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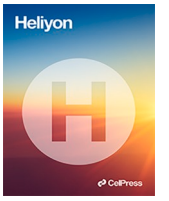

Do professional nurses practice what they preach? A qualitative study on professional socialisation of student nurses in the clinical learning environment

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ABSTRACT

While working alongside professional nurses, student nurses develop professional identity and learn the professional nursing role, a process known as professional socialisation. Professional nurses should model professional behaviour to be emulated by student nurses. We used a qualitative exploratory design to explore if professional nurses behave in a manner that supports professional socialisation of student nurses in a clinical learning environment. According to our observations, two main categories emerged regarding professional nurses' behaviour. The first category was unprofessional conduct with sub-categories that included disrespect, infringed patient privacy, breached confidentiality, inappropriate dress code and lack of punctuality. The second category was ward disorganisation which was related to delegating duties and structured orientation programmes for student nurses. In this study, professional nurses did not behave in a manner consistent with professional socialisation in the clinical learning environment. Student nurses may struggle to develop professional identity, leading to reduced confidence and poor patient quality care. Student nurses need to be professionally socialised in a clinical learning environment and professional nurses need to be empowered on how to carry out this process.

1. Introduction

Professional socialisation in nursing occurs when student nurses learn from what they hear, see and experience from professional nurses, and then imitate these behaviours [1]. Professional socialisation enables student nurses to reason and make relevant ethical decisions in challenging situations thus providing safe, legal, and ethical care to patients [2]. Several studies support the importance of professional socialisation for student nurses particularly at the undergraduate level of training [3–5]. Through professional socialisation, student nurses develop a sense of belonging to a team, which boosts their confidence, resilience and motivation to learn [6] Student nurses who are not professionally socialised do not experience a sense of belonging to a team which may lead to poor clinical information transfer that may result in poor quality care [7]. A diminished sense of belonging may subject student nurses to feelings of distress, anger and detachment [6].

Professional socialisation allows student nurses to be immersed in the profession's culture [8]. During this process, student nurses

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develop a professional identity by acquiring knowledge, skills, attitudes, beliefs, values, norms and moral standards that enable them to practice as professionals by the time they graduate [4]. Professional socialisation is often considered to be part of the hidden curriculum [3,9,10], which may be either formal or informal [11]. In nursing, hidden informal curricula are often learnt in the clinical learning environment, where student nurses indirectly learn by observing the behaviours and attitudes of professional nurses [10].

Professional nurses act as role models during the professional socialisation process [3,9]. During role modelling, student nurses unintentionally observe the behaviours of professional nurses and interact with their professional counterparts [10]. Role modelling may have negative consequences if student nurses observe unintended behaviours and actions which are not ideal or promoted in the classroom [10]. As role models, professional nurses in clinical practice have a responsibility to demonstrate ethical and professional nursing behaviours that should be mimicked by student nurses.

Although the importance of professional socialisation of student nurses is well recognised, few studies have investigated how professional nurses behave as they work alongside student nurses. A study conducted by [3] explored the experiences of student nurses' during the professional socialisation process using a discourse analysis which analysed the use of language and contextualisation in universities. Another study [12] explored how student nurses interacted with professional nurses during professional socialisation but only considered the perspectives of student nurses, even though professional nurses are the agents of the socialisation process in the clinical learning environment. In their mixed method exploratory study [13], developed a set of 10 guidelines supporting professional socialisation of student nurses by both nurse educators and professional nurses in clinical practice. These guidelines were developed using student nurses' experiences of professional socialisation, as well as the professional nurses' perceptions of their role in the professional socialisation process.

