



Power dynamics in the student-teacher relationship in clinical settings



Zenobia CY Chan ^{a,*}, Chien Wai Tong ^a, Saras Henderson ^b

^a School of Nursing, The Hong Kong Polytechnic University, Hong Kong

^b School of Nursing and Midwifery, Griffith University, Australia

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ABSTRACT

Background: Among many factors that influence clinical learning, the teacher-student relationship has been found to be crucial. The imbalance of power in that relationship tends to be regarded as negative, but how students actually perceive the power within the relationship is unknown.

Aim: This study explored nurse students' perceptions of the power dynamics in the teacher-student relationship during their clinical placement.

Design: A descriptive qualitative study.

Methods: A total of 51 students were recruited from a nursing school in Hong Kong. Seven focus group interviews consisted of three groups of Year 3 students ($n = 26$) and four groups of final year students ($n = 25$). A semi-structured interview guideline was designed. Content analysis was employed to analyse the research data.

Results: The three core themes that emerged from the qualitative data were: (1) meanings of power – avoiding doing harm to patients; (2) the desired power dynamics – master vs apprentice; and (3) enhancing the clinical learning experience.

Conclusions: The dominant theme in the participants' discourse was that teachers should possess more power than students in order to prevent students from causing harm to patients. The consensus was that the teacher's power in supervising students' clinical practice is accepted and necessary for the benefit of patient safety. The cultural relevance of the power dynamics in the teacher-student relationship should be embraced in order to understand the student's perspective.

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1. Introduction

Nurse education reform in the UK was a global effort to enhance nursing quality by recognising the bachelor's degree as an entry qualification (Traynor and Rafferty, 1999). Since Hong Kong's healthcare reform of the 1990s, responsibilities for nursing in the territory have been redefined and professional nurses are now expected to possess a superior level of competency (School of Nursing and The Hong Kong Polytechnic University, 2015a). The school of nursing in which this study was conducted is committed to providing quality education with an emphasis on the student-centred approach, to foster the professional development of students from diverse backgrounds (School of Nursing and The Hong Kong Polytechnic University, 2015b). The school has also prioritised students' learning experiences and is devoted to the holistic improvement of these experiences. They have set a good example of humanistic and caring nurses for students by demonstrating

caring, treasuring their nursing students as unique individuals, and respecting them.

2. Student-teacher Relationship in Clinical Settings

There are many factors that can influence a student's clinical learning experience, such as how many students are placed in a clinical unit, how busy the clinical setting is, whether or not students are treated as "students" or "workers" (Chuan and Barnett, 2012), cooperation between the school and clinical staff (Papp et al., 2003), and the use of demonstration (Lawal et al., 2015). Among these factors, the importance of the relationship between clinical teacher and student is regarded as one of the most crucial to the student's learning experience in clinical practice (Rebeiro et al., 2015; Heydari et al., 2013). The teacher-student relationship comprises both personal and professional components (Gillespie, 2002). Students believe that a positive teacher-student relationship is the most important factor in creating an ideal clinical environment (Smedley and Morey, 2010). A positive clinical teacher-student relationship is associated with the student's positive learning experience (Shahsavari et al., 2013). Supportive relationships in clinical practice provide students with educational, emotional, and social support (Heydari et al., 2013), and such relationships can enhance

* Corresponding author at: School of Nursing, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong.

E-mail addresses: zenobia.chan@polyu.edu.hk (Z.C.Y. Chan), wai.tong.chien@polyu.edu.hk (C.W. Tong), s.henderson@griffith.edu.au (S. Henderson).

students' sense of belonging and learning (Levett-Jones et al., 2009). In addition, clinical teachers' attitudes towards students can impact their learning experience, which is relevant to the development of professional competence, confidence, and socialisation (Rebeiro et al., 2015). 'Clinical teacher' refers to "registered nurses with at least three years of post-registration clinical experience who are teaching staff of the training institution and fully designated for clinical teaching" (The Nursing Council of Hong Kong, 2016).

Mikkonen et al. (2015) revealed a dilemma between empathy and strictness towards students. Empathy shown towards students by their teachers can enhance students' clinical learning experience, but can also hinder their learning because they are prevented from learning the principles of nursing skills if their teachers are less critical of their clinical performance. How the teacher's attitude can affect the teacher-student relationship is quite paradoxical. How nurse students perceive this relationship in their clinical placement is also still unknown.

