Health Sciences

UNIVERSITY OF Southampton

Developing and supporting student nurses and midwives to raise concerns about practice

Kim Bezzant, Adult Field Lead for Bachelor of Nursing Programme, Faculty Lead for Safeguarding

Faculty of Health Sciences

University of Southampton

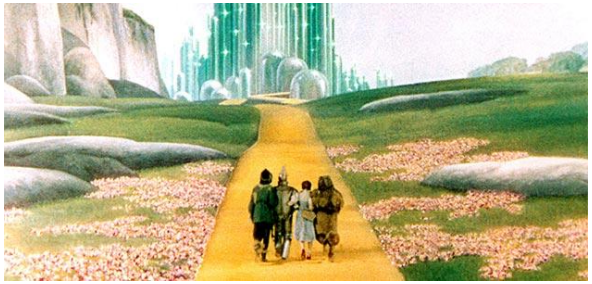
Athena SWAN Bronze Award

Health Sciences

Our BN/BMid programme

UNIVERSITY OF Southampton

BRAIN – HEART – NERVE



- 3 nursing fields and midwifery
- 3 years: 2,300 hours theory, 2,300 hours practice (6 practice placements)
- Assessment in academia and practice (degree classification is 50/50)
- Preparation for 1st practice Experience
  - Key philosophies
    - accountability
    - advocacy
    - patient safety
  - Skills (including simulated practice)

Health Sciences

UNIVERSITY OF Southampton

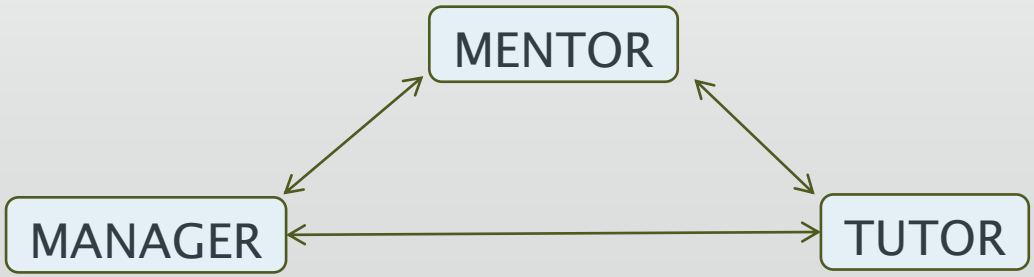
Nursing and Midwifery Council (2013) Raising Concerns: Guidance for nurses and midwives (advice specifically given for students)

8.1 Inform your mentor, tutor or lecturer immediately if you believe that you, or a colleague or anyone else may be putting someone at risk of harm.

8.2 Seek help immediately from an appropriately qualified professional if someone for whom you are providing care has suffered harm for any reason.

8.3 Seek from your mentor, tutor or lecturer if people indicate that they are unhappy about their care or treatment.

9. We recognise that it might not be easy for you to raise a concern; you may not be sure what to do or the process may seem quite daunting. If you want some advice at any stage, we recommend that you talk to your university tutor or lecturer, your mentor, another registered nurse or midwife, or the supervisor of midwives in your practice area. You can also speak to your professional body, trade union or PCaW [Public Concern at Work] who can offer you valuable confidential advice and support



However, consider what negative messages students might get about 'whistleblowing'

Stephen Bolsin, the doctor who raised concerns at Bristol Royal Infirmary

The experience of Helene Donnelly; the 'final witness' at the Francis inquiry

Margaret Haywood (The 'Panorama nurse') – struck off the register. Later reinstated after protests

"More than a third of nurses (34%, up from 21% in 2009) revealed that they had been discouraged or told directly not to report concerns at their workplace and only a third (35%, compared with 46% in 2009) felt confident that their employer would protect them if they spoke up"
Royal College of Nursing, 2011

Barriers to raising concerns

Consider these scenarios….

April

Glen

APRIL

Student nurse April Green is on her first practice placement. Her mentor, Jane, is very friendly to her and gives her positive feedback. However, April has noticed that Jane is often rude to patients, raising her voice to them and she have heard one patient call her a 'bully'. This makes April feel uncomfortable.

April mentions this to one of the support workers in the team who says that this is just the way that Jane has always been, and that she means no harm: she is really a good nurse and a supportive colleague.

What might be the barriers to April raising a concern?

GLEN

Student nurse Glen Meadows is on his final practice placement in a local Trust and he has begun to be worried about the standards of care in the placement area (dressings go unchanged for longer than they should, patients wait very long periods of time for help to use the toilet, records are not accurately kept, patients seem to fall a lot).

Glen perceives that this is a good team who are caring people, but that they are overwhelmed by workload: they are clearly doing their best in difficult circumstances.

What might be the barriers to Glen raising a concern?

