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Abstract

Patients' expectations of being cared for by a nurse who is caring, competent and professional is particularly pertinent in current health and social care practice. The current drive for NHS Values Based Recruitment serves to strengthen this. How nursing students' development of professionalism is shaped is not fully known, though it is acknowledged that their practice experience strongly shapes behaviour.

This study (in 2013-14) explored twelve Adult Nursing students' lived experiences of role modelling through an Interpretive Phenomenological Analysis approach, aiming to understand the impact on their development as professional practitioners.

Clinical nurses influenced student development consistently. Some students reported their experiences allowed them to learn how not to behave in practice; a productive learning experience despite content. Students also felt senior staff influence on their development to be strong, citing 'leading by example'. The impact of patients on student professional development was also a key finding.

Through analysing information gained, identifying and educating practice-based mentors who are ready, willing and able to role model professional attributes appears crucial to developing professionalism in nursing students. Those involved in nurse education, whether service providers or universities, may wish to acknowledge the influence of clinical nurse behaviour observed by students both independent of and in direct relation to care delivery and the impact on student nurse professional development. A corollary relates to how students should be guided and briefed/debriefed to work with a staff to ensure their exposure to a variety of practice behaviours.

Keywords

Role modelling; Nursing students; Professional socialisation; Mentors; person-centred care

Introduction

Role models have been described as people we identify with, those who have qualities we would like to have, are in positions we would like to reach (Paice, Heard and Moss 2002) or exemplify behaviours and attitudes that are emulated by others (Perry 2009, Price & Price 2009).

Many individuals are positioned to influence nursing students including untrained clinical support workers, academic staff, patients, fellow students and particularly clinical nursing staff (Ogier 1982, Melia 1984 & 1987, Charters 2000, Lewis & Robinson 2003, Donaldson & Carter 2005, Perry 2009). Recent high-profile reports provide evidence that the professionalism of nursing is being called into question (DH 2013a, DH 2013b). The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report DH 2013a) in particular, found failings at Trust board level though noted significant failings in the nursing care provided to patients residing at the Trusts' main hospital. An associated area of concern is the impact of being exposed to such poor standards of care on the development of nursing students placed within the Trust. As explained by Robert Francis QC (DH 2013a) ".....this led in turn to a declining professionalism and tolerance of poor standards...". Exploration of role modelling experiences is vital to facilitate student learning in relation to expected behaviours. It is thus important to identify and capitalise on the positive influences of role modelling whilst recognising the impact of negative role modelling and the influence this can have. For the purposes of this study the term role model was defined as someone who influences behaviour by exemplifying the practical, professional and/or personal traits expected for nursing and therefore emulated by others.

Chow and Suen (2001) suggested that students are likely to have pre-conceived perceptions of nursing before they start their pre-registration programme and it is thought this may influence who they choose as a role model.

Senior staff influence nursing students' professional development as role models (Lewis & Robinson 2003, Perry 2009) and by working with the learner at the same time as completing their work (Ogier 1982). Ogier's study is seminal and has been referenced in many subsequent studies. Students perceive ward sisters/charge nurses as a key learning resource and it is clear they can play a significant role in professional development (Fretwell 1982). Subsequent research has however indicated that junior nurses report little role modelling of holistic care by senior staff (Henderson 2002). Therefore what students are actually learning requires further exploration though this is not part of the remit of this study.

Mentors also actively influence students' learning (NMC 2008). Mentors are considered expert in a field of clinical practice and spend time with the student supporting and guiding their professional development (Ettinger 1991, Kenny, Mann & MacLeod 2003). Past research (Marson 1982) has suggested that nurses prepared for this role tend to be more sensitive to the needs of learners,

provide appropriate feedback and demonstrate a personal value system through care and concern for others. It has been suggested that in order to care for patients effectively those delivering the care need to be cared for themselves (Smith 2008). Demonstration of these values is therefore vital for student professional development (Ogier 1989), particularly in the wake of Francis, and facilitating students' professional socialisation. Within this study a mentor was defined as a practitioner who actively supports and guides a learner within the competency framework defined by a professional or statutory regulatory body.

