



Adult student nurses' experiences of encountering perceived child abuse or neglect during their community placement: Implications for nurse education

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ABSTRACT

Introduction: While child nursing students may expect to encounter child abuse and neglect and assume a safeguarding role when they qualify, those undertaking adult nursing courses may not expect to come into contact with children and may be even less likely to expect to encounter child abuse or neglect. This paper presents the findings of an interpretative phenomenological analysis (IPA) study. Students learn through experience and reflection and Mezirow's Transformational Learning Theory (TLT) was used to explain the various ways in which nine adult nursing students attempted to make sense of and learn from their experiences of encountering perceived child abuse and neglect during their community placement.

Study aim: The study aimed to examine the learning journeys of undergraduate adult nursing students who encountered perceived child abuse and neglect during their community placement.

Design: The research was located within an interpretative philosophical paradigm. Interpretative phenomenological analysis (IPA) provided an in-depth insight into participants' individual lived experiences.

Setting and participants: The fieldwork was undertaken at a Higher Education Institution in the North East of England. Participants were in the first year of an undergraduate nursing programme.

Method: Data were collected using semi-structured face-to-face interviews and analysed using IPA.

Findings: The nine participants underwent a process of transformational learning after encountering perceived child abuse and neglect. They found the initial experience disorientating because it challenged their pre-conceived ideas about families and communities. They experienced a range of negative emotional responses, including anger and some expressed judgmental views towards parents. However, their frames of reference changed as they began to critically reflect on and process their experiences and they were able to recognize, albeit to varying degrees, that they had enhanced their knowledge and learnt from the experience. Their understanding of the role of the adult nurse changed and they recognised they had an important role to play alongside other professionals in safeguarding children.

Conclusions: The findings highlight there is a need for HEIs to ensure students on adult nursing programmes understand they have a role to play in protecting children; they also highlight a need for more effective preparation and support.

1. Introduction/Background

Government Guidance (HM Government, 2015) states that all healthcare practitioners have a responsibility to ensure children are kept safe and the Nursing Midwifery Council's (2015) Code of Professional Conduct states that nurses should be knowledgeable about detecting whether a child is in need of safeguarding. In addition, the 'Standards for Pre-Registration Nurse Education' state that:

"Adult nurses must be competent in recognising and responding to the needs of all people who come into their care, including babies, children and young people."

(Nursing and Midwifery Council, 2010, p. 17)

However, while child nursing students may expect to work with vulnerable families and encounter child abuse and neglect in the community, those undertaking adult nursing programmes may not expect to come into contact with children and may be even less likely to expect to encounter child abuse or neglect.

A growing body of evidence highlights the long term negative impact that working in child protection can have on emotional and psychological wellbeing (Bradbury-Jones, 2013; Ferguson, 2011; Keys, 2009; Leblanc et al., 2012; Rowse, 2009; Taylor and Bradbury-Jones, 2015) and this can be compounded by a lack of knowledge (Rowse,

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2009). A number of reviews have suggested health care staff, including adult nurses, have deficits in their knowledge and skills (Birmingham Safeguarding Children Board, 2010; Laming, 2003; Local Safeguarding Children Board Haringey Council, 2009; Lock, 2013). Long et al. (2006) found nurses did not always feel they were in a position to act in the best interests of the child, especially if they lacked confidence, Skarsaune and Bondas (2015) highlighted nurses were uncertain and anxious about detecting child abuse and Bradbury-Jones and Broadhurst (2015) found student nurses were not taught about domestic abuse in universities and had little opportunity to learn about this in the clinical arena. However, most of the literature relates to the field of children's nursing. While the literature highlights that education and support are pivotal in preparing nurses for their safeguarding role (Bradbury-Jones, 2013; Forge, 2010; Powell, 2003; Taylor and Bradbury-Jones, 2015), very little research has focused on student nurses' experiences of encountering child abuse and neglect with the exception of Ridley (2012) who found that student nurses experienced a range of negative feelings.

