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THE INFLUENCE OF ROLE MODELS IN UNDERGRADUATE NURSE EDUCATION

Abstract

Aims and Objectives

To explore the concept of role modelling in undergraduate nurse education and its effect on the personal and professional development of student nurses.

Background

Effective educative strategies are important for student nurses, who have to cope with learning in both clinical and university settings. Given the contemporary issues facing nurse education and practice in the United Kingdom (UK) it is timely and important to undertake pedagogical research into the concept of role modelling as an effective educative method.

Design

A descriptive narrative approach.

Methods

Unstructured interviews were conducted with 14 current/recently discontinued students from Adult and Mental Health branches of nursing degree programmes in the North West region of England, United Kingdom (UK). Data were thematically analysed.

Results

Students valued exposure to positive role models in clinical and university settings and viewed them as beneficial to their learning. Exposure to negative role models

occurred and this provided students with opportunities to consider the type of nurse they aspired to become. In some cases students exposure to perceived poor practice had an adverse effect on their learning and led to negative feelings about nursing work. Clinical staff might be perceived as more relevant role models than those in the university setting although there were still opportunities for academic staff to model professional behaviours.

Conclusion

The study found that role modelling is an effective way to support learning and led to student satisfaction across both clinical and university settings. The findings support the use of role models in nurse education and further research about conscious positive modelling of practice is required.

Relevance to Practice

Exploring the use of role models is important when examining ways in which the quality of nurse education might be developed.

Key Words

Education, narrative, role model, student nurse, practice, university

What does this paper contribute to the wider global clinical community?

This paper articulate the ways in which role modelling can be utilized as an educative strategy across clinical and university settings.

The implications for student nurses of positive and negative role modelling are analysed in this paper.

Role modelling can impact on student satisfaction and retention of students on nursing programmes and this has relevance to educators on an international level.

INTRODUCTION

Nurse education programmes support development of the knowledge, skills and attitudes required to be fit to practice as a qualified nurse. These programmes are considered to be challenging and time-intensive, and for some students they can be both emotionally and academically stressful (Barkley 2011, Banks et al. 2012). Significant expectations are placed on students (Emanuel & Pryce-Miller 2013) as they have to master detailed anatomical and pathological curricula at the same time as completing a minimum number of placement hours specified by their accrediting professional body. In the United Kingdom (UK) the competencies required to become a qualified nurse are outlined by the Nursing & Midwifery Council (NMC) and the practice element is supported by educators (known as mentors in the UK context) who guide students in the clinical setting (NMC 2010). Education takes place both in the clinical and university environment, and is split equally between the two. This split is similar to programmes across Europe and other countries such as the USA and Australia (Saarikoski et al 2007). This dual role as both student and 'worker' can be a difficult one and students exact status as 'learners' within both university and practice environments can be problematic. Nurturing a sense of belonging to both the university and the profession is beneficial in promoting both retention and student success (McKendry et al. 2014). This places importance on the ability of educators in both settings to support students' professional and personal development and ultimately to complete their programme. Currently in the UK National Health Service (NHS) there is a staffing crisis, with the demand for nursing staff exceeding supply. This has led to a substantial rise in the employment of

agency staff and recruitment of overseas nurses (NHS Improvement 2016). In addition, the implications of the withdrawal of the UK student nursing bursary in 2017 (DH, 2016) have yet to be seen although some are predicting negative outcomes (RCN, 2016). Therefore considering ways in which learning and teaching in both clinical and academic settings can be enhanced would seem timely and important. It is crucial that student nurses have a positive learning experience, so that they progress through their programme in a timely manner and ultimately complete their studies.

