# "Hearing students into speech": A critical exploration of nursing students' experiences of adversity

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## Abstract

*Introduction:* Across the world, a paradigm shift in educational research and reform is calling for the inclusion of the student voice to enhance the utility and relevance of curriculum within higher education, yet within nursing education this practice is not systemic. This project collected self-reported adverse workplace events from seven nursing students across a 3-year undergraduate programme, explored the students' perspectives on the lessons they learned and invited them to co-create curricula activities to prepare future nurses for workplace adversity.

*Methods:* Critical social theory was the theoretical foundation of the study. Data were collected through a process of individual, guided interviews, using a critical incident questioning framework. Critical discourse analysis was used for analysis.

*Results:* The two critical research processes—self-reflection and narrative reconstruction—used in the interviews elicited four key discourses in the data: conscientisation, liberation, agency and empowerment.

*Conclusions:* Participants' exposure to critical research methods raised their awareness of the complexities of professional socialisation in hostile workplace cultures. It appears that critically-reflective processes may increase nursing students' capacity to notice, critique and respond constructively to adversity. A major insight from the data is that a poorly constructed curriculum exacerbated students' experiences of adversity. The new insights into how critical research design gave voice to students in the co-construction of curricula activities may help undergraduate educators to implement critically-based strategies in "preparation for practice" learning modules.

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## Introduction

The renowned educationalist Parker Palmer (1990) once stated that educators have a responsibility to "hear students into speech" (p. 5). He was referring to the common situation wherein students can start out their learning experience feeling reluctant to speak because of their inexperience, lack of knowledge and academic dependency. Palmer observed that one remedy for the speechlessness that arises amongst students who feel marginalised by teaching hierarchies is to "establish settings where silenced voices can be heard into speech by people committed to serious listening" (p. 6). In nursing education, experiences of anxiety provoking events involving nursing students on clinical placement are a significant professional issue globally (Levett-Jones, Pitt, Courtney-Pratt, Harbrow, & Rossiter, 2015; Moscaritolo, 2009; Sun & Sun, 2011). Adversity may be defined as distress, or be described as an unfortunate event, but it is recognised as occurring in diverse contexts and in many different forms (Ungar & Lienbenberg, 2011). Numerous international authors have revealed that students experience belittlement, isolation and moral suffering on clinical placement and have described how anxiety and distress from these adverse events prevents them from reaching their full learning potential and contributes to their decision to leave the profession (Dwyer & Hunter Revell, 2015; Hamshire, Willgoss, & Wibberley, 2012; Jackson et al., 2011; Leducq, Walsh, Hinsliff-Smith, & McGarry, 2012). In terms of professional growth and performance, nursing students' perceived inability to challenge hostile behaviours from colleagues further compounds feelings of anxiety and results in some students feeling silenced and disempowered (Holmes, Rudge, Perron, & St-Pierre, 2012; Kelly & Ahern, 2008). From a patient safety perspective, the need to be accepted as part of the team can sometimes lead to acquiescence and take precedence over adherence to evidenced-based practice (Levett-Jones, Lathlean, Maguire, & McMillan, 2007; Levett-Jones & Lathlean, 2009). However, there is also an emerging body of evidence that reveals nursing students have been responding to adversarial workplace challenges in resilient and self-efficacious ways (Jackson et al., 2011; Levett-Jones et al., 2015), but these adaptive behaviours are not being developed systematically through curricula design as yet.

Although academics, clinicians and industry stakeholders readily acknowledge that nursing students are not always adequately prepared for clinical placement, the debate over what learning should be included in "preparation for practice" activities in an already content-laden curriculum remains vigorously contested (Cook-Sather, Bovill, & Felton, 2014; Frenk et al., 2010; Giddens et al., 2008). Hence, the aim of this project was to seek a student perspective by: (i) eliciting original stories of adversity from the life-world of nursing students, (ii) providing a critically reflective framework to assist them to critique the reported events for the embedded lessons that could be learned and (iii) co-creating lesson plans from these authentic experiences to prepare future nursing students to cope with workplace adversity.

