ORIGINAL PAPER

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Mothering: an unacknowledged aspect of undergraduate clinical teachers' work in nursing

Abstract

Clinical education is an important component of undergraduate nurse education, in which clinical teachers facilitate students' application of theoretical classroom knowledge into the clinical practice setting. Mothering as part of clinical teachers' work was a major finding from a larger study exploring clinical teaching work to identify what shaped their work and barriers to their work in clinical settings. The study used semi-structured interviews, informed by the work of Foucault. Maternal discourses emerged as a predominant one as participants presented their relationships with students describing examples of nurturing, protecting, supporting, guiding and providing discipline. The unexpected finding contradicted the dominant view of students as adult learners, and potentially positions them as dependent in their learning in clinical environments. Exploration of this discourse in the context of the study forms the basis of this paper. It is argued that the overall impact of maternal discourses on clinical teaching and learning is unclear but warrants more detailed investigation.

Keywords Clinical teaching . Discipline . Mothering . Nurturing . Nursing education . Support

Clinical teaching plays an important role in undergraduate nurse education, aiming to facilitate student integration of theory and practice. Clinical teaching is a complex activity involving numerous responsibilities: including supervising students and their learning; monitoring the safety and wellbeing of patients allocated to student care;

and ensuring compliance with clinical agency requirements (Oermann 1998a, b). The complexity of clinical teachers' work is compounded by geographical factors including distance from employing universities and unstable, ever-changing clinical settings (Finn et al. 2000). While there is international acknowledgement of centrality of clinical practice in undergraduate nursing education, there remains limited understanding of the ways teachers construct their roles in clinical settings (McKenna and Wellard 2004).

In Australia, where the reported study was set, there are three predominant models for clinical teaching used in undergraduate nursing education, none of which usually include academic staff. First, sessional clinical teachers are often employed by universities on a casual basis according to the durations of student clinical placements (Myrick 1991) purely to provide support for students whilst on clinical placements. Second, clinical teaching associates are staff members of a host clinical agency who are seconded from their regular clinical duties to supervise students attending for clinical learning. On completion of students' placements, these associates return to their regular clinical nursing duties (Hunsberger et al. 2000; Weber 1993). Finally, preceptors work in a one-to-one relationship with students whilst maintaining clinical nursing workloads (Hunsberger et al. 2000). Within this context, an exploration of clinical teachers' perceptions of their work was undertaken; to identify what shaped their work and barriers to their work in clinical settings. This paper reports on 'mothering' as a key finding and part of a larger study of clinical teachers work in Australia.

Mothering

'Motherhood' is a taken for granted ideal in western societies (Koniak-Griffin et al. 2006), which situates mothering as an important and privileged role that is viewed as generally the same for most women (Fowler and Lee 2004). However, as noted by Walker (1995), there remains an absence of explicit definition of motherhood in spite the universal use of the term as authoritative and imbued with a range of associated implicit expectations of mothers. Feminist debates about the gendered division of labour associated with child care, and the consequent marginalisation of women (Manne 2005; Tong 1989) have contributed to the under developed understanding of the concept of mothering. The role of mother is complex and there is no single way of

mothering, but a variety of approaches that are influenced by culture and ethnicity (Bhopal 1998; Liamputtong and Naksook 2003), as well as a range of social and environmental factors (Javo et al. 2004; Bolen 1992; Glenn 1994; Keary 2000) including maternal age (Koniak-Griffin et al. 2006).

Literature exploring the practices of mothers suggests that the core activities associated with mothering of children include: physical care; nurturance; and socialisation (Walker 1995; Elvin-Nowak and Thomsson 2001; Forcey 1994; Stevens and Meleis 1991), all of which can occur within a range of circumstances. Mothering can be undertaken by one or a group of individuals, and while birthing is limited to women, the activities of mothering are not gender specific (Bolen 1992). Physical caring of children includes ensuring they are fed, bathed, have adequate rest and activity for healthy development. Nurturance is important in the positive formation of identity of children and incorporates assessing and responding to their emotions and needs within relationships of interconnectedness (Faber 2002). Social and intellectual development are also important with socialisation within healthy families develop social hierarchies that are clear, with marking out of rules and parental control of those rules (Faber 2002).

