

Student Nurse Employment in Health Care Facilities: Understanding Roles, Responsibilities, and Safe Care

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Background

For the last two years I have served on the Congress for Health Policy and Legislation at the Massachusetts Nurses Association. In that context, the Congress conducted several commissioned focus groups that allowed concerns of constituent nurses to be voiced for the purposes of carving out a specific legislative agenda. Many times at both the Congress meetings and

the commission meetings, students from a variety of schools would attend for the purposes of observing political advocacy at work. After several meetings, many students raised concerns that patterned the issues of nurse colleagues in direct practice. Many RNs raised topics related to safe care from the perspective of adequate ratios between patients and nurses. And, the students stated that they often felt they were not always "used" appropriately in the health care workplace.

The students consistently gave examples of their need to work in part-time health care positions for the purpose of gaining valid experience and meeting financial needs during their academic program. They began to describe many instances at work when they were asked to care for complex patient situations or large amounts of patients under the guise of being given "good" nursing experience opportunities. Some students admitted that they actually were permitted to participate in care activities that were required of licensed nurses. These opportunities were RN tasks and not included in their job descriptions as nursing assistants. Other nursing assistants who were not nursing students were not involved in these tasks. In both cases nursing students stated they felt uncomfortable but often described that they would not "rock the boat" by making their discomfort known, especially when involvement would someday help them develop as competent practicing nurses. One student astutely mentioned that she thought that nursing students represented to many institutions the "ultimate" in talent, i.e., unlicensed personnel with education and experience.

These conversations encouraged me to create a survey that would address the student questions related to roles,

responsibilities, and safe care experiences. In addition, I wanted to measure the degree of "silencing" behaviors exhibited by the students when they felt uncomfortable or knew they were involved in activities beyond their defined scope of practice. In preparing the survey tool inclusive of demographic data, I relied on a review of nursing literature to guide the design process based on what nursing science knew or didn't know about this issue.

Literature Review

An exhaustive review of the literature was conducted using CINAHL and MEDLINE spanning 1982 to the present. Keywords utilized in the search included combinations of "student," "nurse," "nursing," "employment," "workload," "unlicensed," and "morale." No articles were found that contained information regarding student nurses' work experiences beyond their role as a student. Furthermore, no articles discussed the roles and duties of the student nurse functioning as unlicensed personnel outside of their academic responsibilities.

There was minimal information regarding student nurses and their employment as Unlicensed Assistive Personnel (UAP). However, an abundance of information was found regarding delegation and the boundaries of roles of UAPs. The American Nurses Association (ANA) recognizes the necessity of UAPs in supporting the practice of the registered nurse (ANA, 1997b). However, one of the main concerns found in the literature is the threat to public safety when they are not utilized or delegated appropriately (Ahmed, 2000; ANA, 1997a; ANA, 1997b; Illinois Nurses Association, 1998; Krainovich-Miller, et al, 1997). It is clear that professional guidelines must be established and both the nurse and the UAP practice within the scope of their practice.

Sample

A convenience sample of student nurses attending the National Student Nurses' Association Convention in Salt Lake City, Utah in 2000 was asked to participate in the study. Inclusion criteria included nonlicensed student nurses who were employed in health care facilities in direct patient care services. The employment was not an educational clinical experience under faculty supervision, but an independently contracted position by the student. Following university IRB approval, a demographic questionnaire, a survey tool described below, and The Silencing the Self Scale (STSS) developed by Dana Crowley Jack (1991, 1992) were inserted in their program packets. Information confirming the anonymity and confidentiality of their responses was also included in the packets.

Survey Questions and the Variable of "Silencing the Self"

Because there was little information from the nursing literature to guide survey questions, the initial students helped

create key questions. Four questions asked the students to rate how often they felt they were put in an unsafe situation in the workplace, and how often they had been asked to perform a skill that they had been taught in nursing school but were not authorized to perform as a nonlicensed employee. Two other questions asked about specific factors that motivated students to take on levels of care that were not part of their job description. Specific options to these questions differentiated between the desire to learn a skill, not wanting to lose their job, or not creating conflict. In the latter two questions the students were given the opportunity to identify "other" reasons for their behaviors.

