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This is the Accepted Manuscript that has been published in Language, identity and community, edited by Kamila Ciepiela, in the series: Lodz studies in language, volume 62

The published version / version of record can be found at: https://doi.org/10.3726/b14989

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Abstract

The emergence of a working identity, or pre-professional identity (PPI), is an important part of the socialization process for students in higher education and in particular those on vocational programmes involving placements within the professional setting. Learning professional roles and workplace cultures are crucial to this process although situations may arise where these aspects may bring about role tension and a sense of conflict. An example of such conflict can occur in the field of nursing where students may find that their professional ethics must override situations where workplace practices or cultures lead to instances of poor patient care, unsafe practices or maltreatment. In such cases, professional codes of practice require nurses, including student nurses, to report these instances to senior colleagues. However, the potentially conflicting demands of being part of a workplace culture while reconciling the personal and professional requirement to uphold patient safety and ethical standards, can give rise to situations where such matters are left unreported. This issue is explored through an examination of student nurse accounts of their decisions to either report or remain silent on matters of poor care or practice. These accounts were drawn from semi-structured interviews and were initially analyzed with a focus on the types and range of justifications and excuses for either reporting or failing to report poor care practices. These accounts are re-analyzed with a focus on the development of PPI in terms of identity, occupational socialization and the ethics of care.

Introduction

The nature of pre-professional identity (PPI) for emerging professionals is a relatively unexplored area (Trede, Macklin, & Bridges, 2012). Trede and colleagues identified aspects of PPI formation in higher education with 'learning professional roles, understanding workplace cultures, commencing the professional socialization process and educating towards citizenship' (p. 365). These areas of overlap in the development of professional socialization and identity formation in higher education highlight the multi-faceted and encompassing nature of PPI. In addition to the acquisition of disciplinary knowledge, they note that the work of Paterson and colleagues (2002) is also relevant and argue that it is 'closely related to values, reasoning ability, clear understanding of responsibilities involved, technical skills, judgement, professional knowledge and expertise, self-directed learning, critical self-evaluation and reflective practice' (p. 375).

Other major aspects of PPI include self-awareness (Klenowski, Askew, & Carnell, 2006); the ability to reconcile personal values with those of his/her intended profession and being a critical learner (see Trede et al., 2012); gaining a clear understanding of the responsibilities, attitudes, beliefs and standards associated with a particular profession (Higgs, 1993); confidence (Nicholson, Putwain, Connors, & Hornby-Atkinson, 2013); having a sense of purpose and self-esteem (Henkel, 2005); personal development and lifelong learning (Bridgstock, 2009); the capacity to transfer skills across contexts (Jackson, 2013); having a positive attitude, including a willingness to participate in new activities (Confederation of British Industry, 2011); and being able to reflect on experience (Yorke & Knight, 2004).

Another useful concept in understanding PPI is the notion of communities of practice (CoP) which are conceived of as 'groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis' (Wenger, McDermott, & Snyder, 2002, p. 4). Key features of CoP are their sense of purpose and a focus on practice rather than locality; their shared identity in the face of heterogeneous membership and their internal structure (see Cox, 2005). However, the benefits of CoP have been are critiqued in regard possible divergence from organizational needs and their potential for undermining formal, managerial control (see Cox, 2005).

Employers are a key stakeholder in the higher education landscape through their involvement in work-integrated learning especially where placements are involved, as is the case in vocational programmes such as nursing. Other than learning how to perform the professional role in situ, placements are said to develop critical awareness among students so that they can enact improvement in their new profession, rather than simply being socialized into it (Campbell & Zegwaard, 2011). This is an important aspect in health professions such as nursing where the ability to take a reflective practitioner stance is crucial. In this regard Trede and colleagues (2012) argue that engaging in such placements allows students to reconcile personal and professional values and understand the importance of giving voice during this process. This is not easy for undergraduates who encounter tension and conflict while speaking up (Zegwaard & Campbell, 2014), yet it is vital for their learning as critical and reflective practitioners. Wenger (2010) suggests that varying levels of participation with different communities enables identity formation and contends that, 'we not only produce our identities through the practices we engage in, but we also define ourselves through practices we do not engage in' (p. 140).

