonymised research data will be kept for a period of 10 years on Research Drive – a secure data centre on the Stirling campus.

Your name, geographical location including clinical areas and other potential identifiers will be retracted in the transcription of your research data (observations and interviews).

7. Recorded media.

Your permission will be obtained to be observed and for recording audio of the 1:1 interview.

Audio of the 1:1 interview will be used exclusively to aid transcription; all data will be anonymised and will be deleted within a period of 6 months.

8. Future uses of the data

Due to the nature of this research, it is possible that other researchers may find the data to be useful in answering other research questions. We will ask for your explicit consent for your data to be shared in this way and, if you agree, we will ensure that the data collected is untraceable back to you before letting others use it.

9. Will the research be published?

The research will be written up as part of the Chief Investigator's Clinical Doctorate thesis. The research may be published. You will not be identifiable in any report/publication.

The results may be presented at conferences/in journal articles/workshops.

The University of Stirling is committed to making the outputs of research publically accessible and supports this commitment through our online open access repository, STORRE. Unless funder/publisher requirements prevent us, this research will be publicly disseminated through our open access repository.

10. Who is organising and funding the research?

This is a self-funded Clinical Doctorate Study.

The sponsor for this study is the University of Stirling

11. Who has reviewed this research project?

The University of Stirling's NHS, Invasive or Clinical Research (NICR) Committee, IRAS Project ID 317804, have reviewed this study.

12. Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required.

You have the right to withdraw from this project at any time without giving reasons and without consequences to you. You also have the right to object to us processing relevant personal data, however, please note that once the data has been analysed and/or results published, it will not be possible to remove your data from the study.

13. Who do I contact if I have concerns about this study or wish to complain?

If you would like to discuss the research with someone please contact Cameron Smith (Chief Investigator) [REDACTED] or [REDACTED]
[REDACTED]

If you wish to complain about the conduct of this study, please contact [REDACTED]
[REDACTED] (Dean, Faculty of Health Sciences and Sport. [REDACTED]
[REDACTED])

You have the right to lodge a complaint against the University regarding data protection issues with the Information Commissioner's Office (<https://ico.org.uk/concerns/>).

The University's Data Protection Officer is Joanna Morrow, Deputy Secretary. If you have any questions relating to data protection these can be addressed to data.protection@stir.ac.uk in the first instance.

Chief investigator: Cameron Smith

Contact: [REDACTED]

Supervisors involved in this project:

[REDACTED] (Clinical Doctorate Supervisor)

[REDACTED] (Clinical Doctorate Supervisor)

Appendix 11: Interview Schedule (Student) Phase 1

Interview Schedule (Generation Z Student Nurses).

An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 1; developing themes.

Opening

- **(Establish rapport)** – Shake hands and welcome. My name is Cameron Smith, and I am the principal investigator for the above-mentioned study. Thank you for agreeing to participate in this 1:1 interview. I have some questions to ask you about your experience of Generation Z student nurses. If you have any examples of your experiences, I would be like to hear them.
- **(Purpose)** – The purpose of this 1:1 interview is to support me (Cameron Smith) in gaining your perspective as a Generation Z student nurse and your communication skills. Do you understand what classifies you as Generation Z? If the participant is unaware, I will provide a definition for this generational cohort.
- **(Consent)** – Do you have any questions or queries regarding the study? If you are happy to participate, can I ask you to sign the consent form, I will provide you with a copy to keep.
- **(Motivation)** – I hope to use your experience as a Generation Z student nurse and the communication skills you possess to identify themes which will support me in the development of phase 2 and 3 of this study.
- **(Timeline)** – This interview will last approximately 45-60 minutes. If you would like me to repeat any of the questions please ask, or if you would like any clarity on any of the questions, please stop me and ask. Are you happy to continue?

Transition

- Let me begin with asking you about your experience as a student nurse.
- What stage of the course are currently at? (Stage 1, 2, 3 or 4)
- How would you describe your experiences of clinical practice?

- What communication skills do you feel are important for student nurses and why?