The concept of silencing was first discussed by Dana Crowley Jack in her 1991 book, *Silencing The Self: Women and Depression*. The focus of her exploration is women's mental health, and she asserts that developmental, clinical, and psychoanalytic psychologists all agree that "women's orientation to relationships is the central component of female identity and emotional activity" (Jack, 1991, p. 3). However, Jack contends, that when appraised in a cultural context, this very healthy capacity for intimacy and maturity has been viewed as a weakness by society, psychologists, psychological measurement tools, and most importantly, the women themselves.

Jack (1991) traces the development of a feminine orientation to relationships in this cultural context, and states that the female caretaking role and male dominance emerge as themes. Women emulate their mothers, and the female caretaking role, prevalent in many societies and cultures, inherently forces society to develop separate distinctions based on gender differences. In other words, to be female is not to be male, and vice-versa. Daughters mature to adulthood with many aspects of the mother-child relationship still intact. Sons relinquish the closeness, and form an identity separate from their maternal bond (p. 13).

Jack (1991) engaged in a personal search for better insight into the nature of "silencing" of the voices of women and concepts that "more adequately reflected women's emotional realities" (p.23). She achieved her goals by interviewing women in order that they themselves rather than "interpreters" of the person's experience would honestly represent the feelings/emotions of this group. Her extensive exploratory and longitudinal studies with this group resulted in her development of the Silencing the Self Scale (STSS).

The STSS is a 31 item, self-rating instrument that measures the "silencing" behaviors that Jack identified. Jack's research revealed that in order to maintain safe, intimate relationships women silence certain feelings, thoughts, and actions. "This self-silencing contributes to a fall in self-esteem and feelings of a 'loss of self' as a women experiences, over time, the self-negation required to bring herself into line with schemas directing feminine social behavior" (Jack & Dill, 1992, p. 98). Each of the 31 statements is rated for agreement, ranging from "strongly disagree" to "strongly agree", on a 1-5 Likert type scale. The higher the score on subscales or as a total indicates a greater degree of silencing.

The STSS is composed of four subscales. The Externalized Self represents feelings of judging oneself by external standards. Care as Self Sacrifice represents putting the needs of others before the self. Silencing the Self (subscale) represents refraining from self-expression and action to avoid conflict and possible loss in the relationship. The last subscale, the Divided Self, represents the woman who pre-

sents with an outer compliant self to live up to feminine role imperatives while the inner self grows angry and hostile. (Jack & Dill, 1992, p.98).

Extensive psychometric evaluation occurred, with the original scale being tested on three distinct populations of women: college women in an introductory psychology course, residents of three different battered women's shelters, and a group of women who abused cocaine during pregnancy. Internal consistency of the total STSS scores and the individual subscales was examined separately for each of the three groups. Alpha scores of internal consistency range from .86 to .94 on the total STSS scores, while item-total correlations are .77 to .98.

Findings

Demographic Data

The mean age of the total sample ($N=179$) was 26 with a range of 19-50. Women comprised 91.6% of the sample. The majority (71%) of the total group were enrolled in a Baccalaureate program while 26% were Associate degree students. With few exceptions, the students were attending school fulltime (92.7%) and anticipating graduation in 2000 or 2001 (94%). Fifty-eight percent of the students were never married while 28% were married. Fifty-eight percent of the group lived on their own and 32% lived on campus or lived with parents or relatives. The majority of the participants indicated they worked in acute care facilities (92%) followed by sub-acute, long-term care, home care, public health, mental health, primary care, rehabilitation, and developmental care respectively.

Safe or Unsafe Experiences and Motivators

When asked how often the students had been put in unsafe situations related to patient/caregiver ratios or in situations that would compromise patient safety, the participants indicated that 48.3% and 33.3% respectively, this was the case (sometimes, often, or routinely).

Thirty-nine percent of the group stated that they are sometimes, often or routinely, asked to perform skills they haven't been taught in nursing school and are aware they are unlicensed to do so. Students felt they must take on levels of care that may challenge their level or skill 72.6% of the time because they want to learn. Some students clarified they were often motivated because help was needed badly, there was no one else available, or they had concerns that the RNs were "busy" and they needed to help them. Lastly, the students were asked in what circumstances they felt they must take on levels of care that they knew were not part of their job description. Most (48.6 %) indicated they wanted to learn the skill(s), while the remaining responses indicated they didn't want to lose their job (6.1%), didn't want to cause conflict (15.6%), or wanted to be a "team player" (29.7%).

