TITLE: “FRIGHTENING FRIGHTENED PEOPLE”. THE PLACE OF NURSING STUDENTS’ STORIES OF ADVERSITY IN NURSE EDUCATION

AUTHORS:

Corresponding author: Hanson, Julie PhD, RN
Department: School of Nursing, Midwifery and Paramedicine
University: University of the Sunshine Coast
Town: Maroochydore, Queensland
Country: Australia
Email: jhanson@usc.edu.au
Phone: +61 75456 5767
Fax: +61 7 5456 5940

Author 2 Name: McAllister, Margaret Ed D, RN
Department: School of Nursing and Midwifery, Centre for Mental Health Nursing Innovation
University: Central Queensland University
Town: Noosa, Queensland
Country: Australia
Email: m.mcallister@cqu.edu.au
Phone: + 61 7 5440 7082

STATEMENT OF AUTHENTICITY

- The work has not been published elsewhere
- All authors have contributed to the paper in concept development and a major role in writing
Adversity narratives in nurse education

ABSTRACT

For decades, the literature examining nursing students’ preparation for practice reveals that dissonance between an idealised view of nursing and the realities of the workplace has been an enduring problem. More recently, healthcare culture has been identified as a key contributor to workplace tensions involving nursing students. An emerging body of literature reports that first clinical placement experience has been associated with heightened anxiety, fear and nervousness. These emotions are reported to impact negatively on student learning, performance, professional growth, and lead to increased attrition rates. Of concern is that if students are forewarned about adverse conditions and inhospitable environments that they may encounter in the workplace, it can be from sources outside of the university curriculum such as co-workers, friends or family. Some of these well-intentioned stories serve only to engender fear and do not include solutions.

This paper describes a research study that collected stories of workplace adversity from seven nursing students using a critical incident questionnaire. Data were analysed using critical discourse analysis to examine the structures, relationships and processes underpinning the disclosed discursive events. The stories were converted into narratives by the researcher and re-presented to student participants in order to seek their perspectives on whether the story’s message has a place in the curriculum. Students participants were also involved in co-creating lesson plans from their own stories that could be used to prepare future nursing students for adverse experiences on clinical placement. Finally, educators were asked to comment on the value and utility of the student-generated lesson plans. However, the creation of troubling student narratives raised some critical issues worthy of discussion, such as, the timing of when students should be prepared for workplace adversity, and the issue of “frightening frightened people”; how the stories might be embedded into the curriculum and the possible harm to students; the ability of educators to deal adequately with inter-professional issues of power and inequity; and where this preparation for practice should occur.

Key words: Workplace adversity; Healthcare culture; Curriculum; Immersive narratives; Authentic learning.
INTRODUCTION AND AIMS

Nursing is saturated with cultural practices that both shape and constrain groups as well as individuals. Working efficiently and being technically skilled are highly prized nursing attributes in working environments where bureaucracy is dominant (De Chesnay and Anderson, 2012). An unchecked task-focused culture means that nurses may hold onto ritualistic practices that have no empirical base regardless of the contemporary fit with evidence-based practice guidelines because prescriptive practice is favoured over critical thought (Henderson et al., 2012). So too, ‘belonging’ has been identified as important in job satisfaction and thus conforming to social norms is sometimes preferable to speaking out (Levett-Jones and Lathlean, 2009). Unfortunately, acquiescence to social norms can have serious consequences for working nurses. Nurses are reported to be self-silencing (Holmes et al., 2012) and suffering morally because their professional values are being compromised by being unable to deliver care in the way that they would like to (Dwyer and Hunter Revell, 2015; Youngson, 2011). Collegiality is also deteriorating and uncivil behaviour is widespread (Holmes et al., 2012; Laschinger, et al., 2012; Hutchinson and Jackson, 2013). Whilst there are studies that indicate that nursing students often feel adequately prepared for clinical placement, there is also a body of research that highlights that students are particularly vulnerable to experiences encountered on their first clinical placement (Andrew et al., 2009; Killam and Heerschap, 2013; Levett-Jones et al., 2015). Limited learning opportunities, exploitation of supernumerary status, lack of respect, feeling undervalued and poor working relationships with mentors are among the issues cited by students (Hamshire et al., 2012). Nursing students transitioning to practice may be exposed to an experience of conflict between ideas learned theoretically about nursing, and those that are lived out in the cultural world of practice. Without forewarning and a chance to plan for contingencies to adapt to this tension, they may consequently experience job dissatisfaction and choose to leave such a confusing environment (Leduq et al., 2012). However, as nurse practitioners, educators and managers we should pause and consider whether there is conscious awareness amongst nurses that they are operating mechanistically, self-silencing, and excluding students? Or whether this is an
Adversity narratives in nurse education