BACKGROUND

Clinical placements are a vital and significant element of every healthcare programme, providing an environment in which students can make the link between theory and practice in preparation for future roles (Gidman et al. 2011, Frazer et al. 2014). Experiences in clinical practice have the greatest influence on students' desire to stay on a programme (Crombie et al. 2013) and caring clinical environments that foster positive staff relationships are essential for learning (Thomas et al 2012). However, whilst on clinical placement students have to repeatedly adapt to new environments and build relationships with staff who will be responsible for guiding their learning and assessing their performance. This experience is not always positive for every student (Hamshire et al. 2011). Enculturation into a healthcare profession and institutional environment is a learning process and students can experience stress as they adapt particularly if their expectations remain unmet (Jeffreys 2012) and students' hopes are invariably challenged when they undertake their first placement (Barkley 2011). Dissatisfaction with clinical placement learning can accelerate students' decisions to leave and a supportive relationship with mentors whilst undertaking clinical placements is

essential (Hamshire et al. 2011, Crombie et al. 2013). Effective facilitation of student learning across both clinical and university settings is therefore essential and educators need to consider the ways in which they facilitate learning on both a conscious and unconscious level. One method of transmitting knowledge, skills and attitudes is through role modelling which was a term first articulated by the American sociologist Robert Merton in his study of the socialization of medical students at Columbia University. Merton proposed that '…a person has a status set in the social structure to which is attached a whole role-set of expected behaviour…' although it is noted that those behaviours might not be exhibited (Holton 2004 p. 514). A role model is a person worthy of emulation; a positive example of a member of the profession (Perry 2009). Role models not only support professional development but also clinical competence and confidence in the students' ability to achieve goals (Cruess et al 2008).

Student nurses value exposure to positive role models, who are viewed as having a great influence on learning in the clinical setting (Donaldson & Carter 2005). This view is shared by nurse teachers who suggest role modelling as a way to support professional development in the clinical setting through modelling a 'good nurse' and a 'good teacher' (Hossein et al 2010, p. 10). Indeed, even exposure to perceived poor role models can be effective in supporting the students' development when considering the type of nurse they don't want to be (Grealish & Ranse 2009). A good working relationship with a supportive educator is central to a positive placement experience (Gidman et al. 2011) and modelling human qualities and pedagogical skills are pivotal for this (Jokelainen et al. 2011). Educators need to provide continuous support, constructive feedback and encouragement (Emanuel & Pryce-Miller 2013) although this can place great demands on staff working within the

clinical environment. Resources for educators to work with students are required (Gidman et al. 2011 Jokelainen et al. 2013).

Role modelling in nursing education has been given less attention in the nursing literature when compared to other disciplines such as medicine (Baldwin et al 2014). Therefore exploration of the concept is a useful addition to the discussion about how educators can effectively support students undertaking nurse education programmes.

METHOD

Design

This paper reports on selected findings from a yearlong regional mixed-methods inquiry which explored students' perceptions and experiences of health care programmes. The aim of the overarching study was to identify factors that contributed to students' decisions to stay or leave commissioned health care programmes in the North West of England, UK.

Data Collection

The first phase of the study explored students experiences using an online survey that included questions related to both practice and university based teaching and learning, and the personal circumstances of the student group. 1983 students completed the survey. The second phase of the study further explored students' perceptions and learning experiences using narrative telephone interviews. During these interviews the students were encouraged to tell the stories of their learning experiences using a narrative prompt, beginning wherever and however they felt was most appropriate (See Gubrium 1993). This narrative prompt was developed to encourage students to focus on the experiences that they believed were important to

them rather than being influenced by the interviewer, and although there were minor variations it is broadly captured below:

> I would like you to tell me the story of your learning experiences, beginning wherever and however you want and including whatever is important to you. If it helps you to get started, then consider the story as a series of chapters or episodes and include whatever you think has been important to you during your studies.

Each of the interviews lasted between 30 and 50 minutes and they were recorded and transcribed verbatim.

Sample

The target population was current and recently discontinued students (within the last 12 months) on healthcare programmes at nine institutions in the North West of England, UK. Both current students and those who had interrupted their studies were selected via a stratified sample of students who had completed the online survey and volunteered to take part in a follow-up interview. From a total of 1983 students, 42 were selected to be interviewed across the undergraduate programmes. Narrative data collected from 14 nursing students has been used to inform this analysis.

Ethics

Ethical approval was obtained from the Manchester Metropolitan University Research Ethics Committee which was made available to all participating institutions who reviewed the paperwork to ensure that it was in-line with their own processes. Students were informed about the survey via email and directed towards an information sheet on the project website. Involvement in the project was voluntary and students had a period of six weeks to consider if they wanted to complete the

survey. All students who completed the survey were invited to volunteer to participate in a telephone interview and those who were selected were contacted via email.