This is crucial in nursing where question of poor care has been brought sharply into relief in the UK in the recent enquiry into care at Mid-Staffordshire NHS Trust (Hayter, 2013; Nolan 2013; Tingle, 2014). Developing PPI therefore also involves students visualizing professional membership and considering possible responses to arising scenarios (Ross & Beuhler, 2004). Students can therefore determine their learning trajectory through navigating within their communities and across their landscape of practice. However, this needs to be aided within the formal learning environment and they will experience different levels of engagement with communities. This may take the form of being peripheral to being an insider, depending on level of involvement and membership (Wenger, 2010). Klenowski and colleagues (2006) also argue that identity formation is ongoing and the trajectory provides context to students' continued professional development and learning. As Wenger notes, an individual's learning trajectory highlights what matters and what does not. Tomlinson (2007) also notes that PPI construction is an ongoing social process, resulting in identities which are necessarily fluid and in constant flux as professions themselves change. Indeed 'the professions have arguably become more volatile, with what counts as the marks of a good professional constantly shifting' (Trede et al., 2012, p. 382).

However, despite this volatility, there is one foundational value that defines nursing: compassion (Straughair, 2012). Compassion is central to the identity of the nurse in terms of helping to alleviate the suffering of patients, particularly those most vulnerable. However, despite the centrality of this value as a core aspect of nursing identity, there is issue of compassion fatigue (Ledoux, 2015; Austin *et al*., 2009; Joinson, 1992). A lack of compassion, or reduced capacity to seek to alleviate suffering of others, can be the result of being in working

environment where experiencing the suffering of others is common and leads to stress and seeking to distance oneself from this experience (Figley, 2002). It is also the case that nursing is a profession where there is a considerable effort in terms of emotional labour expended (Hochschild, 1983). The nurse, as an emotional manager, not only has to deal with the emotions of patients, but families or friends, and not least themselves. Yet, in an era of funding restraint in healthcare and a corresponding focus on efficiency, overworked staff and excessive demands have made front-line caring professionals focus more on routine task management. Such a focus on efficiency and effectiveness predate the current era of funding restraint in a post-2008 Great Recession period, and are associated with public sector reforms over the past thirty years or so. These reforms typically are associated with a cost/benefit model of service but as Davidson (1987:56) noted in the early period of these reforms:

> "The new managerial tools have allowed the NHS [National Health Service] to make very large savings in the name of efficiency and value for money, but we should be aware that they are crude and occasionally misleading instruments and that we may not be able to measure, and therefore, not even be aware of, some of the things we are losing."

This comment still holds true today, perhaps even more so, and has perhaps arguably led to caring professionals such as nurses withdrawing from or losing touch with their emotion management and compassion as a central aspect of their professional identity. As Arreciado Marañón and Isla Pera (2017) have found in their qualitative ethnographic study of student nurses, caring and compassion are held up a central to the profession and yet students also expressed the view that this is not nurses' principal daily activity. Caring was seen as having a low value in comparison with other tasks involving technological or other aspects. What this study points to is that there is a contradiction in how nurses see themselves: on the one hand compassion and care and considered as a core aspect of the nursing identity, and yet on the other hand task-based nursing is what is considered as the day-to-day practical aspect of the job. In effect, there is an idealized view of care, which simply does not translate into actual practice. Losing sight of compassion can have serious consequences in nursing when it comes to the ethics of patient care and instances where poor care has been evident or witnessed.