Following undergraduate nursing training, we expect that student nurses will enter the workforce and assume a professional nursing role, competently displaying conduct congruent with well-socialised practitioners. In South Africa, professional nurses have reportedly behaved in an unsatisfactory manner, which has been associated with poor quality care [13]. These negative media reports of perceived negative attitudes, misconduct, and ill-disciplined staff have been linked with possibly inadequate professional socialisation of student nurses in South Africa. Despite the professional socialisation of student nurses being well researched, the actual behaviours of professional nurses that are desirable during professional socialisation in the clinical learning environment have not been well described. Educators need to understand how professional nurses behave as they work alongside student nurses in the clinical learning environment, as these social interactions shape the process of professional socialisation [12]. We selected professional nurses as participants because we wanted them to evaluate their own behaviour and identify desirable behaviour in the context of professional socialisation of student nurses. This article explored professional nurses professional socialisation of student nurses in the clinical learning environment.

2. Material and methods

2.1. Design

An explorative qualitative research design was used to explore the professional socialisation of student nurses by professional nurses in the clinical learning environment prior to the implementation of professional socialisation guidelines.

2.2. Participants, setting and recruitment

We recruited professional nurses working in the medical-surgical wards of a public, academic hospital. Student nurses from the local university and nursing college are placed in the wards of this hospital for clinical training. The hospital is in the North West Province of South Africa. The hospital has two medical and one surgical ward with a bed capacity of 45 each. At most, 10 student nurses rotate in these wards on monthly basis. Each ward has between 11 and 12 professional nurses for both day and night shifts. We excluded all the professional nurses not working in the selected wards. All the professional nurses in the selected wards received an information leaflet explaining the purpose of the study.

2.3. Ethical considerations

The University of Pretoria's Faculty of Health Sciences Research Ethics Committee (479/2016) approved the study. Written permission was obtained from the hospital administration where the study was conducted. The professional nurses signed informed consent before participating.

3. Data collection

Data were collected through participant observation. We chose participant observation because we were interested in the participants' behaviour, interactions, and practice rather than their perceptions [14,15]. Using participant observation was particularly useful as it allowed us to explore participants behaviour which they might not easily admit or which they are totally unaware of [16]. Furthermore, participant observation provided observation in the context and allowed us to actively engage and ask questions [17]. The Hawthorne effect is a well-known term which implies that participants can change their behaviour based on their awareness of being studied [18,19]. We addressed the Hawthorne effect by gaining participants' trust through pre-observational visits informing them about the aim of the observation and process of data collection, portraying a sensitive attitude towards participants and wearing

uniform to blend into the context. Gaining trust resulted in participants being comfortable in their usual activities, expressing normal behaviour [14]. Prior to observation, we personally consulted with each professional nurse to answer questions and clarify any uncertainties. We also met with the hospital managers before collecting data to brief them of the aim and significance of the study. The clinical learning environment is complex with many activities and we had to choose which activities to observe and record [16] during data collection and we focused the observations [17]. We developed observational areas using the guidelines developed by [13] to support professional socialisation of undergraduate student nurses. These observational areas included a) Professional nurse as a clinical supervisor; b) Positive clinical learning environment; c) Work ethic of the professional nurse; d) Nursing as a profession and e) Student behaviour. All the observations were done by a researcher (JS) with the help of a co-observer who was one of the professional nurses working in each ward during an observational period. The co-observers were assigned by the unit manager of each ward following discussions and agreement and days that were not too busy to minimise interference with the ward routines. There were a total of eight co-observers who were assigned for a certain period of observation. The observation tool was discussed with co-observer prior to commencing and there were discussions between the observer and co-observer on what was observed at the end. The involvement of professional nurses as co-observers aimed at raising awareness about professional socialisation. The researcher (JS) and the co-observer assumed non-participant observer roles which meant that they had no clinical responsibilities during the observation period [16]. The researcher and co-observer discussed the observation tool before each observation session. We observed the medical wards over a period of two months including July and August 2017. Table 1 indicates the number of observation sessions and times.

The observation sessions occurred during day shifts, as student nurses are allocated day duties. In total, we observed the wards for 19 h and 29 min, split across different days with a maximum of 2 h per observation session (Table 1).