Main Body

- In your experience do you noticed a difference in how you as a Generation Z student nurses communicate with previous generational cohorts? If so, do you have any examples of how you think communication is different?
- Is your experience with previous generational cohorts based upon direct experience or inferred? How did you form your opinions?
- In your experience do you noticed a difference in your verbal communication skills compared to nurses from previous generational cohorts? If so, do you have any examples that you would like to share with me?
- In your experience do you think technology has impacted on the way in which you communicate? If so, do you have any examples that you would like to share with me?
- In your experience do you think your written communication skills are different from previous generational cohorts? If so, do you have any examples that you would like to share with me?
- Do you think that your communication skills will have a positive impact on clinical nursing practice? If so in what ways?
- Do you think that your communication skills will have any negative impact on clinical nursing practice? If so in what ways?

Transition

- It has been a pleasure meeting with you today; you have provided me with some interesting information which will help me develop phase 2 and 3 of this study.

Closing

- **(Summary)** – To summarise you have discussed with me the following points.

- **(Maintain Rapport)** – I appreciate the time you have taken to attend this interview. Is there anything further you would like to add? Are there any questions you would like to ask me before we conclude this interview?
- **(Action to be taken)** – I should have all the information I need, if you have any questions following this interview, please e-mail me directly.

Appendix 12: Interview Schedule (PS/PA) Phase 2

Interview Schedule (Practice Education Facilitators and Mentors, clinical practice).

An ethnographic exploration of unique aspects of communication skills of Generation Z student nurses. Phase 1; developing themes.

Opening

- **(Establish rapport)** – Shake hands and welcome. My name is Cameron Smith, and I am the principal investigator for the above-mentioned study. Thank you for agreeing to participate in this 1:1 interview. I have some questions to ask you about your experience of Generation Z student nurses. If you have any examples of your experiences, I would be like to hear them.
- **(Purpose)** – The purpose of this 1:1 interview is to support me (Cameron Smith) in gaining your perspective of Generation Z student nurse's communication skills. Do you understand what classifies an individual as Generation Z? If the participant is unaware, I will provide a definition for this generational cohort.
- **(Consent)** – Do you have any questions or queries regarding the study? If you are happy to participate, can I ask you to sign the consent form, I will provide you with a copy to keep.
- **(Motivation)** – I hope to use your experiences of Generation Z's communication skills in clinical practice to identify themes which will support me in the development of phase 2 and 3 of this study.
- **(Timeline)** – This interview will last approximately 45-60 minutes. If you would like me to repeat any of the questions please ask, or if you would like any clarity on any of the questions, please stop me and ask. Are you happy to continue?

Transition

- Let me begin with asking you about your experience in clinical practice

- How many years approximately have you been a Practice Education Facilitator/Mentor?
- How would you describe your experiences of supporting student nurses in clinical practice? (E.g. positive, challenging, rewarding?)
- What communication skills do you feel are important for student nurses and why?

Main Body

- In your experience have you noticed a change in how student nurses communicate with you? If so do you have any examples of how you think communication has changed?
- In your experience have you noticed a change in the verbal communication skills of Generation Z student nurses? If so do you have any examples that you would like to share with me?
- In your experience do you think technology has impacted or changed the way in which Generation Z student nurses communicate with you? If so do you have any examples that you would like to share with me?
- In your experience do you think the written communication skills of generation Z have changed? If so do you have any examples that you would like to share with me?
- Do you think that Generation Z's communication skills will have a positive impact on clinical nursing practice? If so in what ways?
- Do you think that Generation Z's communication skills will have any negative impact on clinical nursing practice? If so in what ways?

Transition

- It has been a pleasure meeting with you today, you have provided me with some interesting information which will help me develop phase 2 and 3 of this study.

Closing

- **(Summary)** – To summarise you have discussed with me the following points.
- **(Maintain Rapport)** – I appreciate the time you have taken to attend this interview. Is there anything further you would like to add? Are there any questions you would like to ask me before we conclude this interview?
- **(Action to be taken)** – I should have all the information I need, if you have any questions following this interview, please e-mail me directly.

Appendix 13: Fieldnote template

Fieldnotes

Student Code	
Observation Number	
Date	
Start Time	
Setting	
Duration of Data Collection	
Date Transcribed	

Observations

Time	Description of Activity Who, what, where, when	Reflections	Emerging Questions	Analysis/Coding

Considerations for Interview:	
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