2. Research Methodology

Adult nursing students vary in age and gender and have a range of life experiences. The interpretative constructivist paradigm acknowledges individual's relative experiences and was, therefore, an appropriate framework within which to locate this study. Being interpretative in IPA involves double hermeneutics, where the researcher is trying to understand and make sense of an event that happens to another individual (Shaw, 2013). It enables a detailed examination of the individual's lived experience, the meaning of the experience and how an individual makes sense of the experience. Mezirow's TLT (1991) stipulates that learners interpret and make meaning of the world, constructing their own knowledge whilst reflecting on previously constructed knowledge that is grounded in a system of social interactions. TLT was used to understand and interpret the various ways in which student nurses attempted to make sense of their experiences of child abuse and neglect. It worked well with IPA because a fundamental supposition of IPA is that individuals constantly self-reflect.

2.1. Recruitment and Sampling

The sample was convenient in that the lead author had easy access to adult nursing students within the HEI where she worked and purposeful in that participants were selected because they had encountered perceived child abuse or neglect during their community placement. Adult student nurses studying at an HEI in the North of England were asked to contact the researcher if they perceived they had encountered child abuse or neglect and were willing to participate in the study. They were not provided with a formal definition of child abuse or neglect as the researcher wanted to gain an understanding of their perceptions of the issue. Nine students (eight women and one man aged between 19 and 35) contacted the researcher and went on to participate in the study.

2.2. Data Collection

Data were collected via semi-structured, face-to-face interviews which aimed to capture the uniqueness of individual's experiences and investigate how they made sense of and learnt from their experiences.

2.3. Data Analysis

Data were analysed using IPA (Smith, 2011). Attention was paid to the language used by participants, exploring each word and sentence to assimilate the meaning of what was being said. Coding was undertaken line-by-line, then initial codes were grouped and amalgamated into emergent themes and ideas developed analytically and theoretically

across the data.

2.4. Ethical Considerations

Ethical approval was sought and successfully obtained from the HEI. Kvale and Brinkmann's (2009) ethical principles informed consent, being sensitive to the risk of coercion, the consequences of research, confidentiality and anonymity guided the study. It was essential to ensure students did not feel they were being coerced into taking part because the researcher was a member of staff (Hays and Singh, 2012). Confidentiality was assured unless unaddressed safeguarding concerns were highlighted in which case concerns would have been reported to an appropriate agency.

3. Findings

Transformational learning requires individuals to change the way they see themselves and the world around them (Callega, 2014). The participants in this study appeared to change their frames of reference after encountering perceived abuse and neglect during their community placement. The findings are presented under three themes which broadly relate to Mezirow's TLT. Mezirow (1991) presented transformational learning as a linear process but highlighted that the various phases could be non-sequential and that the completion of each phase may not be dependent upon the completion of another. Participants' transformational learning journeys were individual but there were commonalities. All participants appeared to experience some sort of personal crisis when they first encountered child abuse and neglect which caused them to become disorientated. This led them to engage in self-reflection which challenged their previously held assumptions and pre-conceived ideas Christie et al. (2015), culminating in perspective transformation and an expanded worldview (Mezirow, 1990).

3.1. Encountering Disorienting Events

Taylor and Elias (2012) define a 'disorientating event' as an experience that challenges previously held and unquestioned assumptions about ourselves and the world around us. Assumptions can be so ingrained that it takes a powerful event or acute crisis to shake them (Mezirow, 2003). For these participants the 'disorientating event' was encountering perceived child abuse or neglect. According to Mezirow (1999) crises of this kind cannot be resolved by acquiring more information or enhancing problem solving skills or competencies, only through a learning process which moves the learner towards a more critically reflective way of thinking. Disorienting events are the catalyst for perspective transformation and without this individual change cannot occur (Christie et al., 2015; Howie and Bagnall, 2013).

Transformational learning involves feelings of intense surprise (Coffman, 1989 cited by Taylor in Mezirow, 2000). The participants in this study became confused as their usual frames of reference were challenged. Shock was a commonly reported reaction:

"... there is going to be a case conference... they may call for the children to be removed I was just shocked, really shocked, really shocked."

Participants found going into people's homes and witnessing the difficult circumstances within which children lived very challenging.

"I've come in absolutely blank, for me it's learning the diverse kind of how people live ... I am getting more of an understanding of people's backgrounds and the way people live cos I've obviously lived in a bubble. I've not experienced having to go into somebody else's house or I've never had to deal with anyone else's lives in that way, do you know what I mean? Their personal lives. I still feel uncomfortable, I don't particularly like it to be honest with you, I feel it's quite intrusive."

