

Student supervision and mandatory reporting: A conflict in responsibility

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Abstract

Introduction: This paper will address the issue of mandatory reporting for students who are on placement while enrolled as undergraduate tertiary students in health and education in a regional university in the north of Australia. Because of the nature of the courses, these placements may be anywhere in Australia. Issues include:

1. Mandatory reporting for health care professionals is a legislated requirement for practice. Children have human rights that must be respected. So too have vulnerable women, the mentally disturbed and the frail aged, all potential victims of abuse (Kerridge, 2009)
2. Students who are licensed Enrolled Nurse's are a part of that legal requirement (AHPRA 2011).
3. The Working with Children card is not sufficient to cover all potential situations for students. It does not spell out precisely the legal requirements for individual health workers. Rather it is an assessment of the student's capacity.
4. International students who are not citizens are subject to Australian laws while living here but may feel constrained in making a report.
5. Abuse may be defined differently in different cultures, and so must be clearly and plainly outlined .
6. There is an obvious power relationship between students and their supervisors that may inhibit reporting (Armstrong & Allinson 2004).

Aims of the focus of enquiry: "The first person to be charged in the NT with not reporting suspected sexual abuse has had the case dismissed. The legislation has been used only twice since being introduced – and both times against Territorians trying to expose abuse" (NT NEWS Editorial (9/5/2011). Concurrently, a student on placement in Victoria complained that she was actively discouraged from making a report because the process was too hard.

Methods: A pilot discussion paper was circulated by email amongst academic staff teaching undergraduate nurses, confidentiality was assured, and the responses collated. Issues raised were subsequently discussed with a representative of the academic staff in teacher education.

Findings: Seven academic staff responded (from a total of 25). Their comments were collated and again circulated for further comment. It is clear that many academics did not know the route to be followed in making a notification. Most responses focussed on the role of the supervisor in guiding students, rather than the role of the university in providing a workable policy for students to follow. Cultural dissonance regarding the definition of mandatory notification and responsibilities for international students was not discussed.

Introduction:

Connections between the context of enquiry and professional practice for tertiary students in nursing and in teacher education will result in professional accreditation but the journey is complex since students carry preconceived notions of the role of the teacher or nurse. Opportunities for critical reflection need to be actively and continuously constructed to enable engagement and growth for the student to integrate and challenge preconceived ideas and to develop confidence and trust in new concepts and in those that help in their learning. This paper will propose that teaching students to reflect on practice is not enough to overcome student fears of failure when a moral or ethical action may be judged by a clinical supervisor as inconvenient or unwarranted. The paper has arisen from an interaction the author had with a distressed student on clinical placement,

who complained that she had been actively discouraged from making a report by her supervisor about a case of suspected abuse because the process was too hard.

This personal exchange is supported by the following case which demonstrates some of the difficulties that are inherent within the legal system. "The first person to be charged in the Northern Territory (NT) with not reporting suspected sexual abuse has had the case dismissed. The legislation has been used only twice since being introduced – and both times against Territorians trying to expose abuse" (*NT NEWS* Editorial (9/5/2011)). The charge was dismissed (according to the local newspaper, the *NT News*) because the five year old perpetrator could not be charged because of his age. A health carer was reported by her supervisor for not notifying suspected abuse by this young child, which resulted in the report in the local newspaper. It was reported that the health worker decided to leave the sector as a result of this exposure to the system,.

Background:

Nursing and teaching students on compulsory professional clinical placements around the country may see evidence of abuse amongst those seeking assistance from the health care sector. Abuse of the frail elderly, spouses, the mentally ill, and children may be identified during home and community visits. Child abuse may be identified in Early Childhood Centres and schools as well as in hospital emergency departments and wards. These pre-service students are placed in a difficult position if the person supervising the student refuses to report the possible problem. Australian law states that mandatory notification is compulsory for health care workers and teachers (Care and Protection of Children Act (2007) Division 3 section 26) however the penalty for non-reporting is unclear and has not yet been implemented. The route for reporting possible abuse is also time consuming and unclear. Nursing and teaching students, despite the fact that they have the responsibility to report suspected abuse as a private citizen, also see themselves as vulnerable to the whims of their supervisor and/or hospital and school hierarchies who make the final decision about the student's success or failure in their clinical placement. Students are however, encouraged by their curricula to be reflective practitioners and to act as advocates for their clients. This is a requirement of the Registration Board for nurses (AHPRA).