The limited information available regarding whether patients are, or can be role models for students is focused on the general impact of their engagement in nurse education as opposed to specific impact on the development of professional qualities. It is however conceivable that patient reaction to care delivery may influence students when considering Bandura's Social Learning Theory (Bandura 1977). This theoretical framework identifies motivational processes as a key component in observational learning. Individuals are more likely to adopt modelled behaviour if it results in outcomes they value and also demonstrates positive consequences for others (Bandura 1977). It is therefore suggested that how patients react to care delivery by student nurses may influence future performance in regard to that behaviour.

There is a clear link between professional socialisation and role modelling, thence the development of professionalism in student nurses. This includes the acquisition of skills, knowledge, professional identity and an understanding of the cultural norms and values that underpin practice (Holland 1999, Howkins & Ewens 1999, Price 2009). Several studies have identified the importance to the neophyte nurse of nurses working in practice and who appear responsible for supporting the development of professional values (Melia 1987, Brown et al 2012). Nursing students can feel vulnerable when starting a new placement and may require social support, reassurance and acceptance from established members of the community of practice they are confronted with (Cope et al 2000, Spouse 2001).

Students appear to believe that they need to adapt (Melia 1987) to the environment in order to learn. In some cases this can mean emulating poor practice, particularly if this is the norm, and compromising on their idealised concept of care delivery (Henderson 2002). Henderson (2002) also found that student nurses were 'desensitised' during their professional socialisation and were often faced with discrepancies between the values taught within the educational environment and those witnessed within practice. Role modelling however has been identified as an accepted method to

facilitate the development of professional values but evidence has suggested they are not demonstrated within practice (Savage 1998). Students' allegiance to clinical nursing staff serves to emphasise the importance of good role models (Murray & Main 2005).

Aim & Research Questions

The aim of this study was to explore nursing students' choice of role models and their lived experience of role modelling with a particular focus on the development of Adult Nursing students as professional practitioners. The research addressed the following questions:

1. How do Adult Nursing students experience role modelling and what does this mean to them?
2. In what ways do Adult Nursing students understand the impact of role modelling experiences on their development as professional practitioners?

Research Design

The study adopted a qualitative approach based on Interpretative Phenomenological Analysis (IPA) (Smith 2004) to allow in depth exploration with participants of their lived experiences.

All students in years 1, 2 and 3 of the BSc Hons Adult Nursing were invited to take part however in order to achieve the homogenous sample advised by the IPA approach to reduce the variation that could influence any analysis of the phenomenon only female students were ultimately selected. Female students represented the majority of the student group and only white British students volunteered further reducing any potential variation. Through convenience sampling, twelve pre-registration Adult Nursing students volunteered to take part, four in each of 1st, 2nd and 3rd years of the programme. The sample was stratified according to age to ensure an equal number of young (18-25) and mature (25+) students.

The twelve students participated in individual face-to-face in-depth interviews which were non-structured to allow exploration of the phenomenon that were most important to them. Prompts and probes were used to 'guide' the interview and facilitate the participants' reflection on their experiences. Time was provided for the participants to answer fully any questions posed during the course of conversation and the interviews were only terminated once they had nothing further to add. The interviews, which lasted between 25 and 60 minutes, were audio-taped for later transcription and were conducted in an environment of the students choosing. Participants were coded P1 to P12.

Interview transcripts in phenomenological research provide a description of the participants' lived experiences. These are then ready for the analysis of meanings (Todres & Holloway 2010) followed by formulation of these meanings into coherent stories of interrelated themes and insights. Several stages of thematic analysis were undertaken using IPA as this approach adhered to guidelines regarding rigour and validity in qualitative research studies (Pringle, Hendry & McLafferty 2011).

Various measures were taken to ensure rigor within the study. Most significantly these included proportional representation of students within the results, the use of direct quotations from students and member checking of the initial interpretations of interview transcripts to ensure they were an accurate representation of the students views.

