ENHANCING SENSE OF BELONGING IN CLINICALS TO ADVANCE LEARNING AND NURSING STUDENT IDENTITY DEVELOPMENT

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BUILDING ON DIVERSITY

BUILDING ON DIVERSITY – INCLUSION AND BELONGING

Diversity

- the existence of **variations of different characteristics** in a group of people.
- These characteristics could be everything that makes us unique, such as our cognitive skills and personality traits, along with the things that shape our identity (e.g. race, age, gender, religion, sexual orientation, cultural background).

Inclusion

- the extent to which individuals **can access information and resources, are involved in groups, and have the ability to influence decision-making processes**…inclusion requires that all individuals feel able to fully and meaningfully contribute to shared goals regardless of group memberships and to do so without assimilating to established norms or **relinquishing any part of their identity.**

Belonging

- the need to be and perception of being **involved with others at differing interpersonal levels**…which contributes to one's **sense of connectedness** (being part of, feeling accepted, and fitting in), and **esteem** (being cared about, valued and respected by others), while providing reciprocal acceptance, caring and valuing to others'.

BELONGINGNESS IS A KEY TO SELF-CONCEPT

- Progress towards achieving self-esteem or true self-actualization will be thwarted unless belongingness, acceptance and appreciation are experienced first.
- Lack of belonging may affect such things as maladjustment, stress, behavioral or psychological pathology, and health problems.
- Additionally, lack of belonging may lead to a lack of self-esteem, self-concept, and impact nurse identity and over-reliance on others to make decisions and influence ones' sense of self (Levett-Jones, Lathlean, Maguire, & McMillan, 2007).

ROLE OF CLINICALS IN NURSE IDENTITY

- One's integrated sense of identity (interpersonal, intrapersonal, and cognitive development) will influence the type of work that the nurse engages in (Kegan, 1982; Baxter Magolda & King, 2004; Rasmussen, Henderson & Conroy, 2018).
- Historically the nurse identity was constructed in relation to the hospital or health system (Brennan and Timmins, 2014; van der Cingel & Brouwer, 2020). As a result, a collective identity formed ultimately centered on "honesty, virtue, compliance…rituals, routine…whose learning needs were subservient to that of the organizational needs…[and] were socialized to conform with a group identity" (Brennan & Timmins, 2014, p. 748).

ROLE OF CLINICALS IN NURSE IDENTITY

- While ensuring standards of care and evidence-based practice is integral, we also want to ensure that we are treating all students with respect, care, and individuality and advancing student learning.
- Research shows that the development of a nursing identity includes integrating opportunities in student work that increases belongingness, peer support, and confidence building via strong role models (Walker, Dwyer, Broadbent, Moxham, Sander & Edwards, 2014).

CLINICAL BELONGINGNESS PREREQUISITES

- Higher sense of belonging linked to:
  - Quality of guidance, not length of placement
  - Ability to challenge norms in the clinical placements
  - Being seen as competent contributors
  - Socially included in a cohort model
  - Greater satisfaction in their jobs

CLINICAL BELONGINGNESS OUTCOMES

- Creating psychologically safe environments, or cultures with a shared belief that members are safe to engage in interpersonal risk-taking and will not be subjected to negative repercussions, such as embarrassment or rejection, show that leaders who acknowledge and proactively invite others' input, regardless of those individuals' professional roles or status relationships, help team members to feel greater psychological safety (Edmondson, 1996, 2003).
- Leaders who are available and accessible both physically and psychologically to students, who invite input and share decision-making, may help create a climate of approachability, which reduces barriers to voice, input, trust, and learning.

BELONGINGNESS LEADS TO LEARNING

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- Start your clinicals with socialization opportunities for students and others to get to know each other as professionals and as people.
  - Find opportunities to build upon a group's social cohesion throughout the term.
- Provide supportive and sufficient opportunities to master skills so that students can make necessary jumps in developmental levels.
  - Development > Disappointment.
- Create daily opportunities to engage in case-based learning.
  - This provides the capacity for cognitive growth, the confidence to develop leadership (Hannah & Avolio, 2010), the increasing capacity to draw from "cognitive scripts" (p. 23) and develop self-efficacy.

BELONGINGNESS LEADS TO LEARNING

- Create a mentorship quality assessment plan.
  - Determine what you can offer students, what students want from the placement, and build a relationship beyond knowledge transmission. Check in on this process throughout the term.
- Co-construct shared norms for communication and feedback among the group.
  - Apply them equally.
- Be a role model.
  - Call out issues of bias, intimidation, competitiveness, lack of fairness.