Some participants described feeling afraid. They said they were concerned for their own safety and felt vulnerable being put into potentially dangerous situations. Mentors always accompany students on home visits so in reality there would be very little risk of personal harm

but students' fears were nevertheless very real and need to be addressed:

"You don't know what's around you in a client's home, they could be sat on a knife."

Participants had previously given little consideration to the fact that they would come into contact with children and they reported that they were not prepared to see the things they did.

"I suppose when they say you are with the health visitor you kinda think aww baby clinic. I mean that was my thought... I'm going to go and see brand new babies, they're going to be so cute and I'm going to weigh them... I never really considered neglect, I never really thought about people doing that when they close their front door, that's what goes on behind it."

Participants reported being forced to listen to quite graphic accounts of child abuse or neglect relayed to them by parents, their mentor or other professionals when they attended multi-agency meetings such as child protection case conferences. For example, one participant revealed she had become upset when a mother disclosed that she had been a victim of domestic violence:

"She wasn't that bothered, she minimized all the violence...like 'oh he's just thrown me about a bit'... She didn't cry she just had quivering in her voice. [...] I mean it was a shocking story because you don't want to think anyone has been through that."

Students receive an introductory safeguarding lecture prior to their community placement but this is not mandatory and students are not really encouraged to consider child abuse and neglect from different perspectives so any preconceived ideas they may have formed about families who are involved in the child protection system are not challenged:

"We only had our introduction to safeguarding two days before I went with the health visitor and all that was recognising, well it was like child protection, it was signs of child abuse but there was nothing to prepare you for what happens if you stumble upon it ... I was honestly feeling quite scared cos I'd never come across this situation before."

Mezirow (1997 pp10) stated that *"To facilitate transformative learning, educators must help learners become aware and critical of their own and others' assumptions. 'Learners need practice in recognising frames of reference and using their imaginations to redefine problems from a different perspective' and the safeguarding lecture could have been used to do this more effectively.*

3.2. Reflecting on Responses, Assumptions and Preconceptions

Critical reflection is a crucial element of transformative learning. It involves more than thinking or learning it necessitates becoming aware of and questioning your own and others taken-for-granted assumptions, expectations and practices (Mezirow, 1997). Encountering perceived child abuse and neglect initially left participants feeling deflated but once they started to engage in critical reflection they were able to question their preconceived assumptions and process the new situations they were seeing and hearing about. This led to a range of strong, mainly negative emotional reactions such as sadness, fear, frustration and guilt:

"I was thinking about it all night cos I still felt guilty... It goes from being determined to put what's wrong right. But then it goes from that to being in someone's home to almost feeling guilty you've caused it... that baby's taken away and it's all your fault."

Morgan (1987 cited in Taylor (1997)) stressed that anger was a profound and universal feeling which needed to be resolved before individuals could progress with transformational learning. Anger was the most frequently reported emotion.

"I was upset I was a bit angry if I'm honest I know that's terrible. I was a bit angry towards the mother; obviously I didn't display any anger or anything."

Ethnocentrism, the predisposition to regard others outside one's own group as inferior, can lead individuals to have complex feelings, beliefs and judgments about specific individuals or groups (Mezirow,

1997) and some of the participants used judgmental language when talking about parents:

"I just thought it was, it's alien it makes no sense to me at all [...] makes me a bit angry that the baby is in the middle of it all, she has to be assessed each time, to see if she could look after it, time after time she's had chance after chance."

One participant said she could not understand how a mother *'had no maternal instinct'*, another talked about parents being *'really, really devious'*. The most personally significant transformations involve a critique of premises regarding the world and oneself and for an experience to be transformative, the adult learner must make an informed and reflective decision about whether to respond or not (Mezirow, 1991). Some participants were aware that their responses were not what might be expected from a health care professional and they acknowledged it was important to reflect on this. Students are encouraged to reflect from the beginning of their programme. They are given a professional portfolio file in which they can record critical incidents and complete reflective exercises. Some participants had engaged in written reflection:

"It's important to reflect on all of your work. I did a bit of thinking... it's just important to do that. I wrote this diary to help me with that. It will help me remember in the future I guess. But just reflecting and seeing what you would do if it was you who was the health visitor and how you would help I guess."