artefact of a prevailing discourse of bureaucracy about getting the job done? (Henderson et al., 2012; St.Pierre and Holmes, 2008). One explanation for sustained workplace tensions in nursing is an uncritical acceptance of the status quo that allows covert hostilities to be perpetuated through everyday work tasks and processes (Hutchinson et al., 2010). This paper aims to examine the findings of a research study into nursing students’ adverse experiences on clinical placement in order to (i) conceptualise workplace adversity as an often unconscious, culturally-driven social process that perpetuates social inequalities and, (ii) discuss how co-created lesson plans may bring about future socio-cultural change in workplace interprofessional relationships when students are assisted to critique workplace culture.

BACKGROUND

Theories that explain workplace tension

Critical Social Theory is a legitimate approach to inform people about the strategic actions that they can take to promote their emancipation from domination, exploitation and injustice in day-to-day social relationships. Freire’s (1972) oppression theory provides insights about ways to understand how domination and passivity is culturally reproduced, as well as possibly changed. Consequently, an interpretation of workplace tension using a critical lens sees the subjugation of nursing students become normalised and nurses may tend to become desensitised to the impact of nursing hierarchies on student learning, professional development and well-being, routinely accepting and reproducing them. Habermas (1990) introduced the idea that knowledge may be used to serve the interests of dominant ideology and this notion is foundational to exploring power in everyday relationships.

When transitioning into the workplace, nursing students and new graduates are entering an established health care culture of social and institutional ideology comprising formal and informal rules. Socialisation to these processes shape students’ practices and govern their behaviours. In some instances, students come to learn that technical knowledge is valued more highly than emancipatory knowledge and therefore learn to accept hostility as natural and unchangeable (Springer and Clinton, 2015).
METHODS

One of the overarching aims of the study was to examine how discursive practices are maintained in the workplace and the effects on nursing students’ responses and adaptation. Armed with this understanding it is then possible to explore emancipatory solutions. Stories of workplace adversity were collected from seven undergraduate nursing students from years 1-3 of the Bachelor of Nursing Science program using a critical incident questionnaire. Data were analysed using critical discourse analysis to examine the structures, relationships and processes underpinning the disclosed discursive events (Fairclough, 2010). Ethical approval for the study was obtained prior to participant recruitment. Data collection was undertaken in 3 stages within 18 months as follows:

Stage 1. Individual interviews with nursing students were conducted between 18 March 2013 - 11 April 2013 and involved 7 participants.

Stage 2. Individual interviews with nursing students using narratives were conducted between 02 December 2013 - 14 January 2014 and involved 6 of the 7 original participants.

Stage 3. The focus group interview with peer educators was conducted on 14 August 2014 and involved 5 academic staff.

