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Factors influencing student nurse decisions to report poor practice witnessed while on placement

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SUMMARY

Background: While it is commonly accepted that nursing care is generally of a good standard, it would be naïve to think that this is always the case. Over recent years, concern about aspects of the quality of some nursing care has grown. In tandem with this, there is recognition that nurses do not always report poor practice. As future registrants, student nurses have a role to play in changing this culture. We know, however, relatively little about the factors that influence student decisions on whether or not to report. In the absence of a more nuanced understanding of this issue, we run the risk of assuming students will speak out simply because we say they should.
Objectives: To explore influences on student decisions about whether or not to report poor clinical practice, which is a result of deliberate action and which is witnessed while on placement.
Methods: Qualitative interviews were conducted with thirteen pre-registration nursing students from the UK. Participants included both adult and mental health nurses with an age range from 20 to 47. Data were analysed to identify key themes. Category integrity and fit with data were confirmed by a team member following initial analysis.
Results: Four themes. The first of these, 'I had no choice' described the personal and ethical drivers which influenced students to report. 'Consequences for self' and 'Living with ambiguity' provide an account of why some students struggle to report, while 'Being prepared' summarised arguments both for and against reporting concerns.
Conclusion: While there is a drive to promote openness in health care settings and an expectation that staff will raise concerns the reality is that the decision to do this can be very difficult. This is the case for some student nurses. Our results suggest ways in which educationalists might intervene to support students who witness poor practice to report.

Introduction

The aim of his paper is to discuss the findings of a small-scale qualitative study, which explored the factors student nurses take into account when considering how to respond to poor care witnessed on practice placement. While it is reasonable to assume that the great majority of health care is of a good standard, it would be naive to believe that this is always the case, as concerns have been raised about aspects of care across the western world (Attree, 2007; Fisher and Freshwater, 2014; Francis, 2013; Hazelton et al., 2011). Concerns in this context might refer to mistakes and errors as well as cases where care or professional behaviour falls below an acceptable standard as a result of conscious action, neglect, incompetence or abuse. The former are often a focus for local and national patient safety programmes, which emphasise the importance of 'no blame' and the value of learning from critical incidents (Hewitt et al., 2014). These instances of human error are not addressed in the current paper. Rather the aim of this study was to explore the latter group of concerns by examining the factors that influence how students respond to poor care or unprofessional behaviour which is a result of conscious action or inaction. The professional requirement to report this type of concern is clear from international nursing guidance (International Council of Nurses, 2012), in national regulatory codes (e.g. Nursing Council of New Zealand, 2012; Nursing and Midwifery Board of Australia, 2008; Nursing and Midwifery Council, 2008, 2011) and in professional advice (e.g. American Nurses Association, 2015), all of which contain statements that make it clear that nurses must act to ensure patient safety and dignity when this is at risk or when quality of care is compromised.

Literature

Empirical work in this area has tended to focus on registrants and is mainly quantitative, with notable exceptions to the latter being Attree (2007), Jackson et al. (2010) and Ohnishi et al. (2008). Findings indicate that concerns are not uncommon (Moore and McAuliffe, 2012), that

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fears about negative consequences influence decisions not to report, that such fears are sometimes justified (Jackson et al., 2010) and that good quality whistleblowing policies can mitigate these fears and increase the likelihood of reporting (Public Concern at Work, 2008). There is much here that is helpful in terms understanding why nurses do or do not report concerns. The focus of these studies is however on registrants and not student nurses. While the similarities between the two groups are obvious, their status in the profession, position within organisations and relative vulnerability suggest that we should be careful not to assume too much about their experiences of similar circumstances. Moreover, much of the existing work also considers the wider whistleblowing issue of self and peer reporting, which, as noted earlier, is not the focus of the current study.

In a recent literature search, eight empirical papers which dealt to a greater or lesser extent with the reporting of poor practice by student nurses or midwives were identified. These drew on samples of students from Ireland (Begley, 2002), the UK (Belafontaine, 2010; Bradbury-Jones et al., 2007a; Cornish and Jones, 2010; Randle, 2003; Ward, 2010), the UK and Australia (Levett-Jones and Lathlean, 2009) and the UK and Japan (Bradbury-Jones et al., 2007b).