The responsibilities in maternal roles have been described as both satisfying and stressful at different times (Jackson and Mannix 2003) and can present struggles for first time mothers (Fowler and Lee 2004) or where a need to care may be linked to their own feelings of self-worth (Tardy 2000). Brown et al. (1997) reported women's perceptions of 'good' mothering as including the provision of stimulating environments; spending quality time; being loving, caring, with never ending patience, time to spend with children, and providing guidance. Guidance incorporates setting limits, requires a range of skills from being able to set clear behavioural limits whilst remaining sensitive and responsive to cues from children (LeCuyer-Maus and Houck 2002).

Linking teaching and mothering

Links have been drawn between teaching and mothering, particularly in relation to teaching in pre-school and primary levels of education.

Protection, training and care of children were argued by Pinnegar et al. (2005) as common goals of both mothers and teachers, together with an accompanying obligation to support the moral development of children. Early years of education in western countries have been the province of women's work, with nurturance promoted as 'instinctive' for females (Forrester 2005).

There are numerous discussions by teachers of the impact that their personal role of mothering has brought to their teaching—these range from reflective narrative to more theoretical interrogation of experience (for example: see MacDonald 1999; Whitaker 2001). Vogt's (2002) exploration of primary school teachers' perceptions of caring within teaching found that caring was understood as part of a continuum where caring as mothering is placed at one pole and caring as moral action is placed at the other. A caring teacher at the mothering pole of the continuum is constructed within a gendered orientation, where mothering is a traditional and natural duty of women. Teaching and learning is therefore centred on a "mother-figure teacher" who provided mothering and maternal love. Caring teaching was seen as providing physical care, nurturing and promoting physical wellbeing in students. Similarly, Whitaker's (2001) work with education students identified correspondence between mothering and teaching where there is a requirement to care for, and support, children.

We identified only one study which has explicitly raised a link between clinical teaching and mothering. In her study of Jordanian nursing students, Lopez (2003) found that students perceived caring in student-teacher encounters during clinical teaching as maternal in nature with clinical teachers providing guidance, support, information, translation of difficult concepts, providing feedback, reinforcing and allowing the development of freedom and independence. Furthermore, students found that "hands on" approaches to skill performance, along with coaching and encouragement were similar to those that a mother would provide. Given the minimal discussion of mothering as part of clinical teachers' roles, our finding of clinical teachers describing themselves as 'mothering' does appear to be novel and will contribute to increased understanding of learning in clinical settings.

Methodology

Findings reported here emerged in a larger doctoral study (McKenna 2004) which explored the constructions of nursing clinical teaching work in Victoria, Australia. The study aimed to explore clinical teaching roles through teachers' perceptions, identifying factors shaping these roles and aspects that clinical teachers shaped. It was undertaken in two stages using a qualitative interpretive approach (Thorne et al. 1997) and was theoretically informed by the work of Foucault, particularly his ideas about genealogy and power-knowledge relations (1972, 1973, 1977). Key to the research was exploring patterns in the data representing discourses, that is, bodies of knowledge and practices maintained through systems of power and knowledge, influencing clinical teaching work. The findings in this paper emerged in stage two of the study where semi structured interviews were conducted with nine clinical teachers. The participants, selected through purposive sampling, included sessional clinical teachers (n = 3), clinical teaching associates (secondees) (n = 3) and preceptors (n = 3), who all agreed to discuss their work as clinical teachers. These numbers were sufficient for the nature of the research and covered the three main types of clinical teachers in Australia. Participants were all experienced clinical teachers with between 1 and 10 years involvement in formal clinical teaching work. Interviews were taped recorded and conducted by one member of the team who later transcribed them verbatim (LM). Given the nature of the research, participant numbers were considered sufficient as data saturation was not necessary within the chosen methodology. Data analysis was informed by discourse analytical techniques described by Powers (2001) and Lupton (1992). Using this method, transcripts were explored for relationships relating to power and knowledge informing emergent discourses. In interrogating the data, a number of considerations were applied including: focussing on who was speaking, who remained silent, who the subject of the particular discourse was, contradictory positions adopted and existing power-knowledge relations. Approval was obtained from the relevant university human research ethics committee prior to data collection. Pseudonyms are used throughout this text.

Findings

All participants described the relationships established between themselves, as clinical teachers, and students, with whom they worked as frequently deep and personal. The participants also perceived the

relationships they had with students were distinctly different to those between academics and students experienced in on campus teaching in university settings. The clinical teacher–student relationships were presented as similar to those between mothers and their children. Participants discussed their practices as including nurturing and protecting, supporting and motivating, guiding and disciplining students for whom they assumed responsibility in clinical settings.