3.1. Data analysis

We analysed the data using creative hermeneutic analysis [18]. We involved professional nurses in data collection and analysis to promote learning and reflection on their own practice. After collecting the observation data, we recruited nine professional nurses from the same medical and surgical wards, three per ward, to participate in analysing the data. Data were organised into two sets containing different information. Participants were placed into two small groups comprising members mixed from the three wards in the same room. One group comprised five while the other had four members. The datasets were labelled A and B and it was not easy to link the origin of the data. Each small group received a set of all the data collected during the observations and were given time to immerse themselves in the data. After repeatedly reading the data, the participants wrote down their key impressions on colour charts. After the two small groups have read the data, the participants exchanged the datasets. Each group of participants had an opportunity to read through both datasets, document their impressions and came together to share the common themes. Key impressions with similar meanings were grouped together and categories and sub-categories identified.

3.2. Trustworthiness

This study ensured trustworthiness by adhering to the principles of credibility, transferability, dependability and confirmability [19]. We ensured credibility through prolonged engagement in the context, by immersing ourselves in the data and member checking. The researcher spent a lot of time in the clinical learning environment [20] to create a rapport with the professional nurses and to collect rich data through persistent observations. Member checking usually involves returning the data to the research participants, who then validate whether the data are accurate and reflect their experiences [21]. In this study, member checking occurred during data analysis, when some participants had the opportunity to interact with the observation data thus confirming if the written information correlated with observations. Member checking also reduced researcher bias [22].

We did not intend for these findings to be generalised to other contexts but rather ensured transferability by purposively selecting the professional nurses who are responsible for teaching and supervising the student nurses. The professional nurses are the relevant group from whom to obtain rich data. Professional nurses in this setting also have the most to gain from this study, and the findings may hopefully be transferred within the context to improve professional socialisation of student nurses. Dependability was enhanced by keeping an audit trail of data collection and analysis. To ensure confirmability, a professional nurse accompanied the researcher during all the observation sessions. Field notes were documented on one observational template, and both the researcher and the co-observer printed their names and signed the observational templates. The field notes were then safely stored until the data analysis

Table 1
Summary of observations conducted in medical and surgical wards to observe professional socialisation behaviours of professional nurses.

Date	Time	Hours observed (h:min)
04 July 2017	07:30 to 08:44	1:14
05 July 2017	07:15 to 10:00	2:45min
08 July 2017	11:00 to 14:00	3:00
08 July 2017	14:00 to16:00	2:00
09 July 2017	08:30 to 11:05	2:25
10 August 2017	06:45 to 10:00	3:15
15 August 2017	09:00 to 11:00	2:00
20 August 2017	07:10 to 10:00	2:50

session.

4. Results

We observed the behaviour of professional nurses in three wards, including two medical and one surgical ward. All the participants had at least one year experience of working with student nurses. The findings yielded two categories as well as their related sub-categories.

4.1. Category 1: unprofessional conduct by nurses

Professional nurses observed unprofessional conduct by fellow nurses, which were perceived to compromise professional socialisation of student nurses. We observed actions and behaviours that were inconsistent with the principles of professional socialisation and role modelling. Unprofessional conduct could lead to poor quality care and degrade the nursing profession if encultured and assimilated into the practices and values of students as future nurses. Five sub-categories emerged from this category.

4.2. Disrespect for patients' dignity

The type of care rendered by both professional nurses and student nurses demonstrated disrespect towards patients' personal dignity.

One male patient, hospitalised under police custody, had both his upper and lower limbs restrained and looked very ill. He was isolated in an untidy cubicle without blankets or clothes and the weather was cold at the time. He looked confused and helpless, as he could not move due to the restraints. (Observation tool 34)

Elderly male patients had hospital attire, which was small and did not fit properly, showing their chest and abdomen. The patients showed some discomfort by repeatedly pulling together the shirt trying to hide their abdomen and chest. (Observation tool 7)

4.3. Infringed patient privacy

In *other* instances, patients' privacy was not respected as evident from the following observations:

> *Some patients received assistance to meet the hygiene needs through bed baths, but most of the beds did not have curtains or screens, consequently, they faced exposure to fellow patients in the same cubicle.* (Observation tool 7)

To view pressure sores, patients were exposed without being asked for permission and this happened in the presence of the multidisciplinary team healthcare workers and student nurses. (Observation tool 30).