Reflective practice is a valuable way to foster critical thinking. Research shows that there is a clear link between reflection and improving one's practice in both education and in nursing, and that sharing those reflections amongst fellow students and with practice supervisors increases the sense of identity and belonging to a community of learners (Boyer 2000; Ghaye, Gillespie & Lillyman 2000; Baguley & Brown 2009). Where students experience problem situations reflective practice should enhance their sense of empowerment. These reflective practice discussions have

been used with teacher education and nursing students to raise the self-awareness of individual students and the larger student group (Hashweh 2003; Schon 1990).

This paper seeks to show, however, that despite the process of self-awareness in identifying deviations which may signal an alteration in individual safety arising from critical reflection, students may still be inhibited from reporting their concerns to relevant authorities. Fear for the student's own progression and a need to belong within the practice setting appears to outweigh the ethical responsibilities the student feels in reporting possible abuse in order for action to be taken. This is particularly so for less assertive students and international students who may fear that they will be seen as trouble makers, or who are unsure how to define abuse within unfamiliar contexts of Australian society (Popadiuk & Arthur 2004). This problem is compounded by legislative confusion regarding the definition of abuse in different states and territories and the difficulty in physically gaining access to the various bodies which deal with mandatory reporting when a report is made.

Cultural conditioning of students before and while enrolled as a tertiary student may mitigate a student's ability to meet the challenge of social inequality. International students are particularly vulnerable to pressure since their cultural experiences will be different to that they experience in the host country. Floyd (2011) makes the observation that critical thinking in a second language is even more difficult for students who are inhibited (in part) by limited language skills from involving themselves in critical thinking. Her research was with Asian students, but she states the findings could be generalised to other cultures that have English as a second language. Popadiuk & Arthur (2004) discuss the fact that so much research related to international student's experiences focuses on negative effects of their involvement in a new culture, while ignoring the personal strengths these students demonstrate in being so far from home while learning. The effect of cultural conditioning and the fact that International students bring to their host country preconceived ideas about what constitutes abuse will, it is argued, compound the problems such students have when they are required to identify and make a mandatory notification about a situation they may observe on their clinical experience. Given the visa restrictions such students necessarily have on their length of stay while studying and their desire not to delay passing their studies, pleasing their supervisor and their family in their country of origin must be a priority.

Students who report suspected abuse are not normally described as whistle blowers, since they are reporting apparent changes that have arisen from misconduct of an unknown person who may or may not be employed by the health care facility. It is clear however, that the need to maintain the status quo and to limit reports that may reflect unsatisfactorily onto an institution does govern reactions of staff. Ahern & McDonald (2002) in a paper on whistleblowers in nursing remind the

reader that there appears to be a continuum along which whistleblowers are located. This paper defines a whistleblower as someone with an active belief in patient advocacy and a belief that the nurse has a prime responsibility to the patient, at one end of the continuum, and at the other end of the continuum the person who has a belief in the traditional role of the nurse as equally responsible to the patient, the patients' doctor and the employing organisation. This person will not be a whistleblower. Whistle blowing in this paper is defined amongst other things, as "reporting misconduct...and there are personal and professional risks involved in blowing the whistle" (Ahern & McDonald 2002:303). The conclusions in this paper highlight that graduate nurses may respond to ethical dilemmas based on different belief systems. Different belief systems are demonstrated by moral reasoning and ethical behaviour. An evolved individual is seen as one who has moved away from a self serving narrow focus to a broader more all encompassing world view (McAlpine et al., 1997). One outcome of tertiary education is to enable graduates to evaluate evidence and come to a reasoned and evidence-based response to particular situations with a moral and or ethical dimension (AHPRA 2011; TRBNT, 2010). This belief does not take into account preconceived ideas which may need to be overcome for the student to demonstrate a higher moral ability, the basis of an assertive and confident practitioner.

Levett-Jones and Lathlean (2009) examined undergraduate nursing students experiences of compliance and conformity related to the students need to belong within the placement setting. This qualitative study identified three main themes relevant to the current discussion. They included "don't rock the boat; getting the Registered Nurses' offside; and speaking up". Students were able to describe how and why they adopted or adapted to the various teams' and institutions' values and norms, rather than challenging them. This, they believed, would improve the likelihood of acceptance and inclusion by the nursing staff. There has been much research over a number of decades related to nurses and their attitude to the clinical area that reflects this type of attitude. Kiger (1993) discussed the effect of nursing students conforming rather than questioning decisions and the feelings of disillusionment and distress that resulted from their reluctance to speak up, also identified in the scenario that was the basis for the present pilot study. Some students in Kiger's (1993) study rationalised or excused behaviour shown by nursing staff rather than challenging it, since this would be seen as disruptive and so limit acceptance of the students by ward based staff. These findings were replicated in part by Nolan (1998), and Sedgwick and Yonge (2008) suggesting students adapted their behaviour within rural hospital settings in order to be successful in their placement. The students certainly identified that they modified their behaviour in the belief that this was necessary to achieve a successful grade for the placement.