Student Nurses, Care and Patient Safety

An important aspect of PPI for the role of the student nurse is taking responsibility for reporting poor care. This has begun to attract interest (Duffy et al. 2012) and work has focused on samples of students from several countries including Ireland (Begley 2002), the UK (Bradbury-Jones et al. 2007a, Bellefontaine 2009, Cornish & Jones 2010, Ward 2010, Monrouxe et al. 2014, Ion et al. 2015; Ion et al. 2016; Rees et al. 2015), the UK and Australia (Levett-Jones & Lathlean 2009), the UK and Japan (Bradbury-Jones et al. 2007b) and Israel (Mansbach et al. 2013). There is, however, evidence that those who witness poor care carefully consider the potential negative consequences of reporting when deciding how to respond to it. These include psychological distress, fears about being ostracized, or failing placement and fear that reporting may have a negative impact on future employment. This literature helps to highlight some of the issues that educators and others should consider when helping students in their developing PPI in relation to their community of practice.

In situating the ethics of care in nursing in relation to identity perhaps the most appropriate moral position to align with it that of Charles Taylor. According to Taylor (1988: 298-299):

> [b]eing a self is existing in a space of issues, to do with how one ought to be, or how one measures up against what is good, what is right, what is really worth doing.

Jones et al. (2017) take up this stance and argue that opportunities for dialogue are required in the workplace in which to create space to articulate such this kind of working identity framework in which nursing work is carried out. This, they argue, can help support and reaffirm compassion as the essence of nursing practice. Nursing is a social practice which takes place within the constellation of relationships between the nurse, his or her patients, their families, and his or her colleagues. Sacco et al. (2015) found that 'a culture of meaningful recognition' can improve compassion satisfaction levels and decrease levels of compassion fatigue. In this regard, Jones et al. (2017: 5) note that:

> …a nurse's sense of being a compassionate nurse and providing compassionate care is also dependent on the relationship and expectations of his or her colleagues – both intra- and inter-disciplinary. [...] nurses identify that they are enabled when their colleagues are 'supportive' or 'willing to help'. Similarly, nurses identify that one's ability to be compassionate and provide compassionate care is disabled through a 'lack of peer support.

The analysis undertaken in this chapter raises questions about how students relate to the ethics care through their pre-professional identity formation and draws upon recent work utilizing discourse analysis (Ion et al., 2016). While the latter research focused on discursive strategies employed by students when explaining their decisions about whether to report concerns, this paper focuses on the issue of professional identity formation as an educational aim. Examples are drawn from the empirical research in the Ion et al. study and are re-examined to highlight critical issues regarding pre-professional identity formation. This work involved interviews with student nurses concerning their decision to report or not report poor care witnessed on work placement. It is within this context that student nurses must justify actions which relate to the presence or absence of 'caring'.

One of the ways in which students can align themselves with a sense of professional identity and the ethics of care is to draw upon the notion of themselves as a "type of person" that is both independent and yet bound to the profession:

> D617 'I'm not the kind of person who sits back and ignores these things'

A contrast is therefore made between inaction and active reporting in the face of 'these things'. This general descriptor ('these things') also functions to generalize wrongdoing or poor practice thereby strengthening the claim that such reporting of these practices covers a range of non-specific instances and as such strengthens the claim that this derives from a general personal disposition. However, it is also apparent that this discourse is rooted in a strong personal conviction that is both aligned with the nursing profession but has not succumbed to an uncritical socialization within it. In other words, although a general statement it nonetheless shows a clear conviction.

A second, and related discourse was put forward as being about the professional stance, that as a professional, albeit a trainee, the professional nursing code of conduct 'must be followed'. This was an external attribution of cause, but the participant had aligned themselves to this cause. As such, the code becomes the impetus for the action of reporting and, by implication the guide for professional conduct.

D 124 '…as a student I have to follow my NMC guidelines about risk management and patient safety…'

This kind of response therefore represents a form of pre-professionalization that relies upon externalizing the source of action and therefore shows less of an interconnected identity between the personal and professional. While an effective basis for action it nonetheless departs from the notion of a reflective practitioner and the idea that the ethics of care stem from a combination of role and personal responsibility as exemplified in professional status and action.

Personal qualities unrelated to moral or professional stand-point were also used as justifications, these related to discourses around strength and weakness, but also confidence, ambition and determination to succeed:

J124 'I came to nursing determined to achieve something and I kind of thought somebody's unwillingness to cope is not going to stand between me and what I want to achieve'

K18 'I was strong enough to say 'I am sorry' and refuse to pick that patient up'

D367 'I was quite confident that what I was doing was justified, what I was doing was right..'