It is important for students to be able to debrief following distressing experiences. Mezirow (2000) emphasized the importance of the social dimensions of transformational learning and the need to interact with others to identify alternative perspectives and provide emotional support during the process of transformation. Some participants said they spoke to their mentors or to family members or peers but others said confidentiality prevented them speaking to anyone which left them feeling isolated and at risk of *'bottling things up.'* Students engage in group sessions with a guidance tutor throughout their course, however, not all guidance tutors are child protection experts so reflection on this subject may be inadequate. The researcher was, therefore, often the first person they were able to speak to. She encouraged them to look back and reflect on their experiences and helped them try to redefine the problem from different perspectives (Mezirow, 1997).

3.3. An Expanded Worldview

Mezirow (2000) argued that transformation involves a reformulation of assumptions to permit a more inclusive, non-discriminatory and integrated perspective. Overall, the experience of encountering perceived child abuse or neglect appeared to give participants an insight into a different world, which resulted in newfound knowledge and an expansion of individual worldviews. Following critical reflection of the disorienting events they encountered participants appeared to gain a greater appreciation of how others lived and a better understanding of child abuse and neglect, and they gradually acknowledged that adult nurses have a child protection role. Some participants appeared to have achieved perspective transformation in that they had developed an awareness of how their own presuppositions were constraining the way they perceived and felt about the world. They reported that the things they saw and heard about during their community placement compelled them to think differently and question more which is positive in terms of being able to fulfil their future safeguarding role.

"I think that with what we've seen [we should] be more, question everything a bit more instead of taking it at face value, look into things more, think outside the box a bit more and think why is that?"

Mezirow (1991) proposed that adult learners build self-confidence as they take on new roles, which they can then apply in different situations. Participants gained insight into and understanding of the varied nature of their mentor's profession and their involvement with safeguarding.

"I've learnt more on the role of the health visitor cos I just thought it was babies and stuff like that but you've got the whole child protection side of it

as well [...] I thought it was just that all nicey, nicey but obviously you've got the horrible side as well."

They also gained insight into some of the difficulties professionals encounter within the child protection system as well as an understanding of the roles of other professionals within the safeguarding process.

"I didn't realize when they call meetings and care plan meetings, how many people are there and get involved. Doctors, nurses, social workers, school people, parents, grandparents, everyone, health visitors and I didn't expect that. In my head it fell together. ... it seemed good how everybody worked together to get the information about the child."

There were, however, variations in how much individuals felt they had learned. Some were clear the experience had made them realize they did not want to work in the community but for others the community placement was such a positive experience that they had started to think about working in this environment once they were registered practitioners.

4. Discussion

The findings suggest safeguarding needs to be effectively embedded in the pre-registration adult nurse curriculum at the outset of students' professional education (McGarry et al., 2015). To ensure potential students have a better understanding of the role of the adult nurse recruitment information should clearly outline that students will have a placement where they may come into contact with vulnerable families. Students need theoretical and practical preparation prior to their community placement. A multi-professional approach to preparation is recommended which addresses the new educational framework proposed by the NMC (Nursing and Midwifery Council, 2017). Nursing students should receive child protection training alongside students from other professional disciplines such as social work, education and occupational therapy to facilitate understanding of each other's roles and to encourage professional challenge and training should be delivered by staff from different disciplines to ensure nursing students are encouraged to consider child protection from a range of different perspectives.

Community placements give nursing students an opportunity to develop skills and competence in complex settings but working in an environment where child abuse and neglect may be present can be stressful (Bradbury-Jones and Broadhurst, 2015). Students need to be able to access a range of different supports. Hoel et al. (2007) highlighted that students who suppress their feelings when faced with clinical challenges risk developing emotional coldness. This may impact on their personal wellbeing and is not a response that would be expected from the caring profession (Leininger and McFarland, 2006). While most students manage stress effectively and take responsibility for their own wellbeing, some may be unable to self-manage their emotions and will need to be given details of how to access additional support, for example, via student counselling services. HEIs need to ensure mentors are aware of the importance of their role in supporting students through complex and challenging practice situations, and mentors need to give students time to debrief and discuss their concerns. At the end of the placement, they should hold a debriefing session with the student to encourage them to talk about unresolved emotions. More opportunities for debriefing with educators and peers needs to be built into the nursing programme and it may be beneficial for students to debrief with professionals from backgrounds other than nursing in order to respond to the proposed new standards for education which encouraged greater partnership working between practice and educational environments (Nursing and Midwifery Council, 2017).

