What is it like for pre-registration nursing students to raise concerns in placement? - initial findings from a phenomenological study

Liz Cooper
University of Chester
Raising concern

Post Francis, raising concern was considered a fundamental way for the NHS to improve care. Promoted as part of whistleblowing, there was emphasis on trainees raising concerns (Francis 2013; NHS 2016, NMC, 2013). Raising concern was launched as a values based behaviour, with Francis (2013) promoting the prevention of harm as the key imperative. This approach aligns raising concern with, humanitarian, societal ethics, which underpins the UK’s health and social care services.

“Whistleblowing is the raising of concern in the workplace or externally, about malpractice, poor practice, wrongdoing, risk or danger that affects others,” (Ash, 2016, page 12)
Pre-registration nursing students’ and raising concern....

My research sought to understand nursing students’ lived experience of raising concern

Questions:
- How do nursing students describe the experience of raising concern whistleblowing
- What are nursing students’ thoughts and feelings during the whistleblowing experience
- What motivates nursing students to whistleblow in placement.
Analysis and findings

- Derived from an interpretivist research philosophy (Gray, 2014), consistent with critical realism and subjective epistemology (O'Reilly & Kiyima, 2015).
- Husserl’s phenomenology (Husserl, 1973; Moustakas, 1994) underpins processes of:
  - Epoche: setting aside prejudgements
  - Phenomenological reduction: reducing into essences using textual descriptions
  - Imaginative variation: varying the possible meanings and identifying structural themes
  - Synthesis: Integrate the textual and structural themes to develop a synthesis of meanings and essences of the experience.
Process (modified Van Kaam analysis method)

- Engaging with the text: Streamlining the data: removing the researcher’s comments and repetitive statements.
- Abstract and label the statements. Using inductive approaches avoid using pre determined labels – retain essence of the participants wording.
- Cluster and theme the labels.
- Check application – delete incompatible or inexplicit labels and themes.
- Develop textual descriptions for each participant using the derived themes.
- Engage with the text for structural themes: time, space, relationship to self, to others, bodily concerns, causal or intentional (Moustakas, 1994, page 181)
- Develop individual structural descriptions, combining with textual statements.
Theme 1: Process of concern raising
(derived from causality; time: space; patterning)

This theme concerns the PATTERN or process of raising concern and reflects three stages: witnessing or being involved in a situation, verbalising concern, and receiving feedback.

Stage 1: Situations (causality)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Situation</th>
<th>Repeated verbisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>one</td>
<td>Student faced with inability to deliver planned care to patient – co-worker delivering poor care</td>
<td>twice</td>
</tr>
<tr>
<td>two</td>
<td>Discovery of care undelivered as planned Student not following Trust process</td>
<td>numerous</td>
</tr>
<tr>
<td>three</td>
<td>Discovering a co-worker dealing inappropriately with patient’s property</td>
<td>three</td>
</tr>
<tr>
<td>four</td>
<td>Care not consistent with current evidence</td>
<td>numerous</td>
</tr>
<tr>
<td>five</td>
<td>suitability of a patients’ medication</td>
<td>four</td>
</tr>
<tr>
<td>six</td>
<td>Co-worker delivering poor care</td>
<td>three</td>
</tr>
<tr>
<td>seven</td>
<td>supervisor giving wrong advice to patient</td>
<td>twice</td>
</tr>
</tbody>
</table>
Stage 2: Verbalising concern: questioning /challenging/stating

All students describe a verbalisation prompted by a feeling of concern.
“I’ve had a horrible morning and I’ve so much to tell you...” (P1)
“asking general questions to the mentor saying are staff coming over from somewhere else, where do we stand on that?” (P2)
“I was with another staff so I said “ Listen, there is something I saw, which I think wasn’t right, just want to report about it.” (P3)
“So I did what was needed at the time and I said to the nurse..” (P4)
“I got the staff member, I said do you think this is acceptable.” (P4)
“I was raising concerns the whole time during handover, at lunch, because I was saying I wasn’t happy with this and that.. whoever I was with at the time..” (P4)
Stage 3: Gaining informal feedback

There was a cluster of statements which implied that students obtained informal feedback on the outcomes of the raised concerns. Informal feedback was obtained from a variety of sources: verbal reassurance, immediate response or awareness of changes in practice.