The stories were converted into narratives by the researcher and re-presented to student participants in order to seek their perspectives on whether the story’s message has a place in the nursing curriculum. Students participants were then invited to co-create lesson plans based on from their own stories that were underpinned by narrative pedagogical principles for use in preparing future nursing students for adverse experiences on clinical placement. In the final stage of the research, five educators who were the researcher’s peers in academia were asked to participate in a focus group and comment on the value and utility of the student-generated lesson plans as immersive narrative pedagogy (Ryan, 2008). Narrative immersion is considered to be a way to expose students to the human experience of adversity through the narrative so that they might visualise the living world of another person, feel their emotions, interpret their actions, and make connections between what is happening in the story to their own lives. In this way, narrative immersion facilitates authentic learning.
Adversity narratives in nurse education

RESULTS

The study findings that support previous literature on this topic included:

(i) Nursing students recalled experiences of nurse-nurse violence, intimidation and moral suffering on clinical placement;

(ii) Nursing students felt silenced by hierarchical power imbalances and unable to speak up for themselves, or advocate for their clients;

(iii) Overall, the participants felt unprepared for clinical practice, finding ambiguity and the unpredictable nature of nursing work difficult to cope with. However, two students showed resilience and insight into the situations they had encountered and demonstrated an ability to focus on solutions to empower themselves.

The following findings fill gaps in the research literature because they report on (i) what students believe should be in the curriculum, (ii) explore their recommendations and, (iii) compare student perspectives with educator viewpoints:

(i) For some student participants, being involved in the research process and reflecting on their experiences raised their awareness of bullying and violence in healthcare settings. The new knowledge that this generated helped them to focus on finding solutions for themselves. As such, this knowledge was liberating and supports the use of critical theory methods in this research.

(ii) Student participants in this study did not feel that the curriculum in the current nursing program prepared them for adverse situations that they were likely to encounter in clinical practice. They asserted that this content has not been systematically included in the curriculum, but that it should - and could be.

(iii) The participants recommended that future students should be made aware of nurse-nurse violence, intimidation and moral suffering in first year, first semester. One participant felt that the stories could be frightening but would rather be prepared for challenging professional behaviours than not. Participants wanted to see the content woven through all courses across the 3-year program. One participant commented that the bigger picture, the real world was so hazy and non-existent for so many of her nursing cohort that it would come as a shock. She explained her viewpoint this way:
We need the reality and we need to be empowered with the knowledge to face this reality…we have to really bring it home to the students so they take it on board and have it in place – Yeah. Look, the tools to manage these situations…I mean I know we get some of this in third year but I think the sooner that information is out there and analysed and you’re critiquing it and going through it and that, you’re getting a better perception.

(iv) The student participants felt that their own stories of adversity have value in the curriculum as authentic learning artefacts and could be used to prepare future students for their clinical role. They proposed that lecturers could embed their stories in lesson plans as immersive narratives. Future students would assimilate important lessons via vicarious learning using a ‘multi-modal’ approach. Student participants suggested that the different ‘modes’ would include reflective practice, role-play, simulation, essays and debates.

Educators interviewed in this study expressed similar views to students and stated that:

(i) Nursing students’ preparation for adversity was not really taught and if it was, it was not taught systematically. One academic expressed this viewpoint as follows:

We don’t teach that stuff, do we? Students go out and have these experiences without any discussions. While there is alignment to theoretical learning outcomes, there is other stuff, that anecdotal discussion that some students may get or may not get, but this [lesson plan] brings it in formally.

(ii) Using original student stories had value in the curriculum. One narrative described how a student was involved in a drug error. She explained that she failed to check how much Morphine the Registered Nurse was drawing up for intravenous administration because she felt “an easy target” of his intimidating behaviours. The following comment illustrates how the narratives are seen to provide layers of complexity that could be useful for teaching critical thinking:
The bullying behaviour aside and whatever the narrative, it is more than that...what happens when there is a drug error – there are some very black and white issues about how you deal with that as opposed to the ethical issues or the interpersonal issues of how you deal with someone who makes you disempowered. There are layers of learning, skills acquisitions and critical thinking. This [immersive narrative] is so multilayered.