Analysis

During the interviews students described a range of experiences both within the clinical environment and university campus setting. However, the influence of the students' perceptions of staff as role models both within the clinical and campus environments emerged as a recurring theme. This data relating to role-modelling was extracted from the interview transcripts and analysis was undertaken using a process similar to framework analysis (Spencer et al. 2013). Phases of familiarization and indexing led to the development of a thematic framework, as data were read and re-read and emerging themes noted using a constant comparative approach. The themes were then discussed and agreed between the authors, before the phases of data extraction, mapping and interpretation were undertaken.

RESULTS

The framework analysis identified positive and negative experiences in both clinical and university settings, and a major influence on students' experiences was revealed to be exposure to effective and ineffective role models. Students perceived positive role models as demonstrating a sound knowledge base and the ability to facilitate effective learning. Central to both of these qualities is the ability to relate to students on an interpersonal level. Therefore the results are presented under the themes of clinical competence, effectiveness as a teacher and the ability to relate to students on an interpersonal level. These characteristics have been identified by Cruess et al

(2008) as well documented role model behaviours. The term 'mentor' has been used by the students in this study to describe an educator in the clinical setting.

Clinical Competence

Students commented repeatedly on the knowledge and experience of positive role models, and the ways in which this supported learning during clinical placement weeks. Students particularly valued the sharing of experiences, which could reveal new insights about practice and enable them to make links between theory and practice:

> The nurses who I was working with on my second placement, they'd been nursing for like thirty years, so they could tell you stories and help you learn and to think about things the way they think about things

> …I cannot praise her enough. Her taught sessions connect what is experienced in placement with what is taught in university

The following comment from a discontinued student suggests a difference between their own thinking and that of the ward staff, about what constitutes acceptable practice. Incongruence between the reality of practice and the student's own vision, can lead to a negative outcome:

> …I went and I introduced myself and I didn't get any kind of instructions what was going on, there was a lady half naked in a hospital bed in the middle of the reception area…when I asked why she was there…'she doesn't know

what is going on'…that kind of put me off and then I was just shoved into the meeting room…

Students not only commented on clinical knowledge and attitudes but the ability of the nurse to be an effective educator. They described multiple influences on the ability to carry out their education role such as time and lack of training. Students were particularly concerned when they encountered staff who they perceived as having negative attitudes:

> Mentors are not prepared to teach, they do not know our documentation and goals for particular placements; they are most of the time too busy to teach. Some of them don't have enough clinical experience to teach new students, they have the approach of 'we have always done it this way …'

> She also said she disliked students who were training now because the course focuses more on academia, and that's my fault, how?

Another student was concerned about the perceived ability of novice qualified nurses to carry out an educative role:

> Newly qualified nurses often didn't have the confidence to teach, and were very stressed with trying to keep on top of their work, and seemed to see students as a distraction or hassle because they were new, and needed support themselves

There were fewer student comments relating to the clinical credibility or attitude of university based educators. However, as with the clinical staff, students particularly valued the sharing of experiences, and staff telling stories from their own practice:

> …ethics was brilliant, the seminars were fascinating and it really helped if you had a really engaging tutor, and she could tell us anecdotes about her experiences which was really great

The following student noted positive characteristics displayed by some academic staff, by the process of publishing research and in doing so, developing new knowledge and ways of thinking about nursing practice:

> The actual lecturers themselves have all been fantastic and really knowledgeable…the lecturing staff are all published…having already done a degree myself and seen a lot of published work, I appreciate the effort that goes into it and also to do things like that you've got to be passionate about it. So, I would say personally it matters to me that they got an interest in what they teach and it speaks volumes about a university that they give staff time to be published. It's something I would like to do myself, so for me, learning from people who have got an interest in research, it's huge for me, because you know I am learning off people who are coming up with the academic papers that you follow in your own practice. To respect someone who is very advanced in their field and well respected…it means a lot to learn from someone like that

Teaching ability

During clinical placements, students described effective educators as being both 'academic' and passionate about their roles. The following comments reflect the perceived importance of protecting time to spend with students and adopting a student centred approach to teaching. Both excerpts suggest that effective educators encouraged the students to give their opinions on clinical issues:

> My mentor was really helpful, he was quite academic, he had a lot of time and would sit with us and do little teaching sessions and take us out on visits and discuss it afterwards, and he was really involved