The contribution that nursing students can make in co-creating curriculum that is specifically designed to prepare future students to cope with adverse events on clinical placement (based on students' own original stories) has received little attention in the research literature, yet there is growing evidence to suggest that inclusive student–faculty collaborations that reposition students as co-creators of curriculum cultivate a sense of belonging to the profession that students are joining. Students as active contributors, rather than passive recipients of learning, can result in renewed commitment and reduced attrition (Healey, Flint, & Harrington, 2014). Action research has been used extensively to put students at the centre of research inquiry, but there is acknowledgement that other forms of research can position students in the role as co-interpreters and co-presenters of data (Hutchings, Huber, & Ciccone, 2011; Leitch et al., 2007). As part of a larger study that explored curricular approaches to prepare students to cope with adverse events on clinical placement, this paper showcases how the notion of hearing nursing students into speech was achieved using critical social theory methods. Critical interviewing techniques assisted nursing students to reshape future teaching and learning activities.

## Background

As in other areas of society, the higher education sector is increasingly expected to be responsive and accountable to its consumers, or students (Carey, 2013; Pomerantz, 2006). In order to ensure students are satisfied with and committed to remaining engaged in their learning, many authors advocate a more democratic student–faculty relationship, wherein the student voice is utilised within the curriculum as well as in research (Bovill, 2013; Bovill, Bulley, & Morss, 2011; Cook-Sather, 2014; Leitch et al., 2007). The term "student voice" is used to capture a range of activities that seek to re-position students in educational research and reform (Cook-Sather, 2006). Traditionally, interventions to enhance student voice within higher education have included student feedback on courses or student representation on committees (Bovill, 2013; Lambert, 2009). In nursing, the clinical debrief or post-placement reflection has been implemented within clinical education models to identify issues specific to student educational need in clinical contexts and to inform undergraduate curricula (Sanderson & Lea, 2012). However, the processes involved in asking students for evaluation data or feedback has been viewed as proxy for an authentic student voice for some time (Coates, 2005; Onore & Cook, 1992). A growing shift in focus to inclusive student–faculty collaborations has resulted in an emerging body of work that advocates for students to be co-creators of curriculum (Bovill, 2013; Healey et al., 2014).

The notion that educational institutions should be continually striving for democratic change is not new (Dewey, 1916; Freire, 1976). Arnstein (1969) explained that people participate in decisions, such as curriculum development, at different levels, from rudimentary or tokenistic levels through to full and collaborative participation. At the lower level, learners who are instructed, controlled or excluded from decision making are not fully collaborating and cannot be described as co-constructing knowledge.  At the higher level, participants who use their voice to challenge, disagree, suggest and reframe decision-making processes are engaging in authentic collaborations (Arnstein,

1969). The project reported in this paper used critical social methodology because it is a philosophy explicit about wanting to benefit people and bring about social change. Hence, it can be shown that the methods described in this paper embody characteristics that privilege student voice because: (i) student participants were key interpreters of the data, (ii) their input was not reduced to tokenism and (iii) the student–educator partnership created a greater understanding of the unique experiences of students. Analysis of the research method allowed us to recommend a critical questioning technique as a valid approach to amplify student voice in educational research aimed at addressing concerns about better preparing students for practice.

Curriculum, within this paper, is defined as a flexible and enabling learning process— "flexible" because new methods in teaching and assessing are motivated by critical reflection and underpinned by teaching philosophy and pedagogic research, "enabling" because curriculum change occurs through dialogue between students and teachers about meeting the needs of learners, the discipline and society (Fraser & Bosanquet, 2006). In comparison, when the curriculum is viewed as a fixed, pre-planned product that is provided to students, academics have a narrow role in its development and students have limited influence in changing how and what is taught (Fraser & Bosanquet, 2006). For students to be effective agents within this dynamic and interactive process, they need to have a voice (Palmer, 1990).

## Methods

### *Study aim and design*

A qualitative study was designed to explore nursing students' self-reported experiences of adversity on clinical placement and then engage these students in the construction of lesson plans that could be embedded in the curriculum so that future students could be better prepared for practice. The overarching research question was: "What learning do participants identify that could help future nursing students to prepare for workplace adversity?"