BUILDING BELONGING

- View yourself as a learner from the students and as a life-long learner broadly.
  - Assess how you take in new information and feedback.
- Set up formal and informal one-on-ones
  - Check in with your students over coffee, snack, lunch, or walks.
- Regularly audit which tasks you give to which students and the values you are placing on those tasks.
  - Which tasks are menial, logistical, easier, enjoyable?

THE ROLE OF HARM IN DEVELOPING A SENSE OF BELONGING IN CLINICAL PLACEMENTS

DEFINING HARM

WHAT ARE HARMFUL EXPERIENCES?

Harmful incidents include a wide range of behaviors, actions, and speech acts perpetrated against a student, in the same environment as a student, or against another student in a Loyola University Chicago and MNSON learning environment.

- Microaggressions: A microaggression is a brief and commonplace verbal, behavioral, or environmental indignity, whether intentional or unintentional, that communicates hostile, derogatory, or negative attitudes toward stigmatized or culturally marginalized groups.
- Macroaggressions: Macroaggressions are explicit, often overt, and more pervasive forms of discrimination or prejudice.
- Sexual Assault or Rape.
- Disability Discrimination.
- Pregnancy Discrimination.
- Other examples include sexual violence, stalking, threats to safety, housing, employment, or immigration status.

WHO MAY ENACT HARM?

- **Patient Toward Nursing Student**
  - Nearly 8 in 10 nurses say they have seen or experienced racism and discrimination from patients.
  - 53% of nurses overall have heard prejudiced remarks from patients.
- **Nursing Student or Nurse Toward Nursing Student**
  - Almost 6 in 10 nurses say they've seen or suffered racism and discrimination from their colleagues.
  - 57% of Hispanic or Latino nurses have endured racism from co-workers.
- **Instructor Toward Nursing Student**
  - Due to decreases in the number of faculty, preceptors, clinical sites, and nursing staff, the reduced interactions with nurse educators may lead to uncivil behavior and negatively impact sense of belonging (Grobecker, 2016).
- **Peer To Peer**

MICROAGGRESSIONS

- Microaggressions can make people feel like they are not being seen or heard, and they can contribute to feelings of isolation, anxiety, and depression.
- There are many different types of microaggressions, but some common examples include:
  - Assumptions about a person's race or ethnicity: "Where are you really from?"
  - Stereotyping: "You're so articulate."
  - Tokenism: ”As a Black nursing student, what do you think about this Black patient?”
  - Cultural insensitivity: "You don't celebrate Christmas?” “I’m surprised you don’t drink”
  - Heterosexism: "You must be so excited to get married."
  - Ableism: "You're so brave for doing that.” “This will be hard for you because of your disability.’

SHARING GUIDANCE

- Faculty are *not* to share thoughts or opinions that are not clinically-relevant, research and data-driven, expert-practice based, or organizational policy-focused.
  - For example, do not share:
    - Your opinions on why you think a patient is presenting in a particular way that are not based in clinical-relevance (e.g., "they clearly don't take care of themselves because they are from X population")
    - Your opinions on social identity that are not based in clinical-relevance (e.g., LGBTQIA+, disability, fat, etc. "You don't look like an X" "I thought because you were Y that you would speak English better")
    - Your opinions on choices patients make about their own health that are not based in clinical-relevance (e.g., abortion, elective procedures)
    - Generalizations on populations that are not based in current research and data (e.g., all LGBTQIA+ people do X; these people engage in Y)

TAKING CARE OF YOURSELF AND OTHERS

SHIFTING FROM FACULTY TO STUDENT ROLE

CONCEPTUALIZING CLINICALS FOR STUDENTS

- Our training focuses on how to leverage compassion, empathy, cultural humility through the "art" of nursing. We offer this form of interpersonal engagement within our communities, but it is not always extended back toward us.
- Sometimes there is harm that is directed toward us that may make us feel unsafe, violated, dehumanized, or unable to do our jobs.
- This can be incredibly disappointing, harmful, scary, shocking, and may leave us questioning many aspects of our nursing experience and who we are as people.