These accounts draw attention to the notion of reporting as deriving from attributes that are inherent in personal dispositions. The action to report therefore is a located within the personality of the student and the attendant metaphor of strength of character. While this may present a 'heroic' action it also contains the implication that such strength of character is required in the face of what may be difficult circumstances and potential outcomes.

In this regards, participants also talked of the personal impact of witnessing poor practice:

K204 'I felt like I had assaulted the patient. I did assault the patient...I know it had to be done…I was really upset at being part of that'

But interestingly this did not always lead to immediate action and the notion of a cost-benefit analysis in terms of potential benefit to patients and the conduct of nursing practices versus personal repercussions. Therefore, this type of discourse presents supports the contested nature of reasoning as involving ideological dilemmas (Billig et al., 1988) and of the decision to report as a personal psychological struggle.

However, students also noted that in cases of poor care or professional practice, concerns that were raised were not acted on as staff 'closed ranks'. The discourse drawn upon in such instances points to there being little or no point in reporting, and that there is an established structure one cannot break down.

B198 ‘people had mentioned before about not doing wound care properly but she said that ‘we have so many here and we are so busy that we don’t have time’….’she said that on the first day and you don’t really think about it…’

K52 ‘…I spoke to my sister who is a nurse and she says you will never overcome the way that unit is run…’

These kinds of account construct professional and organizational hierarchies as something to be reckoned with, and as such pit the individual against institutional forces. The implication of this is that there is little point in taking on these forces given that to do so would be a foolhardy or hopeless course of action. However, such discourses do not engage at all with professional identity in terms of putting patients first and as such is indicative of a dilemma between an ethic of altruistic care and the need to fit in within an organizational culture. However as Allmark (1998) has argued, caring is not a virtue, but nonetheless being virtuous involves caring about the right things in the right way. Professional care should be anchored in virtues, that is, in the values a person holds. Virtuous nurses make the right choices because they have the right values and these are anchored to professional identity because they care about the right things in the right way when giving help to patients.

The second most significant exoneration reflects again a discourse which seems to stem from the professional context, and it concerns the personal and professional impact of reporting:

H548 ‘… and I mean people are often left in placements that they have raised cause for concerns for and that isn’t a pleasant situation to be in..’

L47 ‘The biggest thing is people worry about making a name for themselves by reporting’

B166 ‘If it wasn’t a local placement it would have been easier to raise concerns…’

As noted above, this construction projects a view of there being difficulties for the reporter at a personal level and, in the words of one participant above: ‘making a name for themselves’. This again situates the person who considers reporting as facing a dilemma where the axis of action/inaction is set against the benefits of confronting the poor practice or wrongdoing versus potential unpleasant consequences. In such cases, pre-professional identity is something that is represented as a dilemma for the individual in the face going against other staff.

Further to this participants talked of the placement context as not being not conducive to enabling reporting to occur in terms of shifted perspective (‘it’s normal here to do this’), fatigue and over-work:

H461 ‘…but it is really difficult, I mean especially as there are still places like where I am where you are on 12 hour shifts, and you know if you have family or pets or other things it does get, you know, at the end of the day you are exhausted …’

B23 ‘I didn’t realize until after I had left and reflected on it’

B63 ‘…sometimes you don’t think, you think that is what happens here and then when you leave you go actually ‘no’’

The accounts offer what can be considered as the traditional means of constructing excuses (Scott and Lyman, 1968). This relies upon making a case for not reporting by pointing to something that prevented the person from acting at the time. In extract H461 above, fatigue is presented as overcoming the person thereby preventing them from acting there and then. In extracts B23 and B63 a more subtle form of excuse is constructed; that of being unaware at the time but that after time and consideration the issue became apparent. Not 'thinking' or 'realizing' is presented in a general way as something that is excusable given that the implication is that many, if not most, people in these circumstances would also exhibit this lack of awareness. Thus, professional conduct in terms of putting the patient first is downplayed in the context of being caught up in procedural matters and work activities.