Critical social theory underpinned the study and aligns well with Arnstein's (1969) concern for devolving decision-making processes to students. Critical inquiry is also cautious of reproducing power dynamics that dominate or misrepresent student voice. Using this methodology, it was important to use strategies that were likely to engage and empower students rather than simply take their views and omit to develop skills that would be useful to them in the future. Ethical approval from the university human research committee was obtained for the study prior to recruitment.

### *Recruitment*

The population for the study was undergraduate nursing students across their 3-year undergraduate programme, from a semi-metropolitan university in Australia. Recruitment was via a flyer posted on the university intranet site. The flyer explained the target population and the research project and provided contact details for further information. Seven participants were recruited using a purposive sampling strategy.

## Data collection, analysis, procedures

Critical incident technique (CIT) was used as a tool for data collection (Sharoff, 2008), and interviews were the main data source for the study. The interview process consisted of three stages: (i) an individual, guided interview with each of the seven participants, which included 10 questions to elicit stories of critical events experienced in the workplace, (ii) 12 critical incidents revealed in the stories were then analysed, distilled and re-structured as condensed narratives and (iii) participants were re-interviewed individually using a guided technique, which included seven questions. Participants were invited to comment on the value of the narratives in preparing future students for workplace adversity and to recommend how the narratives might be embedded in the curriculum as lesson plans.

In Stage 1, Brookfield's (1995) Critical Incident Questionnaire (CIQ) was used as a stimulus for participants to recall a noteworthy incident that occurred in their life and reflect on its meaning (Table 1). The fundamental focus of CIT is to access the perspectives of participants through narrative (Kain, 2004). In telling their stories, participants were left to decide what was critical to them and were free to describe an event that related to a specific issue that they interpreted to be important (Cranton, 2006; Sharoff, 2008). The technique captured not only the event itself but also the meaning that the participant placed on the event in a particular context. Stage 2 involved engaging participants in examining the re-constructed narratives, using a modified critical incident questionnaire (Table 2). During this interview, participants were invited to review the narrative to see if they believed it reflected their experience. In this way, the data transformation process was validated. Fairclough's (2010) approach to critical discourse analysis was used to analyse emerging data. That is, the researcher focused on analysing power relationships, conflicts and tensions, everyday taken-for-granted beliefs, and values and norms inherent in the experiences discussed in the first set of interviews and in the identification of meaningful messages within the second data set (Fairclough, 2010).

Table 1
*Critical Incident Questionnaire*

| Individual Interview: Adversity Data Questions |
| --- |
| 1. What events in your practice did you expect to be rewarding? |
| 2. Nursing can be challenging at times. What events in your practice did you expect to be difficult? |
| 3. Please think back to an important event in your practice where you felt unprepared or challenged as a nurse. |
| 4. Please describe this incident. |
| 5. When and where did this event occur? |
| 6. Who was involved? |
| 7. What happened? |
| 8. Can you identify (using job roles rather than specific names) anyone who is particularly memorable in this event? Why are they memorable to you? |
| 9. How would you describe the impact on you from this experience? |
| 10. What have you learned from this experience? |

Table 2
*Critical Incident Questionnaire*

| Individual Interview: Narrative Data Questions |
|---|
| 1. Thank you for coming to see me today. Can you tell me which story/stories you wish to talk about? |
| 2. Can you tell me why you picked the story? |
| 3. There were a number of characters in this story. Who stands out to you? Why are they meaningful to you? |
| 4. How would you have wished the story ended? |
| 5. If you were coming into nursing now, as a student, do you think that this story has a lesson or a message in it that has a place in the curriculum? |
| 6. If you consider the lesson or message within this story, how would you get the message across to future students? |
| 7. Is there anything else that you think is important for nursing students to learn? How would you teach this? |

## Results

The participants who volunteered were females aged 34–56 years, six domestic and one international student. Pseudonyms were used to report the data disclosed by participants in the study and are included in this paper. The number and breadth of critical events rather than the number of participants dictated sample size. Each participant recalled at least two in-depth stories about adverse events on clinical placement and expressed an interest in using their experiences to influence curricula reform. A number of issues were consistent with previous findings in the nursing literature and included nurse–nurse violence, exclusionary practices and moral suffering. In addition, nursing students felt silenced by hierarchical power imbalances and unable to speak up for themselves or advocate for their clients. Overall, most felt unprepared for clinical practice, finding ambiguity and the unpredictable nature of nursing work difficult to cope with. All participants felt that "relationship know-how" was equally as important as clinical skills knowledge and competence in preparation for practice.