CASE STUDY ACTIVITY

- One of your clinical groups is at a post-hospitalization recovery center that provides up to 90 days of housing, food, and services to unhoused patients who were discharged from the hospital as they get back on their feet.
- During a clinical, two student nurses are in a patient's room.
- The patient asks one of the students if they are Asian. When the student replies "yes", he tells her, "you don't *look* Asian and if you are, you should go back to your own country."
- The student is understandably upset.
- In small groups, take your assigned character and think about what you could have done before, during, and after this situation.
  - Part-time faculty coordinator,
  - Clinical faculty member,
  - Student who was harmed
  - Other nursing student

PREPARING STUDENTS TO TAKE ACTION

BYSTANDER INTERVENTION

- **Hollabacks!'s 5 D's to Bystander Intervention**
  - **Distract:** Indirectly diffuse the situation by interrupting the harasser and the target (e.g. commotion, small talk, etc.).
  - **Delegate:** Ask a third party for assistance in intervening, preferably an individual in a position of authority.
  - **Document:** If it is safe to do so and someone is already helping the target, write notes or take a video of the discriminatory situation (permission to share the situation belongs to the target).
  - **Delay:** Check in with the person who was discriminated/harassed (e.g. support, offer assistance, etc.).
  - **Direct:** If everyone is physically safe, speak firmly and clearly against the harassment/discrimination taking place (prioritize assisting the target over debating the harasser).

TAKE ACTION!

- Level 1:
  - Have a conversation with the person who harmed you.
  - DOCUMENT the interaction.
  - Take a break from the interaction.
  - Ask for somebody to take over care.

- Level 2:
  - DELEGATE: Bring it to your clinical instructor or other supervisor or instructor.

TAKE CARE OF EACH OTHER!

- Level 1:
  - Don't be a bystander!
  - Help your peer have the difficult conversation.
  - Role play the conversation with your peer.
  - DIRECT: Address the perpetrator directly yourself, in the moment.
  - Take over the care while your peer takes a break.
  - DELAY: Check in with each other over the day/rotation; offer empathy and support.

- Level 2:
  - DELEGATE: Bring it to your clinical instructor or other supervisor or instructor.

VERBAL DE-ESCALATION

- Common phrases to DIRECT to perpetrator:
  - “I don’t think you meant to be hurtful, but your comments made us feel uncomfortable."
  - “She is a well-qualified nursing student, and I am confident we will take good care of you together.”
  - “I’m sure you didn’t mean to be hurtful, but that is inappropriate and disrespectful."
  - "I want to help you, what can I do?"
  - "I can see that you are upset...”

- Phrases to avoid:
  - Calm down
  - I can't help you
  - I know how you feel
  - Come with me

DE-ESCALATION USING BODY LANGUAGE

- Keep a relaxed body and alert stance to the side of the person
- Keep hands down, arms open, and visible
- Use slow, deliberate motions
- Maintain neutral and attentive facial expressions
- DISTRACT:
  - Direct your peer's attention away from the patient and onto a new subject: "I was wondering if you could come and help me figure out this issue over here?"
- IF IT IS SAFE, and only if necessary, put yourself in between the perpetrator and the person being harassed.
  - You define safe as an individual.

When students conceptualize their life's purpose and have a strong sense of professional identity, they actualize positive change and meet outcomes such as college completion, career success and retention, persistence through hardships, and belief that they can make a difference (Sharma & Yukhymenko-Lescroart, 2022).

Clinical placements play a significant role in the nursing students' education.

You are a powerful contributor to learning.

Thank you for your engagement with our future nurses!

INSTRUCTOR TOOLKIT

STEPS TO TAKE

- Borrow this presentation and use it to enact change with your clinical instructors
- Review these action-items with your clinical group and other clinical faculty at your institution
  - E.g., discuss how feedback will be given between instructor and student
- Design role-playing scenarios that are relevant to your context (like simulation scenarios) and use them with instructors and students to determine how you would respond in each situation
- Consider bringing an active bystander intervention training to your campus
- Design a process for reporting harmful incidents and action steps for healing

ADDITIONAL DEVELOPMENT RESOURCES

- *Danger of a Single Story:* *https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story?language=en*
- Harvard Implicit Bias Test: https://implicit.harvard.edu/implicit/user/agg/blindspot/indexrk.htm
- National Research Mentoring Network Unconscious Bias Course: https://courses.nrmnet.net/course/c/JqPZiUQo0O
- UCLA Office of Equity, Diversity, and Inclusion: Implicit Bias Video Series
- *How to Unsmart Your Own Unconscious Bias*: https://www.youtube.com/watch?v=GP-cqFLS8Q4
- *How to become a lifelong learner*

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