Nurturing and protecting

Participants spoke about nurturing and protecting nursing students during clinical placements. They described ‘mothering’ students by being sensitive to their emotional and social wellbeing during clinical practicum and assisted them to deal with issues as they arose. Faye highlighted this:

I suppose saying being a mother is very sexist, but being aware of the psychological and social aspects of being on clinical placements ... and being there as a bit of sounding board for students about issues that might not have anything to do with the clinical placement ... being able to be there for them on a personal level but obviously not to such an extent that you know they're in your office the whole time but to an extent that they feel comfortable that if they've got an issue that they think's affecting them they will be able to come to you with that.

Participants related a range of ways they provided nurturance of a personal nature to students. One obvious nurturing role was associated with supporting students who were living away from their home during clinical placements and had a need to seek out parental-type advice. Participants recounted examples of assisting students to deal with personal issues and these situations were not always limited to within the ‘work’ time. The clinical teachers were of a similar age to the mothers of many students, and this was recognised as contributing to students comfort in readily disclosing personal issues that normally might be taken to a parent at home. This reinforced students developing a level of dependency on their clinical teachers, and construction of maternal components in the clinical teacher role. Students become positioned subordinately as children to the “knowing” adult. Michelle explained:

They have a lot of issues just with their age and ... sometimes they come to me, only cause they're 19 or 20 year olds, and often being [in the] country they're living away from home. Some of them might not have slept the night before. You know, they might do a late [then] early [shift] and they haven't slept because there's been a party or something like that. So that's personal, that, that's definitely a role of mine. I sometimes feel like I'm mother.

By assisting students to deal with personal issues in a way that a mother might, a maternal-child approach to the teaching relationship was reinforced; hence a subordinate and dependent positioning of the student within the relationship was maintained. The perception of clinical teachers as 'mothers' in this study was held by all participants, including the sole male participant, Andrew, who referred to his role as being maternal in ensuring that students were aware of the support services available to them in the clinical setting. He said:

... its [the students'] first time away from home, it's quite easy to get caught up in the system ... So you, you do provide that sort of, motherly role ... to them in a lot of ways.

In addition to seeking advice for personal issues, students also shared their triumphs with clinical teachers as they might normally take home to their mothers. This included successful performance of skills for the first time or other positive experiences. The activity of referring such events to clinical teachers served to further reinforce maternal-child relationships experienced between teachers and students. Through personal nurturing occurring within the relationship, students sought positive affirmation and reinforcement of behaviours that conformed to clinical teachers' expectations hence having a disciplining effect as well. Faye summarised:

... it's also kind of being like a bit like a mum and ear to ... even just to listen to them if they want to tell you something that is really exciting ... I keep saying to them, you know, if you've learnt something that you think's really positive bring that as well you know.

Protecting students from harm in a maternal way was also recognised by participants as important. Just as mothers protect their young within new

environments, clinical teachers described a need to ensure that students were safe and comfortable within their clinical environments and were being cared for by ward staff. Clinical teachers explained that part of their role was to identify situations that may place students at risk and to ensure that safety was maintained. Teachers drew on their knowledge and previous experiences to position themselves as knowledgeable about potential risks that students, as juniors, may not be able to identify or defend themselves against. Sarah highlighted a need for ongoing liaison with clinical staff as a means for safeguarding students:

A lot of it is liaising with the ... staff as well as ... helping them figure out what the student is there for and ... to smooth over any sort of issues as well and to look at the students' safety.

Protection also involved scrutiny of ward staff that worked with students. In many instances participants expressed being able to influence which registered nurses (RNs) could act as buddies for students. Participants spoke of a need to ensure that their 'young' were working alongside RNs who would care for them when the clinical teacher was not available, similar to the way a mother responds when leaving her child with a carer. The clinical teachers aimed for students to be buddied by RNs who understood the learning stage of particular students, enjoyed teaching within their roles, and were positive practitioners. Faye relayed:

... you have those people that you know they are just in tune with the students, they love teaching at a clinical level and they actually have an affinity with the students and so you try your best to make sure they are with those kinds of people who really encourage them.

Paula, in contrast indicated her careful screening of who could work with students:

... you choose them [buddies] because you get the people who put their hand up and say: "Let me have the students, I love it and I think it's great". And you know in the back of your mind, you love it but you're no good at it and you're not going to have students.