The exoneration of having positive intentions appeared to draw on the idea of a community of practitioners, and was used to explain inaction, that it would be (morally) wrong to punishing nurses under strain, implying higher responsibilities to their colleagues and the profession rather than patients.

M228 'Why would you punish these nurses who are very good and are trying their best but are fighting an upward struggle?'

Mitigation is offered by constructing a moral position through descriptions that imply that the situation these nurses find themselves in is the causal factor. This situation is therefore described as an "upward struggle".

One apparently 'moral' strategy is to take action to address the issue without reporting, thereby circumventing the idea that a person is both doing the right thing and also affirming the narrative around responsibility to others and not getting people in to trouble.

J431 '… there was obviously quite a few things that I did challenge but as I say nothing that I would find so worrying that I would have to pick up the phone and say this is what's happening here'

J315 ' … I never really thought about reporting any of it because it was mostly coming from not knowing any better'

Both these accounts in effect minimize the nature of the problem. In the case of extract J431 this conduction is used to justify handling the issue 'locally' rather than at a higher level, while in the case of J315 "not knowing any better" is presented as the cause of situation – a case of non-malicious action that arises out of lack of understanding or awareness.

Conclusion

Professional agency and identity have been examined through the work of Wenger (1998), Ibarra (1999) and others. What emerges is a sense of PPI as an evolutionary, iterative process through which individuals develop a sense of agency that is related to their professional identity. In this view, PPI cannot be reduced to the acquisition of knowledge and skills within formal educational environments which are then enacted in a professional workplace. Professional identity is multidimensional and includes a fusion of individual and collective identities that come together within situated professional practice. It is the instantiation of this

sense of agency and identity within the live world of everyday professional practice that matters and where students learn to enact their role. In the case of nursing students, a pre-professional identity develops in relation to both the individual's own sense of becoming a nurse as well as learning the institutional values and norms within the practice setting. Such reflexivity must extend to becoming a professional capable of questioning poor practice and speaking up on behalf of an ethics of compassion and care.

Although compassion fatigue may be an issue in nursing, what is not in doubt is that the profession has increasingly become one in which task and time management have come to the fore. The corollary of this procedural focus is that nursing students can all too easily lose sight of the moral dimension of their work as they are socialized through undertaking nursing practice in hospital and other settings. The value of compassion is lost and it is all too easy for poor care or, in extreme cases, the maltreatment of patients, to be tolerated and excuses offered for failing to report such instances. Holding up compassion as a key aspect of nursing and nurses' professional identity is all very well but this can often amount to little more than an abstract classroom discussion. It is all too easy then to undermine this idealization when set against the 'real' world of actual practice where nurses are time-pressured and there is a focus on task management. The fact that student nurses are assessed, in part, on their performance in clinical settings, makes it understandable that some may be reticent to come forward and report poor or unsafe practices.

A number of accounts offered within the analysis undertaken in this chapter reveal a tension between being accepted my colleagues and the moral conflict associated with 'doing the right thing' and reporting poor care. The problem for student nurses is that their pre-professional identity status means that they are under the authority of their fully qualified colleagues and as such are subject to a power imbalance. However, it is noteworthy that in the accounts of students who did report poor care practices, many drew upon personality-expressive discourse or cited the nursing code of practice. By situating compassion as a core aspect of nursing and merging this moral dimension with the professional code of practice, then it may be possible to strengthen student nurses' working identity. This could be achieved, in part, through a greater focus of this issue in reflective practice with colleagues in practice settings. These spaces for discussion would allow qualified practitioners and those in training at the pre-professional stage to engage with each other to on the centrality of compassion, and to be frank about where that compassion gives way to organizational work practices that fall prey to cutting corners or covering for colleagues who have failed in their duty of care. What is particularly important is that reporting concerns around practice are voiced and that students recognize that responsibility lies with them in terms of being answerable to the profession, to patients, and their own sense of identity as nurses guided by compassion.

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