(iii) Lesson plans that were designed around the student narratives could be refined further. The majority of educators in this study felt that the narratives were a powerful teaching tool but needed to be implemented with care because the content could stimulate strong emotions in some students;

(iv) Timing the delivery of this content was an issue for most of the educators in this study. A key difference in the perspective of nursing students and educators was ‘when’ to deliver this material to students. Educators felt that first year, first semester may be too soon and could frighten students.

**A key finding is this study is that:**

Nursing students and educators viewed the narrative-based lesson plans as a feasible strategy to use in order to prepare future nursing students to cope with workplace adversity. Eliciting student perspectives on curriculum development is an emerging research approach in nursing education. Findings from this research supports using students in collaborative partnerships as co-creators of curriculum (Carey, 2013; Bovill, 2013).

**DISCUSSION**

An important finding of this research is that students and educators value and appreciate learning experiences that will help them prepare for: (i) the hidden curriculum within clinical learning and, (ii) the unconscious or taken-for-granted practices within healthcare cultures that seem self-defeating or irrational. By considering these complex realities prior to clinical practice, students may have the
Adversity narratives in nurse education

opportunity to rehearse and control the emotional reactions they may have later, and the communicative actions that might interrupt cycles in culture that are harmful – like the mindless task-focus or the demoralising way that stressed people sometimes talk to each other.

The perspectives of the educators provided an important step in this research by providing comparative viewpoints to the student participants about the value and feasibility of using the lesson plans to prepare future nursing students for adverse workplace events. The question of timing the proposed activities provoked a mixed response in the members of the focus group and revealed that the main concern of the educators was the impact of exposing nursing students to confronting issues early in their professional career as nurses, especially if they had no prior nursing experiences with which to connect their learning. The educators’ viewpoints validated those of the student participants that nursing students are not always prepared for workplace adversity, but they could and should be. The proposed approach, immersive narrative pedagogy, was deemed to be a relevant strategy, and whilst role-play and reflective practice were considered suitable teaching activities, the nature of a debate raised concerns. However, unlike student participants, the timing of when and how to introduce lessons on adversity remained contentious. Student participants unanimously agreed that the lesson plans should be introduced in the first year of study in the first semester. Conversely, educators were cautious of introducing material about adversity too soon in the nursing program, and recommended a scaffolded approach that begins with unpacking what effective interpersonal interactions look like so that nursing students analyse experiences of interactions that go well initially, and then use lesson plans such as the one’s proposed to provide a balanced view of what lies ahead in the workplace.

The assumptions made by educators that students might not be ready to handle potentially confronting content about workplace adversity in their first year of nursing has not been previously researched. It may also indicate that educators do not feel adequately equipped themselves to teach about a sensitive issue, such as bullying, or have sufficient resources to provide support and counselling if required. It also raises the question of whether educators are comfortable exploring critical thinking strategies with students and feel competent to respond to the possible transformative or emancipatory outcomes that are purported to occur with these approaches.
Questions/discussion points?

What other taken-for-granted cultural practices are occurring within health services that we could design learning experiences around that would help students prepare and respond in a way that creates a more humane, effective work culture?

What ideas do you have to teach a concept, such as hegemony, in a way that intrigues and inspires students?

There is a risk that immersive pedagogies such as role-play, simulations, and even enthralling story telling could frighten students, when they are already anxious about coping with new environments. Do you think the risk is worth it, and how can we mitigate risk so that students can benefit from this rehearsal?

CONFLICT OF INTEREST

A potential conflict of interest existed in the collection of interview data because the lecturer was involved in teaching undergraduate students at the time of the study. However, the influence of the researcher was minimised by the use of a reflective journal and participants were informed about the researchers’ teaching role prior to consent.

ACKNOWLEDGEMENTS

Thank you to Central Queensland University (CQU) for supporting this work.

REFERENCES

Adversity narratives in nurse education


Adversity narratives in nurse education


Adversity narratives in nurse education