Supporting, motivating and guiding

Throughout childhood, mothers provide support, motivation and

encouragement for their children as they grow. Maternal practices were revealed through participants' descriptions of how they employed practices to support, guide and encourage students within clinical settings. These practices emerged in both physical and psychological aspects of relationships and could be differentiated from those more personal nurturing and protective practices described in the previous section.

Nursing students usually enter clinical settings naive to institutional practices and functions. Participants described their guiding and support roles in terms of providing information for students that would serve the duration of their time in the particular clinical agency. Providing students with 'survival' information supported the student and made the clinical teacher's role easier. As indicated by Ann:

... even down to the problems with car parking and when the bus runs and ... if you get stranded you can just go to security and they'll drop you off at your car and things like that I think make it far more easier to do your job and to support them.

Participants in this study spoke of approaches they employed for encouraging students to optimise their learning experiences as well as promoting the development of independence within a nursing role, and with expectations of students at different levels. Learning was controlled in ways which positioned principles of adult learning as marginal and further reinforced the subordinate positioning of students within these relationships. Trudy outlined her approach:

... at the moment I'm trying to let them find their feet and let them do their own thing without me being over their shoulder all the time but I guess like depending on the year level, like first year obviously you're showing them, second years you're probably getting them in there to do it a little bit more, and guiding them and assisting them whereas third years I just try and let them do it.

Nursing students are taught many clinical skills in a simulated environment at their university campus prior to entry to specific clinical placements. During clinical placements in health care settings students begin to use these skills with 'real' patients. Clinical teachers in these settings provide encouragement and guidance for students in their

application and refinement of clinical nursing skills. Whilst psychological support and encouragement is important, Michelle relayed her view of the importance of physical support. She described providing physical support in students' skills development when removing a wound drainage tube for the first time. Her description was reminiscent of how a parent might teach a child to tie their shoelaces. Michelle described holding students' hands sometimes through the performance of the clinical skill because:

the students often, some of them feel really, really nervous. I usually double glove with them ... and sometimes I actually put my hand on their hands. Because often they're shaking ... so I just hold them by the wrists there [indicates on self], gently, and often ... I help them pull the drain tube out, or if they're doing a swab I actually direct where the hand goes because they're shaking.

She argued that her approach provided reassurance for the student. This approach also indicated a level of physical control over the student's actions.

Laying down the rules

In addition to nurturance, protection, guidance and support, participants engaged in disciplining students, similar to the discipline a mother provides to support her child's development. Participants in this study revealed a range of practices within their clinical teaching that disciplined students to conform to the teachers' expectations. They discussed strategies used to inform students of expected behaviours and the surveillance processes used to maintain ongoing discipline of students in clinical areas. As Michelle described:

I'm fairly strict and I lay the law down the first day big time. Right, then I don't have any problems. For the first week they're on guard a little bit, and nervous, nervous with me and nervous with the environment, and the second week they start to relax a little bit and then their learning really enhances.

Participants described their attention to students following 'rules' throughout the interviews and of the importance of students conforming to sets of rules relating to the clinical environment. They distinguished

between the rules that govern behaviours and practices in clinical environments and those of the university, which in some instances were conflicting. Clinical teachers, reported themselves as 'minders' of students during clinical time, relayed a responsibility ensuring that students in the clinical setting abided by the local rules. Faye summarised:

... making the students aware that while they are in the clinical area they practice within the guidelines of that clinical area and that can sometimes be difficult if they have been taught in a different way.

It was not only institutional rules that clinical teachers sought to enforce. Participants indicated having their own sets of rules for student performance within clinical areas that served to further discipline students' behaviours and practices. The rules reflected their own expectations of students that they had individually developed over time and through experience. Andrew described presenting his own set of rules to students on the first day of the clinical placement:

I have developed my own little package that I go through with the students on the first day ... what I expect of them ... because I go over it at the start, I think they've had it drummed into them ...

The application of rules helped to discipline students, and ultimately, the graduate nurses they become, to conform to the dominant culture within a given the health care agency.

Participants reported ongoing surveillance strategies throughout clinical placements to ensure students conformed to their expectations and to maintain control. Clinical teachers expected students would contribute to general ward activity while on clinical placements, rather than limiting their activity to solely meeting the clinical learning objectives set by the university. Through ongoing, often discrete, dialogue with buddies and other staff, clinical teachers maintained knowledge of students' activities, even in their absence. This continual surveillance ensured that students did not stray while clinical teachers were with other students. Faye described needing to know exactly what students were doing and informing students that she was keeping track of their activities:

... you'll get students sometimes who will tell untruths to their preceptor about what they should and shouldn't be doing. And it's trying to kind of, not catch them out, but make them aware that you know exactly what's going on, that your finger's on the pulse and you know exactly what they're doing and that they won't get away with that ...