3. Power Dynamics between Teacher and Student in Clinical Settings

Power can be defined as one's capacity to impose an irresistible influence on another who is dependent on the power holder for various outcomes, such as to avoid punishment or for information (Van Dijke and Poppe, 2006). Likewise, Emerson defined it as "the ability of an actor to influence another to act in the manner that they would not have otherwise" (Meehan and Wright, 2012). The word *power* usually has a negative connotation in the nursing context: "hierarchical organisation and authoritative leadership, with one person restricting another's freedom of action" (Kuokkanen and Leino-Kilpi, 2000). Registered nurses in a recent study believed that more empowerment in the workplace made them less likely to experience emotional exhaustion (Wang et al., 2013). If students were disempowered, they felt disrespected, that they were treated unjustly, and that they had no say in the clinical setting (Bradbury-Jones et al., 2007). However, it is questionable whether nurse students truly dislike the greater power possessed by their teachers. This study aimed to give a voice to nurse students with regard to the power dynamics with their teachers in clinical settings.

4. Research Design

A descriptive qualitative study was adopted as the present research design. The advantages of this design are that it provides the possibility to collect rich data (Moretti et al., 2011) and is effective for exploring subjects' inner voices and allowing the unheard to be heard (Lindolf and Taylor, 2011). In addition, a qualitative design is useful in examining an under-investigated field and discovering participants' experience in a comprehensive and contextual manner (Speziale et al., 2011). Seven focus group interviews were conducted. Through the 'thick' description and vivid presentation of the research results (Ponterotto, 2006), the meanings of the teacher-student power dynamics were revealed with respect to participants' views as a narrative form of knowledge. In present study, thick description was gained in three ways: face-to-face interviews, fully transcribed conversations, and the research team revisiting interview audio with transcripts in order to provide a vivid understanding of power dynamics. No theory or theoretical framework was used to guide the present study, in order to avoid any preconceptions and because the researchers preferred to keep an open attitude when interviewing participants and learning from their perspectives. The research team consisted of four members: two researchers from Hong Kong (the first and the second authors), one researcher from Australia (the third author), and one research assistant who received intensive research training from and closely supervised by the first author.

4.1. Setting and Recruitment of Participants

This study was carried out within the school of nursing of one university. By purposeful sampling, the rationale for including participants from both Year 3 and the final year of study was to capture their diverse experiences, ranging from intermediate to mature learners in their clinical placement. Therefore, a total of 51 students were interviewed and allocated to seven focus groups: three groups of Year 3 students ($n = 26$) and four groups of final year students ($n = 25$). Inclusion criteria were being an undergraduate of either gender in Year 3 or their final year. Ethical approval to conduct this study was granted.

4.2. Data Collection: Focus Group Interviews

Focus groups have the advantage of facilitating interaction and spontaneity, and are appropriate for enabling participants to share their experiences. The duration of the interviews ranged from 1 to 2 h. The first author, who was the moderator, and the research assistant, who was responsible for note-taking and assigning the seating plan, conducted and audiotaped all interviews. A semi-structured interview guideline was designed that centred on the power dynamics in the teacher-student relationship, and the guideline was validated via two pilot interviews to ensure that the questions were understood by the participants. During the interviews, participants could freely express their ideas and were encouraged to speak up, especially in the case of those who were more passive.

The interview guideline contained six main questions as follows:

1. Can you recall an unforgettable/significant experience of interacting with your clinical teacher during your clinical placement? Please describe this experience.
2. Why do you consider this experience to be unforgettable?
3. What factors facilitated interaction with your clinical teacher?
4. What factors hindered interaction with your clinical teacher?
5. Can you describe the power dynamics between clinical teacher and student in clinical learning?
6. Overall, what kind of power relationship is desirable between clinical teacher and student in the clinical learning context?

4.3. Focus Group Data Analysis

After the face-to-face focus group interviews, the audiotaped interviews were fully transcribed in Chinese by the research assistant, and verified by the first author. Content analysis was adopted to analyse the collected data, since this approach allows for the making of replicable and valid inferences from the data to their context (Krippendorff, 2004; Vargas and dePyssler, 1999) in order to provide knowledge, insights, a representation of 'facts', and a practical guide to action. In addition, content analysis allows the researcher to explore large amounts of text unobtrusively, and to describe the characteristics of the text (Vaismoradi et al., 2013). However, Elo and Kyngäs (2008) also noted that research questions in studies using this method tend to be vague and extensive, and the researcher's excessive interpretation of the data is a threat to the analysis. The first author and the research assistant who had received at least 8 h of research training per week over a period of one year. The training included theoretical inputs and research skills provided by the first author. Both then separately identified relevant parts by extracting the representative statements selected from the transcripts. Next, primary categories were developed by marking all of the relevant sections and linking them with key themes. The trustworthiness (i.e., credibility, dependability, confirmability, transferability and authenticity) of this study was ensured through different strategies, such as an audit trail, prolonged engagement, and reporting the strategies of this study and rich quotes from the participants (Cope, 2014). The first author reviewed the relevant literature and held various small group meetings ($n = 3-4$) with the nursing students to listen to their descriptions of their clinical experience. In addition, the first

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