> He had been a psychiatric nurse for thirty years and he was passionate about teaching. He took time out before assessment, he would go through the referral with me, he would ask me about my opinion and what I thought might be a diagnosis

Students identified the importance of staff encouraging them to spend time with patients as this is an effective way to learn and practice new skills:

> If I was a mentor I'd be encouraging students to spend as much time as possible with the service users while they can, the best way to learn is to get the student to actually do the task themselves so more hands on as possible for the student…

Some students described negative times during their practice weeks, which related to staff shortage and lack of time to facilitate a positive experience for students. Some educators were perceived as positive role models, although organisational influences might restrict available teaching time during busy periods. The following

students were unable to meet their competencies such as medicines management, due to perceived time constraints:

> Due to staffing being so low on the wards the learning experience is lacking e.g. nurses not having time to let you do the medicine round because it takes a student longer to do it

> I feel anxious about qualifying because I am yet to know how to be a nurse, despite standing up for myself and saying, I need to be with nurses and do my competencies. I was told, we need you to care for patients, you can learn about nursing tomorrow

The following excerpt suggests exposure to both positive and negative role models. Inconsistencies between educators are described with some being helpful and others who treat the students 'like burdens'. In this case, the students believed that valuable opportunities to learn had been lost, with some staff preferring to complete work themselves rather than involve students:

> Some mentors are really helpful and willing to help you learn. Whereas others have been quite rude and students have been treated like burdens, and instead of teaching them they would just do it themselves and not let you observe or talk you through what you have to do

A common theme related to teaching on campus was the use of the lecture and associated methods to support student learning. Lectures were sometimes viewed as being an ineffective way to teach and often this method excluded the students

from being active participants in their learning. Some students believed that the lessons had been 'a waste of time' and valuable opportunities for the lecturers to share their experiences, and model positive behaviours such as enthusiasm and passion for the subject areas had been lost:

> I remember having a lecture once and it was just about ten power point slides and quite a few of the lectures you would just leave thinking, I could have looked at the slides online and I didn't get any more information from the lecture itself

The following students valued the interpersonal aspects of teaching, such as staff being enthusiastic about their subject areas and showing passion for them. Little was stated about the knowledge base or clinical competence of the lecturers, but more about the style of delivery:

> It's nice when the lecturers are enthusiastic about the subject and use a range of multimedia to cater for all learning styles

> I get the sense that seminars are just a way to 'add up' the hours as the seminar leads are obviously not passionate about the subject matter

Ability to relate to students

For some students, the key to effective learning relationships was the feeling of being valued and respected as a team member:

I think it's nice when they make you feel like a member of a team even though you're that extra person and I know it's really difficult to get that balance but the placement I'm on now, basically your treated like a member of staff and its really increase my confidence… I think being able to listen to student concerns and appreciate them… and I think referring to a student by their name is nice, there are so many rotas where instead of putting my name they've wrote 'student'

On my first placement, I remember walking in and feeling terrified …all the staff were too busy and I'd never been on an acute ward before, and I just didn't know what to do. I was just sort of left to my own devices really. I think it would have been good if they had explained certain aspects, and just given us a little bit of information really about how wards function but my mentor she was on nights for the first few weeks so I didn't see her at all. She was in the handovers I did say 'hi' and introduce myself but she just sort of said 'yeah, yeah, yeah' and walked away.

Some students' comments suggested that, whilst they recognised they were novice nurses, it was still helpful to have their contribution valued. When this did not occur, it had a negative effect on their self-esteem, and confidence in their abilities to be a nurse:

The majority of the qualified healthcare professionals and healthcare assistants have been really supportive when on placement, but there have been times when I have experienced being spoken to in a disrespectful way and been belittled in front of patients and other staff. Although I am usually an

assertive person, the anxiety has affected my confidence and my ability to be assertive

In addition there were times when being counted as a team member was a negative experience, especially when the supernumerary status of students was ignored:

On the whole, students are completely exploited as a 'free' member of staff. Very disrespectful practices in some places, completely ignore supernumerary status, even when management phone the wards to ask, 'are you fully staffed?'