Workload demands on those clinical teachers who also had a patient care load added to disciplining students. The practice of nurses is disciplined in routines and taken for granted practices, where particular procedures are carried out at particular times of the day and night. Working alongside a practitioner results in a nursing student being similarly disciplined according to these taken for granted patient care regimens. This can provide difficulties where a student may be unclear of expectations or appears unmotivated to conform. Trudy provided an example:

Whereas with the others [unmotivated students], you're chasing them every two seconds and trying to get them to learn as well so I'm sort of, like behind them saying OK we do have something due now do you know what it is, do you think you can do it. You know, you're constantly trying to push them to do things.

Discussion

The perception of clinical teachers as engaging in mothering work was initially surprising and disappointing. The dominant discourses in contemporary nurse education position students as adult learners who are self-reliant (see for example: O'Shea 2003; Cox 2005). The participants' accounts were at odds with this position. Voysey (1998) reported the dilemma for academics in supporting students in ways which could be seen as mothering. While the efforts to 'mother' students can be interpreted as negative, gender laden and outside the boundaries of academic work, she argued that there is a legitimate role in supporting and assisting students who face challenging and difficult transitions during their learning (Voysey 1998). Indeed, it may be viewed as irresponsible not to support students in these situations. The finding of clinical teachers adopting 'mothering' aspects to their role offers a degree of support for students who are placed in complex and unpredictable environments and is consistent with the role of a mother

(Walker 1995; Elvin-Nowak and Thomsson 2001; Forcey 1994; Stevens and Meleis 1991). These findings are also consistent with links made between teachers and mothering in early years of education (Vogt 2002; Pinnegar et al. 2005; Forrester 2005).

Through identification of their work as 'mothering', teachers in this study were assisted in simultaneously nurturing and regulating students. While aimed at supporting students, mothering strategies also actively positioned students as subordinate and subject to rules of the clinic as articulated by the clinical teacher. This is illustrative of Foucault's (1977) notion of 'disciplinary techniques' that are used to manipulate and control power-knowledge relations between different individuals in institutions. These techniques support the maintenance of the status quo; in this study arguably assisted clinical teachers to facilitate the reproduction and maintenance of current constructions of nursing practice.

Clinical teaching is complex and we have limited this discussion to 'mothering' work, but this was only one of several constructions teachers presented. The notion of clinical teachers as mothering university students challenges the popular view of higher education being designed for adult and self-directed learners. Others have challenged the assumption that andragogy and self-directed learning are appropriate and desirable in undergraduate health professional education (for example Schmidt 2000; Jinks et al. 1998). Our findings also indicate a need for questioning the appropriate pedagogical approach that facilitates student learning in the complex and constantly changing clinical environment.

Further research is needed to explore this area of nurse education in greater detail. Lopez (2003) found that students viewed their interactions with clinical teachers as maternal in nature. Currently, however, it is not clear what the implications are of such maternal discourses for students and their learning outcomes. In addition, whether maternal aspects exist in clinical teaching roles of other health professions and, if so, how these are managed warrants exploration. Through greater understanding of how maternal discourses operate in clinical teaching, clinical teachers may be provided with strategies for effectively managing a range of relationships with students and ensuring optimal learning outcomes for students whilst maintaining high levels of support during clinical

placements.

Previous research has indicated that support and facilitation are crucial factors considered by students in their career planning. Andrews et al. (2005) identified that levels of support students had received in particular clinical placement settings was an important determinant in their choice of first employment destination following registration. Clearly then, levels of support for students and their learning is a factor in recruitment of new graduates into a workforce and to fill graduate places. A context that supports and nurtures students in their learning may therefore, have later workforce implications. The impact of maternal discourses on this aspect deserves further detailed exploration.

Conclusion

Clinical education is a vital component for nursing education. Clinical teachers work to facilitate the application of classroom theory into clinical practice. The emergence of maternal discourses was not expected in this study. It's surfacing leads to a number of tensions in the clinical teaching role. If teachers adopt mothering approaches, it may be argued that students will be not encouraged to be independent, adult learners. Furthermore, clinical teachers may experience personal conflict in attempting to provide students with critical feedback on their clinical performance further constraining their professional development. More research is needed to explore the impact of clinical teaching approaches on student learning outcomes.

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