One major insight is that nursing students' adverse experiences were exacerbated by a poorly structured curriculum. Of concern to them was that graduates will be produced who do not subvert adverse acts and behaviours but allow them to be perpetuated, despite the possibility of addressing this in the curriculum. The findings of this project provide new ways of looking at adversity, by highlighting that one factor contributing to adversity is the curriculum and another is the uninformed, unprepared student who is poorly equipped to deal with challenging workplace situations.

There were two aspects of the research process that seemed to be particularly effective in repositioning students in curricula reform. The first was the use of the CIT, and the second was the narrative reconstruction process. The transformative outcomes of these two research processes, revealed in the student' narratives, were categorised into four key discourses: conscientisation, liberation, agency and empowerment. The following extracts highlight the link between these critical concepts and are further distilled into two sets of discourses to present the interpretation of the narratives in this paper.

### Conscientisation and liberation

In this narrative extract, a student described her helplessness on her first day of placement in her second year, when she was sent to check the vital signs of a critically-ill patient on her own because her registered nurse (RN) buddy was busy with another patient.

> *The patient was telling me, "I'm in huge pain", and he wanted me to help him to relieve the pain, but I actually couldn't do anything because I'm only a student nurse. And I think that's really frustrating because I had hoped that someone would be there with me to explain to the patient … that would be really nice. But the nurse who was working with me, she was really busy somewhere else, so I was sent alone.* (Joan)

Joan was an international student and an experienced RN in her own country but had struggled with English language and medical terminology in handover, was nervous about her first day and was unfamiliar with what her role entailed. Looking back on her experience, Joan felt that her knowledge of her clients and her understanding of their condition could be made easier if she was pre-allocated her patients and she could undertake preparatory reading before her shift. As an international student, Joan explained that maintaining harmonious working relationships is a highly-valued attribute in her own culture and that she had always avoided conflict or confrontation with her colleagues at all costs. Joan felt that sharing her perspective could highlight the additional cultural issues that international students face in their socialisation process. Interestingly, Joan also appeared to have experienced the process of conscientisation (Freire, 1972), that is, by being involved in a research process that assists students to critically reflect on their own adverse incidents, or vicariously experience the events of their peers, it raised her awareness of the complexities of socialisation and the role the curriculum plays in nurses' preparation for practice. When asked to comment on the value of her narrative in the curriculum, Joan felt that it could help to demonstrate to other international students that nursing students in Australia are more equal in status to RNs and that it is acceptable to speak out about something to someone in a senior position. Her new knowledge helped her to focus on finding new curricula solutions. She commented:

> *Teach them* [tutors] *to say, "Okay, you are in a different country, so you need to change your way. You need to change the way you think."* (Joan)

This example shows how being guided through the experience of critical reflection as a co-researcher assisted students to critique the situations that they had found themselves in and search for solutions. In this way, the experience and the new knowledge gained was liberating and attests to the utility of using critical methods to promote emancipatory outcomes. The narrative reconstruction process also had an impact on participants. In effect, their experience of adversity was transformed into something that could potentially help others. Future students could be better prepared for the workplace and better equipped with response strategies that might offset or moderate stressful experiences and prevent them from reaching the level that could cause trauma.

### Agency and empowerment

Another participant, Mary, described an experience of being given a verbal "dressing down" by an enrolled nurse (EN) for poor time management, when Mary had felt that she was doing well. This experience left her feeling humiliated and eroded her self-esteem. She also began to feel less optimistic about working in nursing. She felt that hostility and lack of support would be characteristic of nursing work and that she just needed to accept this as part of the job. Furthermore, because Mary had not contemplated that a colleague would be unsupportive, she had never rehearsed how she could respond to such encounters in a constructive rather then emotional way. Mary reflected that a strategic response could help to protect her own sense of self and prevent her from acting in ways that were similarly aggressive or demeaning.