Ethical considerations

Full ethical approval was granted by the University Research Ethics Committee (12/EDU/047 - granted 13.11.2012). All participants volunteered for the study, provided informed consent prior to data collection. They were assured that taking part or withdrawing would not affect their studies in any way, and their privacy and anonymity was maintained at all times. The interviews were conducted in a location of the student's choosing, on campus and not in the researchers' office so as to provide a 'neutral' environment in which to collect the data. Casual dress worn by the researcher during data collection also served to minimise the impact of any perceived power imbalance.

Results and Analysis

Only female White British students on the degree programme at the same campus volunteered. Ages ranged from 21-42 with a mean age of 29. The analysis of the information gained through interview did not identify any findings of note in relation to the participant's age and therefore there is no distinction made in regard to this demographic. Themed comments indicated general saturation and those outliers are also included below.

Through an IPA-based analysis of participants' information, a number of subordinate themes emerged which were later grouped into twelve superordinate themes. The results presented here focus specifically on the '*Perceptions of role modelling*'; that is the influence of role modelling by qualified nurses as perceived by student nurses and '*Impact of patients on development*' superordinate themes.

Role Model Influence of clinical nursing staff

Following the IPA staged approach to analysis; students' comments on clinical practice infer that role modelling has a potentially extensive impact. Students' selections of role models appear to have the capacity to influence their development, future aspirations, behaviour, understanding of different ways of working with others, as well as having direct influence on their practice competencies.

'...I think you are a good role model, when I'm newly qualified want to build up to your level...'
(P11) (Intimates an influence on level to achieve, to aspire to)

'I think if you are just seeking to mirror somebody's behaviour you would fall short. It comes back to emotional intelligence and understanding yourself to be able to understand other people...' (P12) (Suggests influence on student's behaviour and self awareness)

'...gave a quiet authority, she wasn't intimidating ...My first mentor was quite the opposite, she wasn't loud but she was... she oozed authority, a different approach to their work with the same outcome...' (P4) (Appears to refer to ways of working with others)

'I'd like to integrate that into my practice' (P4) (Suggests influence on competent practice)

Students appeared generally able to distinguish between good and poor role modelling regardless of their level within their programme. Reflective practice, encouraged through University-based learning may support students' deriving benefit from both positive and negative experiences. Some students found experiences relating to competent practice confusing though it appeared they could learn from poor practice.

'She says sometimes we do cut corners to save time if you are in a rush but most of the time this is what you should be doing' (P1) (Apparently conflicting information relating to practice)

'...even though those experiences were negative you can always turn them around and say that I won't ever behave that way...' (P7) (Suggests that it is possible to learn from negative experiences)

'...she was practising the aseptic technique allegedly, um... [pause] in catheter changing and, I thought, oh this is good, she got everything prepared, She was putting on gloves and I thought, right, now I'm going to watch something here and then she forgot something and promptly with her gloves went rummaging into this chaps wardrobe and I thought, oh ok, maybe not...' (P4) (Intimates student's learning from this observation)

Quality of professionalism in communication by nursing staff of all levels with patients, and between colleagues was a recurring sub-theme where role-modelling appeared to have a strong influence on students' experiences. Students seemed to learn from poor as well as good examples, perhaps encouraged by the reflective practices within the protected environment of their University-based development. One student described an emotive experience of no-one taking responsibility for acknowledging and dealing with poor professionalism.

'...there was a nurse and he was just appalling. He was so rude to patients, he was rude to the students, rude to the care assistants, rude to the manager and he had such an abrupt personality and I was kind of thinking why is he here?' (P6) (The emotive terminology suggests strength of impact of this role-modelling)

'I think the role models they have had is a big influence on it, if they don't know what standards they should set for themselves and they follow others and they have had a string of bad mentors and they think that is the norm then they will pick up on that...' (P9) (Appears to recognise the ongoing nature of role model influence.)

Role Modelling influence of senior staff

Experiences in relation to role modelling by senior staff were mixed across the participants. Some students' perceptions seemed adversely influenced by observation of what they perceived as inconsistent behaviour. Students seemed to feel actions were at times contrary to their expectations of a manager 'leading by example'. Other students appeared to reflect on these experiences deriving learning from observation of poor and good practices. The role modelling of practice, communication, management and 'acceptance' of students into the placement team all appear to be important for students.