4.4. Breached confidentiality

Professional nurses could not maintain confidentiality while discussing patients' conditions, and patients' conditions were often broadcast to the rest of the ward:

> *Patients' medical conditions were voiced aloud at handing over of reports during shift changes. Cubicles consisted of either four or six beds and patients listened about each other's condition during report taking.* (Observation tool 30)

The multidisciplinary team conducted ward rounds and openly discussed patients' conditions in a six-bed cubicle … everybody in the vicinity could hear everything … (Observation tool 34)

4.4.1. Inappropriate dress code

We observed that professional nurses and student nurses did not always wear the correct uniform. We were more concerned when professional nurses failed to wear epaulettes and name badges, which sent a poor signal to student nurses.

A first-year student nurse, who reported for the first day in the ward, had to call a professional nurse on the other side of the ward. The sister [professional nurses] did not have a name badge and the student nurse struggled to identify her. The [professional} nurse was not happy with the student nurse and insisted that staff introductions took place in the morning [before starting the shift] during which she [professional nurses] introduced herself, therefore the student nurse have no reason to struggle with her name. (Observation tool 15)

Of the three professional nurses on duty at the time of observation, two were without epaulettes and name badges All student nurses on duty were wearing sneakers instead of the prescribed shoes. Among the seven first-year student nurses on duty, only three were wearing the recommended navy-blue jerseys. (Observation tool 12; 25)

A first-year student nurses was working with patients wearing a black tracksuit with a hoodie with NIKE written in big white letters on it. (Observation tool 4)

4.5. Lack of punctuality

Reporting on time for shifts allows for proper hand-over of care and allows the on-duty staff to be relieved with enough time to

travel home and rest. We observed both professional and student nurses to be late, ranging from 15 min to an hour.

A professional nurse arrived after night staff had already handed over the night report at 07h15. (Observation tool 28)

*Two third-year male student nurses went for tea from 11:00 to 12:40 (1h4*0min*) when it was supposed to be for* 30 min s. (Observation tool 19).

4.6. Category 2: ward disorganisation

We observed that professional nurses would assign duties to student nurses that were not aimed at professional socialisation. This was evidenced by student nurses being assigned unsupervised activities which were not linked to learning outcomes.

4.7. Delegation of duties

An undergraduate second-year degree student nurse was asked to allocate duties for the personnel on duty. The student nurse had not done unit/ward management yet. There were many discrepancies and staff members just signed for delegated tasks without the professional nurse checking and counter-signing for the student nurses (Observation tool 7)

The unit manager delegated 2 s-year student nurses whereby one had to draft duties for all staff for the day and the other had to admit a new patient. The file for admission was checked for completeness and appropriateness, but the delegation book was not checked (Observation tool 11)

4.7.1. Student nurses' orientation

Despite the significance of ward orientation for new staff members, there was no evidence of orientation for first year student nurses when they are exposed to the clinical learning environment:

> *The professional nurse reported that ward orientation for first year student nurses did take place, especially as it was their first time in the ward … There was no documentation of what, when and who did the orientation* (Observation tool 6)

First-year student nurses who had their first exposure to the hospital received orientation by their preceptor and senior student nurses from the same institution of learning other than the professional nurses and staff members working in that ward. It was now student nurses' seventh day in the ward and there were no records to prove and verify what student nurses were orientated on. (Observation tool 22).

5. Discussion

This explorative qualitative study observed professional nurses working in medical-surgical wards of a public academic hospital. In this setting, professional nurses did not engage in behaviours that were desirable for professional socialisation of student nurses in the clinical learning environment. The process of professional socialisation of undergraduate student nurses is categorised as a hidden curriculum associated with role modelling by senior staff. The clinical learning environment is the ideal environment where student nurses learn how to conduct themselves professionally and develop their professional identity. In a clinical learning environment, professional nurses need to conduct themselves professionally while caring for patients and interacting with the multidisciplinary team, so that students can observe, impersonate and assimilate desirable behaviours into their future practice [9]. Similarly [23], also maintain that people's thoughts and attitudes are greatly influenced by observation and it is through such observations that student nurses learn professional attitudes from their role models.