“ don’t worry….its fine..what you’ve done is good enough…” (P1)

“ I’ve been back to the clinical area, the carer…wasn’t in uniform anymore…so I don’t know if she’s just been put on to administrative work.”(P2)

“ when a purse comes into the hospital they (staff) will take it, that they must check the money, record the money first…now every patient that come in they want to make sure that they do that first now..”(P3)

“ so any future patients..wasn’t allowed to go there after I raised that issue.” (P4)

“I know the clinical lead had regular meetings with the nurse in charge.. I don’t know if it was to teach her or to, you know talk about the new way of doing things..the clinical lead rang up everyday and went…to see how things were going on.” (P4)

“he then went to the other doctor and her medication was changed.”(P5)
Theme 2: Helpful staff (derived from relationship to others)

All student accounts reflected several discussion of concerns with a range of staff. Students focused upon staff who assisted them in identifying or resolving the concern, or supported verbalising concern to others, labelled as helpful.

“she came and she was like..this is disgraceful, let’s get him changed.” (P1)

“you’re doing a great job”. (P1)

“she (the mentor) was mortified..she was a bit angry with me because...she kept saying if you feel like a nurse isn’t listening to you, you need to take it further.” (P1)

No I think she had done all she could “That I shouldn’t worry...that I’d done the right thing.” (P3)

“that she (the mentor) was quite pleased that I’d raised the issues...so she said she’s support me to raise concerns as well.” (P4)

“So I just said to her that if I had a concern about the prolactin levels, who should I go and speak to and she said to raise it with the doctor in MDT the following day when he was coming in and that she would...she wouldn’t have an input on it but she would support me behind it, raising the concerns..” (P5)

“So I questioned him about it...he then went to the other doctor and her medication was changed.” (P5)
Theme 3: Altruism: (derived from relationship to self)

The main focus of concern related to the patient, which was the instigation of action. There was a lack of concern relating to themselves, displaying an outward focus of concern which led to this theme being labelled as altruism.

“I was alone in the room..and I didn’t know what to do..I just..obviously couldn’t leave him.”(P1)

“I just kept thinking why..whose on them shifts and not giving the drug and why are they not doing it?”.(P2)

“There was a patient who needed human albumin.”(P2)

“ I think because of having an experience where she’d attacked me personally and it wasn’t just other members of staff…because her behaviour was so erratic to the point of as soon as she’d had her medication that’s when she started attacking people…it was new to me anyway…thats what sort of intrigued me to look into, had been a history of this.. of her behaviour always being like this?” (P5)
Discussion

Students’ experience suggests raising concern is

- a **reactive behaviour** which utilises **informal processes** for verbalising issues and receiving feedback. Nursing students’ reliance on helpful people to support their concern raising is supported in other literature (Bellefontaine, 2008; Ion et al, 2015; Bickhoff, et al, 2016). New information suggests that raising concern falls outside of formal whistleblowing and safeguarding practice, placing a higher responsibility on workplace staff to listen, respond and advise students on dealing with issues which initiate concerns. This has implications for health and social care services, nurse education and students – suggesting a review of local guidance.

- prompted from **altruistic intentions**. The presence of altruistic intention gives a new moral dimension to raising concerns which is not apparent in current literature nor strategic imperatives. Continues to suggest the application of virtue theory to explain raising concern behaviour, and has a general applicability to the caring workforce irrespective of role or profession. The trainee’s altruistic intention appears to over-ride other factors which have frequently been cited as deterring raising concerns (Jackson et al., 2014), suggesting that further investigation into constituents of ‘altruism’ is warranted.
references


References