'...things like, you're not allowed to eat in the kitchen and its plastered everywhere and then they will come in and have something to eat and everyone else thinks it's alright, they look

up to them, like role models to set a standard and sometimes it's not always there...' (P9)
(Appears perceived as an example of inconsistency, not leading by example, of setting rules and not following them)

'I don't think I've ever seen her out of her office...would verbally dress them down in front of other staff...' (P2) (Suggests influence through witnessed hierarchical structure and not working as a team)

'...even though he was higher up than band 5, band 6 nurses, he stepped down to the care assistants level, there was respect shown for him, patients showed respect to him as well.'
(P6) (Intimates positive influence of collaborative working)

One participant indicated that part of leading by example relates to the ward manager respecting student autonomy and recognition that students are in placement to learn; *'...she respected my autonomy as well in that role. Instead of just saying, 'you're just a student; you're in charge of the commodes'* (P7)

Role Modelling influence of patients

Integrated working includes patients within the matrix of communication, competence and interaction. Students' commentaries inferred that observing patient reaction to care delivery can have an influence on professional development.

'The reactions that I had off the patients made me not want to be like her.' (P1) (Infers witnessed care delivery that elicited a negative patient response)

'...from people's reactions...' (P12) (Direct response to question regarding how to judge good and poor role model traits)

'I think seeing the interaction between the nurse and patients will make me think ... do I want to be that person when I'm qualified.' (P5) (The interpersonal nature of communication appears to influence)

Relating to the phenomenon of role modelling, it is suggested that students observe how the engagement, involvement and integration of the patient into their care enhances relationships and person centred practice.

Discussion

It is clear that qualified nurses continue to have a strong influence on adult nursing students' perceptions of role models and thence their professional development. In accord with the findings of others (Ogier 1982 & 1989, Fretwell 1982, Melia 1984 & 1987, Charters 2000, Lewis & Robinson 2003, Donaldson & Carter 2005, Perry 2009), all participants referred to experiences of role modelling in clinical placement working with qualified nurses. A finding common with medical students (Finn et al 2010) was that nursing students placed emphasis on the perspective of staff within practice settings. Some students in the current study referred to their mentors as 'role models' supporting the view that students model their practice on those individuals with whom they most closely relate (Illingworth 2006). Students inferred appreciation of the key components of mentoring relationship; respect, trust and appreciation of each other (Eller, Lev and Feurer 2013).

Students in this study did not report feeling unable to learn owing to being considered as 'a worker', contrary to earlier research into the clinical environment (Fretwell 1982, Ogier 1989, Melia 1982 & 1987). It would appear that whilst not always formally supernumerary there is finally, for these students and locality, recognition that students need a balance of 'learning about' (theory) and doing (practice) as originally indicated in Ogier (1989).

Several participants (n =4) felt that a clinical role model should benchmark practice. This concurs with Ettinger's (1991) view that a clinical role model should demonstrate competence, confidence and commitment but also the qualities of being a life-long learner thereby indicating that professional development does not have an end point. Participants perceived the need to continue to develop until they reached the level of practice they hoped would be demonstrated by their mentor, whether this is their formal mentor or those they viewed as role models. However, students appeared to learn from both good and poor practice in the context of clinical skills and in terms of conduct and behaviour. It was important to the study participants that role modelling in practice concerned benchmarking the intricacies of the role with a view to developing as a professional to meet that standard as opposed to simply copying what they did. Bandura's

assertion that people generate evaluative reactions toward their own behaviour and from this regulate which modelled behaviour they will perform supports this finding (Bandura 1977).