The story appeared to be a significant narrative about professional culture within nursing, because many of the other participants confirmed that they too had experienced similar interactions, and they selected Mary's story as one that would have utility in the curriculum. The instance further illustrated that sometimes the implicit curriculum— the learning that is not predicted or controlled within the classroom—can overtake the explicit curriculum by undoing, subverting or challenging overtly stated learning goals. In this encounter, Mary learned "what not to do" to other colleagues, but she also learned that she needed to know how to act in ways that could build self-esteem and confidence. After engaging with the CIT questioning technique, Mary chose to use her new awareness of healthcare culture to learn more about the mental health challenges facing nurses. She learned that lateral violence was a known phenomenon in nursing. Not only did Mary feel less alone, she now had a term to effectively describe her experience. She was resolved to share this learning with her peers. This new knowledge engendered both a sense of personal effectiveness and a desire to contribute to the advancement of nursing. Ironically, her experience of adversity prompted agency, and the opportunity to transform a challenge into a solution raised her commitment to nursing. She said:

> This was empowering for me because I was finding out what it was that triggered this EN's attack on me at that point in my learning pathway … that was huge, absolutely huge, so huge in fact that I'm wanting to do a poster … to put out in the university environment about nurses supporting one another. (Mary)

Her experience became the basis for this reconstructed narrative:

> I was working with a group of nurses. There was an RN, an EN, an AIN [assistant in nursing] and myself as a nursing student. I was given four patients to watch over for that particular shift, but my work flow was interrupted throughout the day because my supervisor would come and talk to me and ask if I needed assistance in any way. So, I got behind with my workload and my time management skills weren't what were expected by the EN. She addressed me in a bullying, aggressive manner, and it really surprised me. … I was shocked. I was unprepared for this, and I tried to blank it out of my mind because it seemed that being dressed down was part of the job. However, once I was back at uni, I was researching a topic for a mental health assignment and

Table 3
*Lesson plan*

| Learning outcomes—students will be able to: |
| --- |
| (a) compare "reflection-in-action" with "reflection-on-action" using Schön's (1983) theory of reflective practice |
| (b) reflect on the individual and group skills they need to prepare for and respond to unpredictable events in clinical practice |
| (c) apply the principles underpinning self-efficacy theory to nurses being able to advocate for themselves and clients in difficult situations |
| **Activity:** Read Mary's story. Using the six steps in Gibb's (1988) reflective cycle, "reflect-on-action" by recalling an event in clinical practice involving an unequal relationship that you have experienced and considered to be difficult to cope with using Steps 1 to 6 of Gibbs reflective cycle. Describe what happened? What were you thinking and feeling? What was good and bad about the experience? What sense can you make of the situation? What else could have been done? What will you do next time? Ask students to tell their stories and focus the discussion on the questions of "What else could have been done?" and "What will you do next time?" |
| Introduce the theory of self-efficacy to explore how students might "reflect-in-action" and be able to speak up for themselves at the time of an adverse event by learning principles of human agency—intentionality, forethought, self-reactiveness, self-reflectiveness (Bandura, 2006). Explore how students might use these traits to confidently advocate for patients and validate their own knowledge and skills as valued members of the team. |

*unexpectedly uncovered several journal articles about lateral violence. I knew then that not only did this sort of behaviour occur in the workplace, but I had a name for what had happened to me.*

On Mary's recommendation, a narrative-based lesson plan was devised using Gibb's (1988) reflective cycle (Table 3). The aim was to develop "reflection-on-action" by asking students to recall an event in clinical practice involving an unequal relationship that they experienced and considered to be difficult to cope with. The focus of the discussion was based on the questions: "What else could have been done?" and "What will you do next time?"

The lesson plan revealed how using this iteration of the critical incident questionnaire bridged the gap between using the students as informants in the research to a more inclusive partnership that promoted delegated power. Students were actively involved in designing future curricula activities.