Some of the participants' judgmental comments about parents were concerning. Learners may bring preconceived ideas, some of which may be influenced by personal experience (Mathews and Collin-Vézina, 2016) and educators need to ensure they understand the range of social, economic and cultural contexts within which people live. They should

facilitate transformational learning by helping learners become aware and more critical of their own and others assumptions and assist them to become aware of potentially oppressive strategies (Callega, 2014) so they can change their frames of reference and habits of mind (Mezirow, 1997). Students need to be sensitive when they come into contact with children living in different situations from those which they are used to and they need to understand that they may be observing a variety of parenting styles which are not necessarily indicative of child abuse or neglect and may in fact be manifestations of material deprivation (Bywaters et al., 2016). In order to help students address any preconceived ideas and re-appraise their assumptions, a range of holistic teaching strategies should be employed including active participation, problem-solving, critical reflection, active seeking of meaning and experiential learning (Knowles et al., 2014). Perhaps Kolb's (2004) suggestion that students could be asked to unlearn what they think they already know might be effective. Gardner and Emory (2018) talked about the importance of exposing nursing students to vulnerable populations but students undertaking adult nursing programmes often have fewer opportunities to engage with vulnerable populations and may fail to develop the skills that are needed to work with these communities. It is, therefore, recommended that HEIs consider opportunities for students to develop child protection knowledge through, for example, 'buddying' up with a peer who is experiencing different situations; offering workshops, which cover simulated scenarios; or providing opportunities for multi-agency professionals to share their experiences.

4.1. Limitations

This was an IPA study thus the findings are drawn from a very small sample and are not generalisable. The findings may be of interest to other HEIs in the UK and internationally but it is acknowledged that they may arrange their placements differently and may offer more preparation and support. An additional limitation was that participants were left to determine whether they had encountered child abuse or neglect and as Barlow et al. (2016) pointed out it can be difficult to ascertain whether a child is being abused or neglected or living in a situation of deprivation. It must therefore be acknowledged that some of the participants' depictions of child abuse and neglect may not have been actual incidences of harm. The researcher could have discussed this in more depth with the participants in order to facilitate transformational learning.

Taylor (1998) criticised empirical studies that assume the presence of critical reflection without actually observing it. The research design used in this study did not enable observation and no attempt was made to measure whether or not transformational learning took place. However, participants were able to provide personal accounts of their learning journeys by looking back at their experiences and reflecting on their assumptions and on what they had learned. Interviews were undertaken towards the end of the community placement so experiences were fresh in participants' minds but interviews rely on participants providing an accurate representation of their learning experiences. The interviewer had no knowledge of participants' backgrounds, beliefs or value systems and did not question them about this during the interviews which is a limitation considering deeply ingrained individual, cultural and contextual experiences influence the way in which individuals interpret and learn from events. Finally, the research design only allowed for examination of transformational learning up to the point of interview. The findings suggest participants were more aware and critical when assessing assumptions, more aware and able to recognize frames of reference and paradigms and more responsive and effective when working with others (Mezirow, 1997) at the end of their community placement but whether this newfound learning continued to have a positive impact throughout the period of study and into future practice is not known.

5. Conclusion

This study provided an insight into the transformational learning journeys of nine students who were undertaking an adult nursing programme who encountered perceived child abuse or neglect during their community placement. Participants found the initial experience disorientating, they felt unprepared, both clinically and theoretically, which significantly challenged them, leading them to display a variety of negative emotional responses, most notably anger. It also led some of them to engage in rather judgmental language. However, after engaging in a period of personal and professional reflection participants were able to begin to process their experiences and by the end of their placement their frames of reference appeared to have changed. Their understanding of the role of the adult nurse had changed and they recognised they had a role to play alongside other professionals in safeguarding children.

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