Clinical education

Preparation for workplace adversity: Student narratives as a stimulus for learning

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ABSTRACT

Nursing students are not always well prepared for the kind of adverse events they may experience in the workplace and yet it seems apparent that future students could benefit from learning about such experiences so that they can be avoided, or their impact minimised. This research aimed to identify nursing students’ experiences of adversity, collaborate with students to discern important lessons for future students in their experiences, and make recommendations for other educators on how to use these adversity stories as lessons.

Seven Australian nursing students were interviewed using critical incident technique consisting of 7 questions. This paper focuses on the responses to the questions: “Does this story’s message have a place in the curriculum?” and “How would you teach this lesson?” Data were analysed using critical discourse analysis.

Four recurring discourses emerged including: power relationships are a two-way street; learn from mistakes to prevent mistakes; begin cultural consciousness-raising in first year, first semester; and become critically self-aware.

Narratives derived from original stories of adversity may be a valuable source of learning about the realities of the workplace but to benefit fully, educators need to assist students to notice and analyse embedded messages.

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1. Introduction

Workplace adversity is a common experience for nurses worldwide and this includes nursing students. Whilst students may expect to find nursing a stressful occupation, many studies have revealed that students are not anticipating the degree of distress that they will feel, and nor do they appreciate the multiple sources of the stress that leads to adversity (Grafton et al., 2010; Hamshire et al., 2012; Leducq et al., 2012). One stressor getting wider attention is healthcare culture (Laschinger et al., 2012; Levett-Jones et al., 2008; Lumb, 2008; Thomas, 2012; Youngson, 2011).

In the current global climate of health workforce shortages there is pressure on higher education providers to supply industry with work-ready graduates, though how to achieve this remains contentious (El Haddad et al., 2013; Levett-Jones et al., 2006; Wolff et al., 2010). It is a challenging mandate but academics and industry partners acknowledge that the university curriculum plays a vital role in developing nursing student readiness for practice through lectures, tutorials, simulation, online modules, and clinical laboratories. This preparation is consolidated in clinical placement and internship (Brown et al., 2011; Levett-Jones et al., 2015). Early professional socialisation is recognised as crucial for future nurses to understand the values that underpin the profession and includes raising awareness about the dissonance that students experience between their idealised view of nursing and the realities of practice (Mackintosh, 2006; Price, 2009). However, despite formal education directed at socialisation and transition into practice nursing students may still fail to notice the impact of prevailing health care ideologies on their own practice and unwittingly perpetuate the status quo, by for example accepting hostile behaviours, and even reproducing them when they themselves become qualified practitioners (Kelly and Ahern, 2008).

Health care culture has a significant influence on how a student is socialised to their professional role (Kelly and McAllister, 2013; Hegenbarth et al., 2015) and yet few research studies have
explored the learning that occurs when nursing students are assisted to critically reflect on adverse events and critique cultural sources. Moreover, minimal attention has been given to the contribution that nursing students can make when they partner with educators to devise lesson plans that might facilitate students’ preparedness for practice. As part of a larger study exploring the role of the curriculum in preparing nursing students to cope with workplace adversity, this analysis reveals what learning students identify as valuable to future nursing students preparing for clinical placement and makes educational recommendations drawn from student input.

2. Background

Adversity is a complex phenomenon. Some existing definitions of the term ‘adversity’ associate negative events with negative personal consequences and focus on adversity as a predictor of maladjustment (Neff and Broady, 2011). Such narrow definitions of adversity do not encompass the capacity for positive adaptation that people often exhibit in the face of adversity (Davyev et al., 2010); nor do they contextualise how adversity is defined in different populations and manifests in diverse practices (Ungar and Liebenberg, 2011). A number of studies have identified that nursing students experience adversity as being unable to deliver patient care in the way that they were taught at university, difficult transitions into practice, being socialised into negative workplace cultures and, being a target of workplace violence (Laschinger et al., 2012; Levett-Jones et al., 2015; MacIntosh, 2003; Sharp et al., 2015; Pearcy and Draper, 2008; St-Pierre, 2012; Thomas and Burke, 2009). This difference between learning and practice often creates tension, or dissonance. Dissonance has been a recurring theme in the literature to describe the cognitive gap that nursing students experience between the pre-held, idealistic views of the nursing role with the realities experienced in practice (Kramer, 1974; Grafton et al., 2010; O’Donnell, 2011). This mismatch in expectations is a primary source of adversity and is especially true when transitioning into task-orientated environments where holistic models of care compete with business models that focus on efficiency. Nursing students struggle to balance two seemingly opposing philosophies of care and it becomes a source of tension, or dissonance. Dissonance has been a recurring theme in the literature to describe the cognitive gap that nursing students experience between the pre-held, idealistic views of the nursing role with the realities experienced in practice (Kramer, 1974; Grafton et al., 2010; O’Donnell, 2011). 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