‘Riding the waves’ - an exploration of how students undertaking a pre-registration nursing programme develop emotional resilience

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Final report

Riding the waves

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1. Executive summary

The study was prompted by recognition of the many emotional demands and challenges on mature students undertaking professional programmes. The broad aim was to gain more understanding of the ways mature students, undertaking the adult and mental health branches of a pre-registration nursing programme, use and develop emotional resilience in response to these challenges, during their transition from health care support workers to accountable professionals. This greater understanding was then to be utilised to make recommended changes to the delivery of professional programmes, in relation to curriculum, pedagogy and student support systems, to promote the development of emotional resilience in individuals.

The literature reviewed focused predominantly on individual characteristics, individual strategies for coping and the impact of immediate social and environmental factors so can be broadly classified as psycho-social in approach. The work by Fenton O’Creavy, Nicholson, Soane and Willman (2003) went a little further towards the development of a social model but for the purposes of the initial construction of research questions the definition arrived a by Jackson, Firtko and Edenborough (2007:3) was used as a working definition:

*the ability of an individual to adjust to adversity, maintain equilibrium, retain some sense of control over their environment and continue to move on in a positive manner.*

The research questions were then defined as follows:

- What does ‘adversity’ mean for Pre-registration Nursing students
- What characterises resilient individuals?
- What survival tactics do they use?
- How can we promote the development of resilience by the nature of the academic and practice support we give students and the kind of learning which accompanies this?

Because of the nature of the research questions, a qualitative approach was used to determine sample, data generation and analytical and interpretive decisions. Initially data was gathered from a focus group interview and this was used to generate initial issues and questions and to determine a broad framework for individual interviews. Eleven in depth interviews were then recorded, transcribed and analysed through categorisation of key themes. After each interview emergent dimensions were identified and these influenced the focus of subsequent interviews.

Summary of the main findings/implications:

- The critical importance of acknowledging and facilitating peer support.
- The importance of positive feedback and of enhancing the student’s ability to re-frame difficulties or problems.
- Ensuring a culture of learning where students are accepted, given opportunities and where resilience is fostered.
- Recognising the importance of valuing, utilising and nurturing emotional capital.
- The recognition of supporting and validating personal reflection which is outside an academic discourse.
- The recognition that students need support in ‘interpreting’ academic discourses to make them meaningful
- The importance of identifying good practice by mentors, programme tutors and tutors and of sharing those findings.
It was concluded that these findings have implications in terms of pointing to various ways in which students might be helped to increase their resilience. These include consideration of the nature of the content and resources used for mentor and tutor development and of structures that facilitate peer interaction and support and validate personal reflection.

The investigation, however, had raised further questions and highlighted the need to draw upon theoretical frameworks that shifted the emphasis from the individual and influences related to the immediate social, cultural and organisational context to a model that addresses learning that takes place through the active engagement and participation of students within the actual situated context of nursing practice. Wenger's notion of communities of practice and concept of legitimate peripheral participation (Wenger, 1991) were utilised to explore some of the challenges that 'novice practitioners' encountered in becoming part of an established community of practice.

2) Report

Aims and scope of project

Broad aim:

- To gain more understanding of the ways mature students, undertaking the adult and mental health branches of a pre-registration nursing programme, use and develop emotional resilience in response to challenges encountered during their transition from health care support workers to accountable professionals.

The assumptions underpinning the study are that a) students bring to the learning process both experience and resilience b) that undergoing a professional programme has a profound impact on both epistemological and ontological processes that interact in the further development of resilience, bringing to the fore questions relating to both “what I know” and “who I am”. These questions ultimately have an impact on practice so “knowing”, “being” and “doing” are closely interrelated in the development of emotional resilience.

Specific objectives:

- To develop a working definition of emotional resilience in order to set the research questions (see below)
- To make recommended changes to the delivery of professional programmes, in relation to curriculum, pedagogy and student support systems, in order to promote the development of emotional resilience in individuals.
- To explore a broader range of theoretical frameworks and relate them to emotional resilience in order to develop a more integrated concept and new tools for analysis
- To identify areas for further enquiry

Key research questions:

- What does ‘adversity’ mean for Pre-registration Nursing students
- What characterises resilient individuals?
- What survival tactics do they use?
- How can we promote the development of resilience by the nature of the academic and practice support we give students and the kind of learning which accompanies this?
Activities

It was planned to carry out an in depth qualitative investigation. The research questions and the scale of the project plus limited access to students made this the most appropriate methodology. The original plan can be seen below:

Original plan

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
<td>April</td>
<td>Literature review</td>
</tr>
<tr>
<td>May</td>
<td>Literature review. Working definition of ‘emotional resilience’</td>
</tr>
<tr>
<td>June</td>
<td>Sample identified, recruitment and consent acquired. Broad framework developed for interviews</td>
</tr>
<tr>
<td>July</td>
<td>First phase of pilot interviews with students Transcribing</td>
</tr>
<tr>
<td>August</td>
<td>Analysis and review</td>
</tr>
<tr>
<td>September</td>
<td>Second phase of interviews with students and transcribing</td>
</tr>
<tr>
<td>October</td>
<td>Interviews continued and transcribing</td>
</tr>
<tr>
<td>November</td>
<td>Interviews and transcribing completed</td>
</tr>
<tr>
<td>December</td>
<td>Analysis and interpretation</td>
</tr>
<tr>
<td>January</td>
<td>Write up research report</td>
</tr>
<tr>
<td>February</td>
<td>Complete first draft</td>
</tr>
<tr>
<td>March</td>
<td>Revisions and final research report with areas identified to develop published paper – journals identified</td>
</tr>
</tbody>
</table>