One area that may also need to be addressed is the type of person selected by the university/hospital/school as a student supervisor. Armstrong, Allinson and Hayes's (2004) paper on cognitive style and research supervision amongst tertiary students is relevant to this discussion since the authors demonstrate that the relationship between student and supervisor is a significant predictor of success and failure. Cognitive style they defined as "consistent differences in how we perceive, organise, and process information; solve problems; learn and relate to others" (2004:41). This study showed that the cognitive style of the supervisor was an indicator of how the relationship within the dyad developed and was a predictor of higher performance outcomes for the student. A supervisor who was analytical and who worked with an analytical student would result in significantly higher performance outcomes for the student. Given that this type of supervisor/student matching is not common, the system needs to make adjustments to accommodate mismatches in cognitive style since the chance of moving from one practice setting to another simply because the dyad is not working, is limited.

The curriculum on which the education of undergraduate nursing students is based is guided by the Australian Nurses and Midwives Competency Standards (ANMC, 2005) used by AHPRA to ensure that new graduates meet minimum standards for practice. Whilst the competencies address many relevant areas of practice, the most relevant to this discussion include the following areas:

ANMC Competency Standards Graduate Attributes (2005)

- 2.1 Practices in accordance with legislation affecting nursing practice and health care
- 2.2 Integrates organisational policies and guidelines with professional standards
- 2.3 Practice in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups
- 2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures
- 2.5 Understands and practises within own scope of practice
- 2.7 Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unlicensed care workers
- 3.2 Uses best available evidence, nursing expertise and

respect for the values and beliefs of individuals/groups
in the provision of nursing care

Context:

The setting for the present study is a university in the North of Australia. Because most of the teaching is offered externally via an online Learning Management System (LMS), undergraduate nursing students in the Bachelor of Nursing (BNur.) program live and work throughout Australia. Supervisors for clinical practice are experienced clinicians commonly employed from within the host healthcare clinical setting or independently to supervise a number of health care settings. There are also approximately 70 (5.3%) international nursing students who live and study in Darwin and are required, because of visa restrictions, to attend face-to-face classes where they exist. International students gain their clinical experience within the Northern Territory. In larger universities in the southern States, the proportion of international students may be as high as 50% of the total student population.

Teacher Education students are similarly taught and have a similar composition of international and national students. Their classroom practice is diverse, encompassing multitudinous levels of government and non-government schools around Australia, and in different States and Territories. Supervisors are generally experienced classroom teachers, specifically employed by the university to supervise education students' onsite. Teacher education students may be graduates or undergraduates. Professional standards for graduating teachers in the Northern Territory reflect similar expectations to those nurses applying to be registered (Teachers Registration Board [TRB], NT, 2010) <http://www.trb.nt.gov.au/standards/docs/ProfessionalStandardsGraduateTeachers.pdf>

The Study

The aim of this pilot study was to determine if academic nursing staff perceived that the scenario reported by the student should be seen as an area of concern, particularly with a view to developing policy to support students who found themselves in the situation where their supervisor would not proceed with a report of possible abuse. The respondents were a convenience sample of academics based within one School of Health Studies. The data were thematically analysed. The experience in nursing of those sampled ranged from 10-40 years. The level of employment was from Lecturer B to Lecturer C. All responders were employed full time in the university, with tertiary experience ranging between one and twenty years.

Methods:

A confidential pilot study was initiated in May 2011, using email to circulate a discussion paper to staff employed within a Faculty of Health in a northern Australian university. Seven academic staff (28%) responded (from a total of 25). Responders were asked to discuss points related to a written student scenario. Their comments were collated and again circulated for further development. Discussion was also held with members of the School of Teacher Education. The scenario circulated was as follows "It has come to my attention that a student who was concerned about the welfare of a patient was not encouraged to make a report about this by her supervisor. The fact that it was discussed some weeks later with academic staff was too late since the situation had lost all meaning. The student was left feeling guilty and concerned, as well as possibly devalued".

The points raised for comment in the pilot associated with this scenario included

1. The level of assertion displayed by the student;
2. The level of knowledge and responsibility of the student supervisor related to mandatory notification;
3. The apparent lack of a university policy giving students guidance about making a report of possible abuse;
4. International students and the potential mismatch of their understanding of the concept of abuse;
5. Pressures on International students because of their temporary status;
6. Power relationships between student and supervisor and its effects;
7. The penalty for non-reporting of abuse

Results:

One person mentioned that they had concerns about the general standard of supervisors used to assess students in clinical settings. The response stated that supervisors were given minimal support by the university once they were in place unless there was a problem at which point the supervisor, after discussion with the student, would contact the placement office for discussion. Three responses (42.8%) indicated that cases of suspected abuse have to be reported through AHPRA. AHPRA is tasked with investigating cases of professional misconduct. This is a non-confidential process. Four responses (57%) mentioned the Department of Community Services (DOCS) as the relevant avenue. Three responders (42.8%) felt that it was not the university's responsibility to provide a policy to support students, but rather that it should rest with the individual student or clinical supervisor.