## Discussion

This study took student self-reported negative clinical experiences and reframed them as learning material to build preparedness for adverse workplace events in future students. This is a novel strategy and a potential solution to a cultural problem afflicting nursing, which numerous authors have suggested is much needed (Hamshire et al., 2012; Leducq et al., 2012; Levett-Jones & Lathlean, 2009; O'Donnell, 2011). A beneficial outcome of using CIT to underpin the collaborative research process was that students experienced conscientisation, liberation, agency and empowerment. When repositioned as co-interpreters of data, participants began to see themselves as having power to influence the curriculum and change the status quo.

From our data, it is clear that students may not always respond in authentic ways, and therefore it is recommended that questions prompting critical reflection on adversity be carefully crafted so that they do not interrogate but seek to harness the student voice in order to help and support others (Bovill, 2013). It was vital to the critical philosophy underpinning this project that students were not merely informants in the research process but actually agents of change (Freire, 1973). Three questions that could be useful for others when considering how and when to use the student voice in research are: Is it right? Is it responsible? Is it realistic? This is because there may be times when it is not right to use the student voice. Because of economic forces driving the higher education "market", some educational approaches have shifted from using student voice to promote emancipatory outcomes to collecting feedback about student engagement, retention and employability (Bovill, 2013; Carey, 2013; Lambert, 2009).

A responsible approach is to realise that brief interaction with students throughout the life of a research project may only give temporary voice and agency. Students may need to be notified about this reality so that they can decide for themselves if they wish to participate. Furthermore, techniques that explore problems need to be undertaken carefully because revealing problems and then not doing anything in terms of resolution could be harmful (Leitch et al., 2007). Another responsible approach in the utilisation of the student voice is to ensure that multiple voices are heard. There is a risk that over-focusing on one voice could lead to the assumption that all students think the same and that other voices have less legitimacy (Cook-Sather, 2006; Leitch et al., 2007; Rubin & Silva, 2003). To report on one voice only risks treating students in a tokenistic way, one that Arnstein (1969) cautioned should be avoided.

### *Limitations and contributions of the study*

One of the limitations of this study was the small sample size. Responses need to be considered in this context as being perhaps unique to this particular cohort, and therefore one cannot generalise to suggest that all nursing students experience similar things. However, the strengths of the project are that adversity has been explored from a student perspective, and a solution to a problem that has been endemic to nursing has been student-generated.

It was acknowledged that a potential limitation of the study was that by exploring the student perspective, it served to silence other key stakeholders. Hence, in the concluding stage of this project, educators were invited to critique the value, utility and feasibility of using the narrative-based lesson plans in the curriculum. However, reporting on these findings is beyond the scope of this paper.

It is important to appreciate that the student voice is not the only voice to be heard within nursing education, as there are clinical teachers, academic teachers, patients and carers who all may have a desire to be collaborative around educational decisions. Excluding any of these voices would raise different challenges, and their inclusion would more fully illuminate different dimensions of complex issues (Cook-Sather, 2014). The importance of listening to students and building teaching around the themes that are relevant to, and emerge from, their own lives is increasingly acknowledged (Chesser-Smyth, 2005; Freire, 1976).

## Conclusion

Five additional lesson plans were developed from the other reconstructed narratives for inclusion within the nursing curriculum. Another suggestion from the student participants was for these narratives to be used as triggers for debates, simulations, role plays and essays. These narratives will be utilised within two theory courses within the first author's institution. The impact will be evaluated to assist further development of the lesson plans and progress to a simulation activity within a clinical course.

This project successfully engaged students in reflection on an endemic problem within nursing—workplace adversity—yielding new material to improve the quality and relevance of the Bachelor of Nursing Science programme. It is likely that students may have insights to contribute on other problems affecting nursing culture, and thus, it is recommended that educators seeking a fresh perspective on these issues replicate this study design.

## Acknowledgements

## Conflict of interest

A potential conflict of interest existed in the collection of interview data. However, the influence of the researcher was minimised by the use of a reflective journal.

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