The first change to the plan was the decision to run a focus group for the first part of the investigation and to use the key themes from this to set the framework for in depth interviews with individuals. This shifted the plan in terms of the time frame and the first interviews did not take place until the autumn and continued into late winter. They were not organised in two distinct phases as the focus group had served the purpose of setting the interview framework. This was quite loose with the intention that the interviewer used her skills to encourage relatively open and free dialogue rather than short answers to formally constructed questions. This worked well and the external consultant commented on the richness and quality of the interview transcripts. Some analysis and review occurred during the period that interviews took place but there were no significant changes to the original interview framework.

The amount of information collected in each interview was more extensive than had been anticipated and a decision was made to carry out eleven interviews rather than the initially proposed twenty interviews. This helped in relation to the logistics of setting them up but also meant that the amount of information to transcribe and analyse was not too unmanageable.

The writing up of the research report shifted as well and was changed to aim for completion by end of June. There was a later negotiation about this due to personal and work circumstances of key people involved in the project (final end date 31/07/08).
As the investigation and analysis of transcripts progressed it became necessary to re-visit the literature. The structure of the final research paper (see section 5) reflects this. The process became as follows:

Literature review → definition of emotional resilience → research questions → interviews → analysis → further research questions → literature review expanded → further analysis

The first analysis was focused on 1) different types of challenges or ‘adversity’ that pre-registration nursing student encountered 2) different categories and dimensions related to coping or survival tactics. The original plan had been to undertake narrative analysis. However, the research questions asked were better addressed by an analysis of categories and dimensions.

Further analysis drew upon on Lave and Wenger’s (Lave and Wenger, 1991) concept of communities of practice and other theoretical perspectives bringing relationships of power into the spotlight.

3) **Findings**

The main findings are outlined in section 5). Tables 1 and 2 outline categories and dimensions related to ‘adversity’ and properties/dimensions which promote resilience.

Summary of the main findings/implications in promoting resilience:

- The critical importance of acknowledging and facilitating peer support.
- The importance of positive feedback and of enhancing the student’s ability to reframe difficulties or problems.
- Ensuring a culture of learning where students are accepted, given opportunities and where resilience is fostered.
- Recognising the importance of valuing, utilising and nurturing emotional capital.
- The recognition of supporting and validating personal reflection which is outside an academic discourse.
- The recognition that students need support in ‘interpreting’ academic discourses to make them meaningful.
- The importance of identifying good practice by mentors, programme tutors and tutors and of sharing those findings.

These findings have led to specific recommendations described in the next section. The most significant findings related to the critical importance of peer support and this is discussed in more detail in the main paper.

There have been clear opportunities identified to take this inquiry further and seek opportunities for publication.

**Impact**

a) Student experience

The project will not yet have impacted on student experience other than the experiences of students who participated in the focus group and interviews.
However, there are significant implications from the findings that could impact in the future on how practice learning is supported by mentors, Programme Tutors and organisations and therefore on student retention.

b) Teaching

Specific recommendations that will be sent to professional programmes will include:

- The importance of briefing Programme Tutors and mentors on how to facilitate peer support groups and one to one ‘buddying’.
- Guidance for students on how to informally explore and reflect on traumatic and emotional events that have occurred in the workplace and their own emotional responses to events with a buddy (outside any attempts to frame within an academic discourse).
- Development of resources for Programme Tutors/mentors on ‘interpreting’ or ‘re-framing’ professional and academic discourses to make them accessible to students.
- Incorporation of learning activities using metaphor, poetry and art to explore emotion and support ‘re-framing’ and reflection.
- Addressing skills development including interpersonal relationships, managing challenging and difficult behaviour, coping with emotional and traumatic events, communicating about emotive topics.
- Production of some written advice and guidance on making the most of practice learning opportunities with advice on questioning, balancing assertiveness with diplomacy, coping with dual identities and some gender specific guidance.

c) Strategic change and learning design

The project is already beginning to make some impact within the Pre-registration Nursing Programme. As a result of a presentation at Region and Nation Staff Conference there is now a meeting set up in September with the Assistant Director of the nursing programme who has professional lead responsibilities. She is interested in how the findings from this project can be used in DVD material that is being developed for mentors.

d) National or sectoral impact

Ann Smith and Lindsay Brigham have been invited to present a core paper at the Nursing Education Tomorrow event in September 2008 and this is an opportunity to disseminate findings to a national audience. A poster and A5 fliers, designed by a consultant commissioned by the CETL project, will be available for the conference.

A copy of the final report will be made available to the Strategic Health Authority (SHA) in Yorkshire and Humberside. Key people within the SHA have been briefed about the project as students who participated in the focus groups and interviews were initially commissioned by the SHA.

This project has led to a second successful CETL bid to explore emotional resilience in post qualifying nurses. The investigation will be in Northumberland Tyne and Wear NHS Trust and has resulted because of interest in the first project. The Trust are interested in using the evidence from this work to inform their policies on critical incident de-briefing and clinical supervision. Although this is just at the level of one Trust there is potential to disseminate the findings to a broader audience.