

***The hidden curriculum in nursing education: negotiating supernumerary status as a student nurse.***

Helen Allan, Pam Smith  
Division of Health Social Care  
Faculty of Health & Medical Sciences

## Hidden curriculum

Processes, pressures and constraints which fall outside...the formal curriculum, and which are often unarticulated or unexplored (Cribb & Bignold 1999)

The hidden curriculum in professional education acts to socialise the neophyte into professional practice and behaviours (Cribb & Bignold 1999)

## ?Hidden curriculum

- As Spouse and Redfern (2000) assert, there is a fine line between the tangible and intangible aspects of the curriculum.
- However aren't these *intangible* aspects in fact known and obvious to everyone involved with nursing students and their mentors.
- How far is the term hidden curriculum appropriate? Would it be better to adopt the term paracurriculum as first suggested by Hargreaves (1980:126)? The paracurriculum being that which is taught and learnt alongside the formal curriculum.

## The study aim and design

To investigate the impact of changes in ward management, new nursing roles and clinical leadership on student nurse learning in the practice setting in the NHS

Stage 1: literature review and interviews with national stakeholders in education (Allan et al 2007)

Stage 2 involved data collection across four HEIs in England

## Methods

On line survey adapting 1984 ward learning environment questionnaire (Smith 1992)

### Fieldwork

Participant observation in acute clinical areas

Interviews with students, mentors, clinical leads, lecturers, practice educators

## Summary table of staff interviewed

- Student nurses 11 formal and 13 informal
- Lead nurses/ modern matrons 13
- Mentors 6 formal
- Link Lecturers 8
- Ward manager 7
- Practice development nurses [PDNs] 11
- Placement co-ordinator 1
- Deputy Director Nursing 2
- Senior Trust nurse practice education 2
- Practice educators 5

## Findings: negotiating supernumerary status

- Negotiating supernumerary status is integral to surviving the hidden curriculum for student nurses now that nursing education is located 50% in practice and 50% in higher education.
- Our data suggest that supernumerary status is devalued in practice; mentors' and senior nurses' expectations for students to work as members of a team rather than remain supernumerary indicate that their motivations for supporting learning reflect different values to those espoused in the university.

- These values are taught to students during their placements
- This is a new aspect of the hidden curriculum not previously described in the literature which shows a continued failure by education and practice to integrate theory and practice.
- Far from being hidden, this is explicit knowledge expressed in action by mentors in practice and should be known as the para-curriculum.

### *Trained nurses' expectations and motivations to mentor: supernumerary status prevents learning*

- “The impression I get now with students, when they qualify, that’s when they start to learn. They don’t really learn very much about nursing at all while they’re students. In some ways, the first newly qualified band 5s seem like second or third year student nurses of previous years” (Ward manager)
- “I don’t think students are prepared for [the changing situation on the wards] and I don’t think college prepares them before they come in. They’ve expectations of learning all this whereas it’s really quick and fast and I think they need to be prepared more for the environment they’re coming into” (Mentor)

### Business of placements

- “It’s quite difficult sometimes, especially when they’re supernumerary and it’s extremely busy and you have to tell them ‘If you’re lost, please go back to the nurses’ station’ because they can be wandering around quite aimlessly” (Ward manager)
- “Although I’m supernumerary, I’m kept very busy. I don’t feel unsafe just very busy. Brenda’s always around (the student’s mentor)” (1<sup>st</sup> year student)

### Integrating theory and practice: balancing safe and unsafe practice

- A 3<sup>rd</sup> year student recognised that being safe and accountable had left him feeling deskilled: “We’ve been out of practice for a year during our second year and it felt very strange coming back”. He felt that on this ward (a mixed surgical ward) they were given responsibility as 3<sup>rd</sup> years and expected to work as part of the team. This was different to other wards where they had been junior and the senior students were generally given this preferential treatment. Here, as a third year, he was treated preferentially and his mentor allowed him to check intravenous (IV) drugs, run through IV lines, change IV lines all under supervision. And he appreciated that, as he would have to do those tasks when qualified, he wanted them “under his belt” before then.

### Negotiating supernumerary status at handover

- (26/02/07 Site C gynae-oncology morning shift) “Morning shift had handover; I waited for the ward manager to come out of the office. She did, then staff nurses, then two students trailing behind; allocation already done. Students look hesitant but then started breakfasts. I then introduced myself and was told to go and find the students. Later that shift while having coffee with these students, the 3<sup>rd</sup> year student was angry about what had happened at the start of the shift ‘You saw what happened? – We just sorted it out – the other student is pregnant so I took the heavy side. The staff nurses were already busy on the phone so we had to do the work, decide what to do. No-one supervises you.’”

- (5/01/07 Site D A&E morning shift) “Very slow start to shift with mentor appearing slow to ask students what they needed to do or indeed identifying them as students who needed to work with mentors if present – my student said to me later ‘I wait to see – is she going to sort me out? Obviously not! – Then I decide what I want to do and who to be with?’”

## Conclusions

- What became clear to me was that student nurses are still expected by trained staff to work while they learn because learning through doing is considered to be an effective way of learning nursing; and that on registration, they are expected to be competent to work immediately as registered nurses. In this way, as Melia (2005) argues, for student nurses, the NHS remains a workforce organisation rather than a learning one.

## Conclusions

- These expectations come from mentors and students learn about these expectations as they become attuned to working and learning in the clinical areas. Contrary to Spouse (1998b), being on the periphery did not appear to be a legitimate activity in our data or for the students or mentors we observed. Staff had quite clear expectations that students should learn through working and that failure to do this would make working as a registered nurse all the more difficult.

## Conclusions

- Furthermore, mentors did not feel students were prepared for the reality of working in a supernumerary capacity and relying on a mentor who might be (and probably would be) too busy to supervise and teach. Therefore students learnt to negotiate their way around their supernumerary status and take control of their learning. These expectations and the negotiation undertaken by students led to a disintegration of theory and practice between the espoused values of the university regarding supernumerary status and the espoused values of practice. Sadly, it seemed as if students learned despite the structures rather than because of them.