There were no responses to concerns particularly related to international students (admittedly a small component of the overall enrolment in this university).

Four respondents (57%) acknowledged that students were focussed on meeting the requirements to succeed in their clinical placement.

From the four responses to the question related to reporting of abuse (57%), it was clear that not all academics surveyed understood the ramifications related to mandatory notification and the responsibility of nurses who had concerns about unprofessional behaviour.

Discussion:

The majority of the academics surveyed did not know the route to be followed in making a notification. Most responses focussed on the role of the supervisor in guiding student's learning and supporting students as they found a way of working within different supervision relationships, rather than the role of the university in providing a workable policy for students to follow. Cultural dissonance regarding the definition of mandatory notification and responsibilities for international students was not discussed

Mandatory notification reports go through DOCS in some States and the Department of Family and Community Services (DFACS) in other States. However, the focus is on Child Protection in New South Wales. In the Northern Territory DFACS has a general hotline number. There is not a national protocol. A report in one State or Territory cannot be accepted in another part of the country. For example, if contact through the NT DFACS is delayed, the NSW DOCS will not accept the notification. It is clear that the reporting process is still evolving, but a universal application of rules within one statutory body across all states and Territories will facilitate a system which has been seen to be less than all-encompassing in the past in its support to those in need.

It appears from this small pilot study that the terms critical reflection and reflective practice are interpreted and applied differently by tertiary students and teachers, with the outcome that what students say and do may be contradictory and that this outcome is actively or passively encouraged by the supervisor when the student is on placement. Students are being unfairly placed under great pressure to conform at the expense of their own beliefs and needs. This need to conform is strongly linked to the student's drive to gain a satisfactory grade for their placement experience, and to belong and be seen as fitting into the setting (Levett-Jones & Lathlen, 2008).

The most vulnerable group are international students who are not citizens but are subject to Australian law; however the real problem rests with system pressures on teaching and health care facility staff resulting in the lack of notification of the suspected problem and the probability that the abuse will continue. The pressures placed on supervisory staff in practice settings result in too little

time for reflection to address important issues such as possible abuse, because of the difficulty in reporting concerns. This is related to the complexity of how reporting is done in different States.

Recommendations:

The use of critical reflection as a method of encouraging intellectual growth needs to be re-evaluated in light of the pressures placed on less assertive students while they gain placement experience. Research into the long term effects of dissonance between moral and ethical standards for students and the reality of many workplaces is necessary so that adequate and relevant support can be offered to supervisors of students and to students generally but more particularly, international students.

Students need to be encouraged to identify potential abuse appropriately, and to be supported by their practice supervisor in taking appropriate action. However, universities and health care facilities have vicarious liability for student actions, and it is in their best interests, given proposed changes related to national registration of students, to also have an appropriate policy in place which supports a student who feels that they should notify but is being actively dissuaded by their supervisor. This policy development gives the student guidance about what will and will not be supported by their university if they feel that they may be disadvantaged by insisting that a report be made.

The selection of student supervisors needs to be based on more than the applicant's curriculum vitae and some form of selection based around scenario based discussions should be integrated into interviews with such supervisors. Supervisors need to acknowledge the difficulties faced by less assertive students who place the desire to succeed in their placement ahead of moral and ethical obligations to protect people they see while on placement. The supervisor at the selection interview should be encouraged to actively develop a plan to support such students.

The current system places many restrictions with regard to workload on those who work in such areas as DOCS. If mandatory notification is a requirement for health care workers and teachers, more DOCS staff must be employed to take the notifications. Notification should be able to be done electronically as well as by telephone. Teacher Education will shortly move to national registration with the recommendation that teaching students also be registered. In April of 2012 all undergraduate nursing students will be required to be registered with AHPRA, and will be subject to the mandatory notification requirements. However, it needs to be noted that registered nurses and teachers who are supervisors and already subject to these rules may still overrule referrals from students regarding concerns of abuse.

Conclusion:

In summary, mandatory notification is difficult and time consuming within the current system. The law needs to have a national rather than state focus. Nurses and teachers need to know that by making such a notification, they are protected and confidentiality is assured. Both student nurses and teachers must also act on, as well as recognise, the moral and ethical responsibility to their client that may or may not be developed by critical reflection.

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