The demonstration of nursing care delivery, leadership and management was very important to the participants whether by clinical or senior staff. Some (n =5) described experiences of noting mentors' actions and their management of others that had influenced their understanding of a nurse's role. For one participant this involved the excellent delivery of clinical skills but with poor communication, and subsequent reflection that a nurse cannot focus on technical skill without consideration of the interpersonal nature of the encounter. Another participant described it being acceptable to 'cut corners' in certain circumstances indicating previously identified concerns (Ogier 1982) remain current and speculated that the 'do as I say, don't do as I do' attitude can be particularly influential. Poor role modelling experiences can serve to positively influence a learner's development by demonstrating how not to do something (Illingworth 2006). Participants also perceived demonstrated leadership impacted on their professional development (Orton 1981, Ogier 1982, Fretwell 1982, McGowan 2006), illustrated through one participant's example of a qualified nurse's rudeness not being acted on by the manager. Although a small participant group of twelve undergraduate nursing students, similarity of findings with other authors suggests where this participant group's comments form new emerging themes, there may be some generalisability or transferability to adult nursing students within England; thus the mentor's leadership role modelling may be important for all student nurses.

The participants felt that leading by example was a key role modelling trait for clinical staff and managers. The experience of one participant echoed the findings of McGowan (2006) in relation to leadership style, supernumerary status and how students are perceived. Having her autonomy as a student recognised and respected meant that she was able to negotiate her learning opportunities. This emphasises how critical strong, effective leadership is essential for students' learning and development in the clinical environment, in seeing how a transformational leader can work with a team, and how poor leadership can potentially lead to fragmented communication, lack of teamwork, low morale and ultimately a minimised focus on the needs of the client group (Manley, McCormack & Wilson 2008). Although participants generally indicated they learnt from both positive and negative practice experiences, there is the potential for nursing students to learn that being a leader means telling others what to do or how to behave without demonstrating the willingness to do these things themselves. This could perpetuate a learning environment that is not conducive to learning about effective practice and effective leadership owing in part perhaps to

limited role modelling. The 'declining professionalism and tolerance of poor standards' associated with failings in leadership found through the public enquiry conducted by Francis (DH 2013a) further serves to emphasise the importance of role modelling for service improvement at all levels of an organisation.

Participants described experiences whereby patient observed behaviour and reaction to care delivery had an impact on their understanding of nursing and professionalism. This corresponds to studies that have identified patients as rich sources of learning (Cheetham & Chivers 2001). It is clear that experiences directly involving patients and observation of the consequences of their actions influence the behaviour, attitude, emotions and ultimately development of a students' professionalism. The response by the patient to the professional and vice versa leads to a conscious decision as to whether modelled behaviour should be repeated. When related to the earlier definition of role modelling and influence on behaviour it is suggested that patients may therefore be classed as role models in the context of student nurse professional development.

Limitations

The idiographic nature of interpretive phenomenological analysis requires a small number of participants to enable in-depth analysis and exploration of each case (Smith, Flowers & Larkin 2009) limiting the generalisability of the findings (Cresswell 2009). The findings have been analysed and discussed to identify issues that could be transferable to other contexts (Smith, Flowers & Larkin 2009). The experiences of nursing students in other programmes, BME groups and from different geographic locations are not represented in this work, nor were male students' perceptions studied due to the convenience sample that was used. The results should therefore be viewed with caution when considering these groups.

Conclusion & Recommendations

Clinical nurses in particular, as well as managers, consistently influenced student nurses' development across the programme. Therefore it is important for practice-based mentors, formally allocated or otherwise, to be willing and able to role model professional attributes. In an apparently new finding, direct experiences with patients also influence students' learning, and educationalists may choose to make curriculum changes to optimise this person-centred learning aligned with the 6 Cs and the Francis Report.

The following key recommendations are made:

- Clinical nurse mentors being a major influence on students' professional development should be mindful of their role in shaping the practices of future workforce.
- Students should have the opportunity to work with a number of clinical staff in order to ensure exposure to a variety of practice behaviours, enabling them to identify traits they wish to emulate in their future practice. This is as opposed to simply following what their 'official' mentor does.
- All qualified nurses should advocate the need for life-long learning in regard to the development of professional practice.
- Senior staff should lead by example and not, for example, be seen to tolerate poor professional practice.
- A transformational leadership style and collaborative approach to work should be maintained in order to facilitate the development of an effective learning environment.
- The development of emotional intelligence and in particular self-awareness in relation to patient reaction should form a key part of any nurse education programme.

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