of five RNs explored why they chose to leave the profession (Tinsley and France, 2004). Their reasons included a lack of support for CPD activities and a general lack of help and support in advancing up the career ladder. The authors recommended that expanding career opportunities and providing opportunities for professional development would result in higher retention.

In this economic climate, innovative ways to enhance professional expertise must be explored. Price (2007) saw secondment as one of a range of important and cost effective ways to develop staff. In addition, well managed rotation programmes, such as those developed by Davis and Bheenuck (2003), could meet the needs of staff in developing a range of skills and providing a structured, supportive approach. Whatever CPD activity is chosen, it is essential that access is equitable for all staff and that outcomes are measured and evaluated. A greater understanding of the perceptions of staff on access to CPD, any barriers they may have experienced, and how they perceive their ability to change posts inform any recommendations for practice.

AIM
This study aimed to explore the perceptions of band 5 RNs and the factors that affect their development and ability to change posts in a large acute trust.

METHOD
Since this study aimed to understand the essence of an experience, phenomenology was chosen as the method. Phenomenology involves two main approaches—descriptive or interpretive—and for this research the interpretive, or hermeneutic, approach was chosen.

As hermeneutics assumes that we experience the world through language, the data used is usually a text obtained through interviews, stories, observations or other sources. Themes are uncovered by following a series of steps involving careful reading, contemplation and using the researcher’s own experience and creative insight. Once several texts have been studied, the common themes start to appear (Byrne, 2001).

Sample selection
The setting was a large acute teaching hospital and a non-random purposive sample of six participants was used, consistent with the phenomenological approach (Thompson, 1999). The inclusion criteria were all newly qualified band 5 RNs recruited between September 2005 and September 2007. They were qualified at either diploma or degree level and were selected as they were recruited on the Agenda for Change terms and conditions of service. At the time of the study they had been in post for at least six months.

The participant invitation letter and information sheet was sent out to 217 staff and 11 replied. Three men and three women were chosen for interview, representing inpatient and outpatient settings in medicine and surgery.

The Norfolk Research Ethics Committee and the East Norfolk and Waveney Research Governance Committee both granted approval. Participants signed a consent form and confidentiality was assured.

Data collection
The most common method used to generate data in phenomenology is the unstructured or semi structured interview, transcribed by the researcher (Seymour and Clark, 1998).

Data was collected between August 2008 and March 2009, using an interview schedule. The initial question asked what development opportunities, if any, had been open to participants since qualifying. Further questions concerned views on rotation programmes, future career plans and any potential barriers.

Participants were prepared for a 45 minute interview, followed by a 15 minute interview at a later date.

Data analysis
Each transcription was printed and a duplicate photocopied onto six different coloured papers. Each transcript was read and significant statements were identified. Following Riley (1990), A4 envelopes were used and labelled with the emerging themes as each was identified. The significant statements were physically cut from the coloured paper and placed into the envelope. This system allowed the researcher to see immediately how many subjects shared each theme. It led to a total of 18 envelopes, which were grouped together to form seven final themes (Fig 1).

RESULTS
“I need to learn more”
While some participants saw access to CPD as being about career progression, others were more concerned with improving their knowledge to enable better care. For example:

“I’m not really interested in studying as such any more. I just want to do the practical side of things and become more skilled” (nurse 1).

When participants had worked in an area where development opportunities were discouraged, once they moved and experienced a more proactive and enabling approach they felt they needed knowledge quickly to fit with their years of experience and build confidence. The sense that “I’ve got so much to learn” (nurse 5) displayed an