A number of students felt unsupported and were unable to find the interpersonal relationships required for effective learning, giving examples of negative role models in the university setting:

A lot of students experience a lack of support by staff, a lack of compassion and empathy. This is a common feeling shared amongst most of my colleagues and we seem to be in a constant state of frustration

There are certain tutors I won't ask for help, they are too patronising and on occasion I feel like I'm walking on egg shells and I don't think I should have to be apologetic and grateful for help

Staff demonstrating interest and faith in the students ability to achieve their qualification was also viewed as important in the following comment from a second year student

…in my second year I have felt incredibly unsupported and "fobbed off" by my personal tutor and other academic staff…I now have the attitude that I will get my nursing degree in spite of my university as I often feel academic staff think I don't have what it takes and are not interested in seeing me achieve this degree

DISCUSSION

The findings from this study suggest that the role model behaviours identified by Cruess et al (2008) were identified on multiple occasions and educators who modelled positive behaviours in both clinical and academic settings were valued by students. However in this study, many students were exposed to negative behaviours which although can still lead to valuable learning experiences, leaves a risk that students might emulate such practice, leading to poor outcomes for themselves and others. Students are often left unsupervised and witness poor practice in the clinical setting (Royal College of Nursing, 2013) and consistent exposure to educators who display poor practice makes it more likely that students will adopt the same behaviours (Kyrkjebo & Hage, 2005). Mentors and lecturers are viewed as students 'chief role models for learning to care', practice which is facilitated in ways such as reflective practice, sharing experiences and mutual storytelling (Smith & Gray 2001, p235). However, any staff member might be viewed as a role model by students. Role models might be described as active cognitive constructions that are devised in an attempt to construct the ideal self (Gibson 2003, 2004). It is the act of identification that makes another person a role model rather than someone being declared a role model simply because of the position they occupy.

The concept of the role model promotes the importance of the interrelationships between individuals in the socialisation process and infers that professional identity is constructed through social processes of comparison. The reciprocity of constructing a professional identity through the dual classification and comparison of self and others creates a context in which both positive and negative role models are a possibility and equally important. Indeed there were times in this study when qualified staff might have been modelling negative behaviours unconsciously and acting as an anti-role model. Cruess et al (2008) suggest that conscious awareness of the importance of being a role model is crucial. 'Silent modelling' is an unacceptable teaching strategy as it is open to much interpretation (Kenny et al 2003, p. 1206). Passi et al (2013) suggest that educators need to intentionally state what they are modelling at any given time and behaviours should be explicit. It is important to display behaviours which students can emulate, and this includes the need to act professionally at all times (Robinson et al 2012). However the expectation to constantly model positive behaviour might be unrealistic in stressful environments such as clinical and academic settings, even though the influence of anti-role models could leave students vulnerable to adoption of poor practice, as they strive to fit in with the prevailing nursing culture. Often students will take on a passive stance, when witnessing poor practice, due to their low status in the healthcare team (Rees et al 2014). This desire to fit in with the prevailing culture, be that positive or negative, can become even more important on qualification (Armstrong 2008) and this can have far reaching implications when newly qualified staff are expected to take their turn to model positive behaviours to upcoming students.

Students in this study liked staff who spent time with them and seemed interested in supporting their learning, for example, by seeking their opinions on clinical issues and offering feedback. Students rely on feedback from role models as it encourages them to learn and to view mistakes in a positive way, so that they will feel confident to try again (Donaldson & Carter 2005). Being able to tolerate mistakes and show confidence in students abilities can motivate students to continue and are viewed as important qualities in role model behaviour (Hayajneh 2011). A positive educator/student relationship is crucial if successful learning is going to take place although often educators struggle with their responsibility (O'Driscoll et al 2010). Due to heavy workloads learning experiences are being lost as staff strive to get through their work, without always considering the needs of their students (Watson 2006). This is particularly important when newly qualified nurses take on education roles as they themselves might be in need of exposure to positive role models to support their development. There is pressure on staff to take on education roles due to service demands although not all nurses are suited to this. Having a mentorship qualification might be viewed as important for promotion to the next pay band (Robinson et al 2012) and this might encourage staff to apply, without them necessarily having the appropriate qualities and attitude needed to model positive practice and provide effective learning environments.