In this study, we observed unprofessional and unethical conduct by professional nurses that did not support professional socialisation of student nurses. Unprofessional behaviour included disrespect for patients' dignity, infringed privacy of patients, breached confidentiality of patients, dressing inappropriately and not arriving for duty on time. In our study, professional nurses disregarded the privacy of patients in their care, which represents a grave disrespect for human dignity [13]. We observed that nurses discussed patients' information in front of other patients and in most cases, patients knew about each other's conditions. In previous studies, student nurses have identified that maintaining confidentiality of patients was an important part of professional conduct [5]. We also noticed that nurses would not always obtain verbal consent from patients to provide care, similar to [9]. Not obtaining verbal consent may be perceived as a violation of privacy.

In our study, professional nurses did not always dress appropriately, and we noticed an instance where a professional nurse did not wear a name badge which violates patients' institutional rights as proclaimed in the patients' rights charter in South Africa. Other unprofessional conduct included professional and student nurses arriving late for work and taking long lunch breaks. Arriving late for work limits educational opportunities for student nurses and should be discouraged in the clinical learning environment [24]. Punctuality should be modelled by professional nurses, otherwise they may not be comfortable in reprimanding students who arrive late for work.

Professional socialisation in this study was also hampered by disorganisation, poor planning and the absence of structured orientation programmes for undergraduate student nurses. We observed that student nurses were not assigned duties appropriate for their year of training. Duties were also unrelated to the desired learning outcomes. For instance, a student in the second year of training was asked to delegate duties for all staff members on a particular day. Professional nurses are responsible for delegating duties [25] because they have the authority and knowledge to assign tasks to competent individuals [26]. Student nurses may not have the experience or insight to perform such complex duties, especially if these tasks do not achieve specific learning outcomes. In this instance, the student was not supervised or evaluated by a professional nurse and no professional socialisation occurred. Ineffective

delegation is known to contribute to missed care [9]. We also noticed that professional nurses did not provide a structured orientation programme for student nurses. In certain instances, orientation was reportedly done by the preceptor from the academic institution or by senior students. It was also clear that student nurses did not attend a structured orientation programme because there were no records to capture the activity. Successful orientation is associated with increased confidence among students which helps them to identify learning opportunities and be prepared for placement [27]. In their guidelines [13], recommends that structured orientation of student nurses be a standard procedure especially for first year students.

6. Conclusion

Professional socialisation of student nurses in the clinical learning environment is important for developing a professional identity and assuming a professional role. During this process, professional nurses need to be aware of their responsibility as role models for undergraduate student nurses. Their behaviour in the clinical environment will influence the learning of students both formally and informally. In this study, we revealed undesirable behaviours of professional nurses that do not support the professional socialisation of student nurses. Professional socialisation is a hidden curriculum, which takes place subliminally, thus professional nurses need to be aware of their own behaviour in the clinical environment.

Relevance to clinical practice

Student nurses need to participate in professional socialisation to develop a professional identity and to assume their professional role competently and confidently. This study is relevant to clinical practice because the clinical environment contributes to the training of student nurses and is the platform where most learning occurs. In turn, clinical practice will benefit from the correct professional socialisation of students. Effective professional socialisation will improve quality of care and reduce litigation against health departments, reduce negative media reports and result in well-rounded, competent future nurses who have assimilated the culture of nursing.

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The researcher self-funded the study, with the assistance of a support bursary fund received from both the North West University, where the researcher was an employee, and the University of Pretoria, where she enrolled as a student nurse.

Ethical approval

The study commenced after the proposal was reviewed by the Scientific Committee within the Department of Nursing of the University of Pretoria, approval from the Health Research Ethics Committee (Ethics Reference no.: 479/2016) and the North West Department of Health.

Declaration of competing interest

This study did not entail any competing interests.

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