Silencing the Self

When compared with normative mean scores completed by general undergraduates (Jack & Dill, 1992), in each of the subscales of the Silencing the Self Scale (Care as Self Sacrifice, Externalized Self, Divided Self, Silencing the Self, and Total Scale Scores), the students had higher scores with the exception of the Externalized Self. Mean score comparisons between students in this study and general undergraduates respectively were 1) Care as Self-

Sacrifice $M=29.07/24.50$, Externalized Self $M=16.76/18.2$, Divided Self $M=20.05/15.1$, Silencing the Self $M=26.73/20.6$, and Total Scale Scores $M=92.61/78.4$. There were no significant statistical differences in scores between female or male students. In addition, when Jack (1991) compared mean scores between different populations, she also included women in a domestic violence shelter as well as pregnant women addicted to cocaine. These are two groups who are known from the literature to bury feelings and needs related to violent and stigmatized lives. The nursing students' mean score in the subscale of Care as Self Sacrifice (putting others needs before their own) was higher than both of these groups ($M=29.07$ compared to 25.5 and 25.7 respectively).

Relationships Between Silencing Behaviors and Direct Care Experiences

There were three statistically significant relationships noted using Pearson r correlation. The item in the survey that addressed "being asked to do something you don't feel comfortable doing because it may compromise safety" indicated the more uncomfortable the students were, the higher their silencing behaviors. The direct relationships were with the "divided self," presenting with an outer compliant self to live up to role imperatives while the inner self grows angry and hostile ($r=.30$, $p=.001$), "silencing the self," refraining from self expression and action to avoid conflict and possible loss in the relationship ($r=.34$, $p=.001$), and total silencing the self score ($r=.27$, $p=.05$).

Conclusions

These preliminary data encourage schools of nursing to think about the relationship between discussing role definition, real world experience, and learned behaviors such as silencing that may be culturally and socially based. Although many programs include leadership and management courses as capstone courses in the final year of study, there is a need to help students have an active plan to deal with uncomfortable situations directly (DeMarco, 1997; DeMarco, 1998). This is especially true when they are faced with dilemmas that are embedded in power gradients such as trying to secure a position after graduation, or not wanting to lose their job when they need to voice concerns and issues related to safe care.

The phenomena described are deeply troubling from a legal and ethical perspective. The ethical dilemma of choosing between legal authority in practice and responsiveness to a strained nursing infrastructure or desire to learn is difficult and disconcerting for potential new members of the profession. Whether we would like to admit it or not, there is a violation of nurse practice acts in the scope of the described behaviors of RNs and students. What increases the pressure for students is the knowledge that not participating in these added tasks might result in substandard care to patients.

From an organizational perspective, nursing associations need to consider the bridge between students and RN legislation that relates to safe-care. Knowledgeable but unlicensed

health care providers need to be included as potent examples of UAP use in nursing systems of all kinds. When safe care ratios are considered, should nursing student employment be a consideration related to staffing needs? This dialogue encourages the needed bond of communication and nursing systems research between student nurse association concerns with that of state associations.

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Call for Abstracts

The American Association for the History of Nursing and the University of Virginia School of Nursing will co-sponsor the Association's eighteenth annual conference to be held in Charlottesville, Virginia, September 21-23, 2001. The conference provides a forum for sharing historical research in nursing through individual papers and poster presentations, as well as through panel presentations that address issues in historical research or other cogent topics about the history of nursing.

Submission date: Abstracts must arrive on or before January 12, 2001. For more information go to the American Association for the History of Nursing, Inc. Web site, <http://www.aahn.org>

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The Fuld Fellowship is a leadership development program for undergraduate nursing. The program interweaves skill building sessions, study, and interactions with leaders in health care and nursing.

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For more information about the Helene Fuld Fellowship Program, contact The Helene Fuld Health Trust, HSBC, Trustee, 50 East 42nd Street, 19th Floor, New York, NY 10017. The grants office telephone number is 212-681-1237 and its Web site address is HYPERLINK "http://www.fuld.org" www.fuld.org.

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