Common Barriers to students raising concerns

- **Wanting to 'fit in'**
  - The need to 'belong' (Maslow, 1954; Hemmings, 1993; Kiger, 1993; Levett-Jones and Lathlean, 2007; Levett-Jones et al, 2007;); including the need to conform and be compliant (Nolan, 1998; Levett-Jones and lathlean, 2009)
  - Fear of being seen as disloyal (Gallagher, 2010)
- **Not trusting their own judgement** (Levett-Jones and Lathlean, 2009)
- **Cultures in which the raising of concerns is not supported, or even actively discouraged** (Bellafontaine, 2009; RCN, 2011)
- **Fear of impact on assessment** (Bellafontaine, 2009)
- **Fear of other negative consequences** (Mansbach et al, 2013). (despite the Public Interest Disclosure Act, 1998)
- **Former healthcare support workers resorting to 'comfort zone'** (Brennan and McSherry, 2007) and failing to live up to expectations for professional practice
- **Fear of being seen as complicit in poor practice**

"I have seen some manual handling manoeuvres used that we are taught are banned and shouldn't be used. But 'I am only a student, who am I to criticise'.

So I don't say anything because I don't want to rock the boat. You think, Well, I need to pass and I don't want people to hate me – that's the thing"

(Student quote from Levett-Jones and Lathlean, 2007)

"You learn it first in the schoolyard….no one likes a tattletale"
(Rohland, 2003 P 26).

However, students do raise concerns

Concerns are raised about:

- Practice in placement areas
- Practice in places where they work as bank and agency workers
- The behaviour /conduct of student colleagues outside of programme activities

Students enter practice areas and look at the environment with a 'fresh' pair of eyes and as such may notice deficits in care which have become embedded in a practice area and go without challenge as 'things have always been done that way'. Moreover, students have often not yet established close relationships with staff and may not have to worry about continuing to work in the specific environment, therefore are they not in some ways advantaged in their position?

(Duffy et al, 2010)

Health Sciences

So how do we develop and support students?

UNIVERSITY OF Southampton

Developing the skills

- Key values of curriculum (accountability, advocacy, patient safety; the 6 C's)
- Values Based Enquiry (VBE) sessions
  - exploration of the role of values, beliefs and cultures in healthcare provision
  - exploration of practice experiences (and specifically the 'theory-practice gap')
- Assessments in which students are asked to reflect critically on practice
- Practice of the skill of raising concerns (small group exercises, simulated practice, Forum Theatre)
- Lectures from clinical leaders who give reassurance about raising concerns
- Individual 1:1s (routine and ad hoc)
- Practice experience with safeguarding leads and teams

Support when concerns are raised

- Support for statement writing
- Support at meetings with clinical managers
- Support through any Fitness to Practice process when students act as witnesses

Concluding comments

- Most students see mostly good practice and most reflect that if they have raised a concern it is listened to and responded to. Our practice partners share and support our approach.
- Students are arguably in a better position to raise concerns than others:
  - they have a 'fresh pair of eyes'
  - they are 'outsiders' to the team (although they quite quickly seek to belong to the team)
  - they have recent updating in the evidence base and reinforcement of appropriate values
- Raising concerns is a responsibility, not an option: it is a skill that must be valued and practised. However, it is not usually easy: development and support is essential if we are to make sure that students develop into registrants that are willing and able to raise concerns when needed.

References

- Abraham M, Ziedenburg H, Bachner YG (2013) Nursing Students' willingness to blow the whistle In Nurse Education Today 33,1 pp69-72
- Bellafontaine N (2009) Exploring whether student nurses report poor practice they have witnessed on placements. In: Nursing Times, 105 (35) (2009), pp. 28–31
- Brennan, G; McSherry, R (2007) Exploring the transition and professional socialisation from health care assistant to student nurse. In Nurse Education 7, 4 pp206 - 214
- Duffy K, McCullum J, Ness V, Price L (2012) Whistleblowing and student nurses – Are we asking too much? In Nurse Education in practice Vol 12 Issue 4 July 2012 P177-8
- Hemmings, L., 1993. From student to nurse. Paper presented at the research in nursing: Turning points. In: Proceedings of the National Conference, Glenelg
- Kiger A (1992) Pictures in Their Minds: An Analysis of Student Nurses' Images of Nursing. University of Edinburgh, Edinburgh (1992) (Unpublished PhD)
- Levett-Jone T and Lathlean J (2007) Belongingness: A pre-requisite for nursing students' clinical learning In Nurse Education in Practice 8, 2, pp103-111

References (continued)

- Levett-Jones, T, Lathlean, J; Maguire, J and McMillan M (2007) Belongingness: a critique of the concept and implications for nursing education. Nurse Education Today, 27 (3) pp. 210–218
- Levett-Jones T and Lathlean J (2009) 'Don't rock the boat': Nursing students' experiences of conformity and compliance In Nurse Education Today 29, 3 pp342-349
- Maslow A (1954) Motivation and Personality. Harper, New York
- Nolan C (1998) Learning on clinical placement: the experiences of six Australian student nurses. Nurse Education Today, 18 (1998), pp. 622–629
- Nursing and Midwifery Council (2013) Raising Concerns: Guidance for nurses and midwives
- Rohland P(2002) Code language: What student nurses are taught about whistleblowing (OR NOT) In Revolution: The Journal for RNs & Patient Advocacy Nov 1 2002 pp 26-29 EBSCO publishing
- Royal College of Nursing (2011) Nurses Still Afraid to Blow the Whistle . Available at http://www.rcn.org.uk/newsevents/press_releases/uk/nurses_still_afraid_to_blow_the_whistle_-_rcn