Students in this study valued enthusiasm from academic staff during campus based teaching sessions. Merely reading from projected slides during a lecture style session was described by the students as an ineffective method and important opportunities for conveying both knowledge about and passion for nursing was lost at these times. Baldwin et al (2014) suggest that the classroom can hold powerful

opportunities to impact on students' professional development and behaviours, and nurse academics should not be view their teaching roles as a means to convey theory only. Indeed Illingworth (2009) suggests that humanism is the core quality of being a role model and this is shown through an enabling and respectful attitude, one that shares and encourages positive values. Valuing students as equals might then be as important as an educator's knowledge base and the data from our study supports this view. However, academic staff are not always viewed by students as role models, due to their perceived distance from clinical nursing practice, although this suggestion might be mitigated when staff teach clinical skills in the university setting (Felstead 2013). Other opportunities for nurse educators to role model clinical behaviours such as interpersonal skills, can be found using creative methods of learning. For example, group poetry writing can be a way for educators to model emotional sensitivity and empathy towards others (Jack & Tetley, 2016). A move away from didactic methods of teaching towards a more liberal approach might offer academic staff opportunities to model positive behaviours.

Nurse educators in the academic setting might be chosen for their clinical rather than their teaching experience and some might have limited preparation for classroom teaching, which could have an impact on their enthusiasm and ability to teach (Wolf et al 2004). Academic staff do not model the 'actual practice of nursing' in contrast to practice base colleagues (Felstead 2013, p.225). However they might have influence over student learning by the way they carry out their university business. For example, the practice of replying to emails during evenings and weekends models unrealistic expectations of how a professional should behave (Felstead 2013). If academic staff have limited scope to consciously model clinical behaviours, they

have opportunities to model professionalism by the way they go about their business. Further, students in this study valued academic staff who were viewed as developing new nursing knowledge through research and publications. This is one way to show enthusiasm for the subject, an important personal quality for a role model (Wright & Carrese 2002).

Role modelling is an excellent way to transmit positive values and attitudes (Armstrong 2008). The students in this study felt supported when they received compassion and respect from both clinical and academic staff as it was when these personal qualities were shown that the students felt able to ask for help and support with their work. Modelling can also serve as a means to display leadership qualities such as the ability to be non-judgemental, encourage team building and be able to inspire others (Wright & Carrese 2002). The importance of clinical leadership cannot be underestimated in the nursing profession and role modelling can reinforce positive approaches (Price & Price 2009). However, our study shows that there were times when students were exposed to uninspiring models, who were unwilling to teach, and concerned with ritualistic and depersonalising practices. This leads students to feel anxious about their role, especially as they approach qualification, and might leave them feeling like burdens and ill prepared to adopt a leadership role themselves. Whilst some students enter the world of nursing with unrealistic expectations, effective role models can provide support during the period of transition during which students begin to come to terms with what is actually achievable in the real world of nursing practice (Illingworth 2009). Indeed, staff might model the real world of nursing practice, showing the ability to prioritise care and meet challenges in difficult situations. There are considerable opportunities to model

leadership capabilities although our study suggests that at times staff show poor leadership, for example, when dealing with other staff members.

CONCLUSION

In this study we have explored the narrative accounts of current and recently discontinued students in relation to role modelling in the clinical area. Building on the existing nursing and medical literature we have analysed the ways in which students are exposed to both positive and negative role models and the effect this has on their learning in clinical and academic settings. An enthusiasm for teaching and a positive and caring approach has been identified as being important for effective learning and support. The modelling of these behaviours can impact positively on students' perceptions of the learning environment.

RELEVANCE TO CLINICAL PRACTICE

This study provides more information about students learning experiences, with a focus on the concept of role modelling and its use as a method of facilitating learning. The findings are important in terms of highlighting the impact of both positive and negative role modelling experiences of student nurses. Educators could find ways to consciously access opportunities to model positive behaviours as this can be an effective teaching method and have great impact on student nurses perceptions of a career in nursing. Negative modelling experiences can leave students feeling disheartened and might lead to them discontinuing their studies. There is need for educators to be mindful that they are being observed by students on an ongoing basis and not to underestimate the effect that their actions and

behaviours have on others. The effect that positive role modelling can have on the development of leadership capabilities should not be underestimated and might serve as one way to develop effective nurse leaders of the future.

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