Begley's (2002) mixed-methods study examined aspects of the experience of student midwives in Ireland as they progressed through their course. She noted the very hierarchical nature of professional relationships and the difficulties that students felt arose as a result of this specifically in relation to raising problems with senior colleagues. In the only study dealing exclusively with factors affecting student decisions to report, Belafontaine (2010) carried out semi-structured interviews with six student nurses. They did not always report concerns citing the student mentor relationship, level and type of support available, personal confidence and fears about failing placement as influencing factors. In their study, Cornish and Jones (2010), conducted focus groups with students to gather information on their experience of compliance with moving and handling policy. Students reported witnessing and participating in poor practice but also highlighted the difficulties of challenging this, citing their sense of powerlessness and vulnerability as reasons for not doing so. Ward's (2010) study semi-structured interviews with forty nursing and midwifery students also revealed evidence of staff non-compliance with best practice in infection control. Participants were sometimes reluctant to report as they feared that doing so might adversely affect their placement grades or result in other negative repercussions.

Bradbury-Jones et al. (2007a) used critical incident technique to examine case studies provided by sixty six students in order to understand their experiences of empowerment and disempowerment. Students reported feeling empowered when they felt strong enough to raise concerns. For others a sense of powerlessness left them feeling unable to challenge what they knew to be poor practice. Randle (2003) carried out unstructured interviews with students at the beginning ($n = 56$) and end ($n = 39$) of their degree programme with the aim of examining how their experiences impacted their self-esteem. Amongst descriptions of personal bullying, participants also described how their initial reactions to witnessing poor care and bullying of patients became dulled over time and how they ultimately adopted similar practice as a way of coping.

Levett-Jones and Lathlean (2009) used semi-structured interviews with eighteen Australian and UK students to examine how they negotiated their acceptance into the world of practice placement. They found that students worked hard to fit in and were keen not to make enemies by speaking up, but, as self-confidence grew, they felt more able to raise concerns. Finally, Bradbury-Jones et al. (2007b) used critical incident technique with students from Japan and the UK to compare their experiences of empowerment and disempowerment in practice. They noted that the notion of nurse as patient advocate was not recognised by Japanese students but was well established in the minds of their UK counterparts, but that they in turn did not always feel empowered to advocate, even when not to do so might lead to potential harm to patients.

In summary, students appear to understand that there is a requirement to report. There is also some limited, evidence that concern about the potential impact on the reporter in terms of future job prospects, academic grades and relationships with others is taken into account when students consider how to respond to witnessing poor care. Students are also mindful of their lowly status in what is perceived to be hierarchical work environment. The outcome of this is that some poor care goes unreported.

In this paper, we focus exclusively on examining student explanations of the factors that influence their decisions on whether or not to report poor practice or unprofessional behaviour witnessed while on placement. Our aim is to make a contribution to the wider debate about quality of care, while shedding further light on issues educators may need to consider when preparing students for clinical practice.

Methods

Participants

All pre-registration students on an honours programme ($n = 276$) were invited to take part in the study. Thirteen agreed to participate (P1 to P13), and all were interviewed. This relatively small percentage uptake may reflect one or more of a number of factors, from disinterest in the project to an absence of relevant experience or a fear about perceived repercussions arising from involvement. The age range of participants was from twenty to forty seven with nine females and four males. Of those interviewed, three were training to be mental health nurses, one had withdrawn from this programme at the time of interview and the remaining nine were adult nursing students. Most had witnessed practice that concerned them. All had an expressed interest in the area.

Data collection and analysis

Interview schedules were developed using the guidelines given by Ross (1997). All interviews were recorded and transcribed verbatim. The research focus was on student experiences of reporting or not reporting practice, and the semi-structured interview approach was chosen because the researchers had few pre-set ideas of how participants would describe these. Interviews were designed to elicit information not only on actions and events, but also on perceptions, values and judgments which students felt to be important in relation to reporting concerns. This approach bracketed researcher opinion and experience and is recommended in qualitative research where the type of responses and information provided by the participants is not pre-established, and so the ideas and concepts arising in the interview reflect those which are important to, and representative of, the participant group (Spradley, 1979).

Based on a review of the literature, the interview protocol was developed to facilitate explanation of student experience of concerns about practice, actions taken in response to concerns, explanations for actions and how action was facilitated or inhibited by personal, practice and academic factors. (The interview protocol is available from the authors on request). Interviews lasted between 30 and 50 min. The protocol remained standard throughout; however, the interviewer was given leave to be participant-led in terms of key aspects of the experience.

Transcripts were analysed following a systematic process using the guidelines laid out by Bryman (2012). Researchers initially familiarised themselves with the content of the transcripts before individually coding sections of text in to meaning units. These were then discussed by the research team and developed into broader thematic categories which best reflected the data. A single member of the team checked the final analysis for category integrity and fit with the data. Examples of each thematic category were then selected from the data for illustration and these are described below.