Struggling for legitimacy: nursing students' stories of organisational aggression, resilience and resistance

Debra Jackson  
*University of Western Sydney*

Marie Hutchinson  
*Southern Cross University*

Bronwyn Everett  
*University of Technology, Sydney*

Judy Mannix  
*University of Western Sydney*

Kath Peters  
*University of Western Sydney*

*See next page for additional authors*

Publication details


Published version available from:  
http://dx.doi.org/10.1111/j.1440-1800.2011.00536.x
Authors
Debra Jackson, Marie Hutchinson, Bronwyn Everett, Judy Mannix, Kath Peters, Roslyn Weaver, and Yenna Salamonson

This article is available at ePublications@SCU: http://epubs.scu.edu.au/hahs_pubs/1252
Struggling for legitimacy: nursing students’ stories of organisational aggression, resilience and resistance

Debra Jackson¹, Marie Hutchinson², Bronwyn Everett³, Judy Mannix⁴, Kath Peters⁵, Roslyn Weaver⁶ and Yenna Salamonson⁷

¹University of Western Sydney, NSW, Australia, ²Southern Cross University, Lismore, NSW, Australia, ³University of Technology Sydney, Lindfield, NSW, Australia


Struggling for legitimacy: nursing students’ stories of organisational aggression, resilience and resistance

There is a considerable body of literature scrutinising and theorising negative and hostile behaviour such as violence and interpersonal conflict in the nursing workplace. However, relatively little empirical work has examined the experiences of undergraduate nursing students in the context of negative workplace cultures, and even fewer studies have explored how students develop and enact strategies to counter hostile behaviours in the clinical workplace. Based on qualitative analysis of open-ended survey questions, this study explored undergraduate students’ experiences of negative behaviours in the clinical environment to identify strategies used to manage and resist such behaviours. While dominant individuals in the clinical environment sought to enforce and uphold their version of legitimacy – one where students were relegated to complete subordination – the tenacity and resourcefulness of students was evident in their attempts to counter this oppression with acts of resistance. Our findings provide new and valuable insights into organisational aggression and acts of resistance in the nursing workplace. The resistance offered by these students draws attention to the struggles for legitimacy within institutions. In drawing attention to organisational aggression as a mechanism by which students are ‘othered’ through pejorative behaviour, homogenisation, and de-authentication, and the dynamics of resistance offered by these student nurses, we provide an alternative explanation of nursing socialisation.

Key words: clinical placements, organisational behaviour, qualitative methods.

Quality clinical learning experience is recognised as a critical component of undergraduate nursing education (Royal College of Nursing Australia 2009), providing students with an opportunity to both acquire, and further develop, the professional knowledge, skills and attributes necessary for beginning-level competent practice. Ideally, quality clinical learning experiences occur in quality clinical environments (Mannix et al. 2006), however, for some students, the reality appears to be a less than satisfying clinical experience.

Like registered nurses, nursing students are at risk of exposure to aggression and bullying in the clinical setting. These forms of hostility arise from fellow nurses, nursing managers, other medical and administrative staff, or patients/clients and their families. The consequences for nurses of exposure to aggression and bullying have been reported in a number of national and international studies. The experience is recognised as a traumatic event that can lead to long-lasting psychological effects. Among nurses, workplace hostility is acknowledged as a leading cause of stress, illness (Deary, Watson and Hogston 2003) and depression (Randle 2003).

It has been noted that hostile behaviours experienced in the clinical setting impact negatively on student learning.
and well-being (Gair and Thomas 2008). Nursing students’ experiences of negative behaviour while in the workplace include feeling ignored or unwelcome (Hoel, Giga, and Davidson 2007), undervalued (Pearcey and Elliott 2004), invisible (Vallant and Neville 2006), experiencing verbal abuse (Ferns and Meerabeau 2009), pejorative or unfair treatment (Thomas and Burk 2009), and generally being disillusioned, with the reality of clinical nursing failing to meet students’ expectations (Pearcey and Elliott 2004). A number of studies of undergraduate student nurse exposure to aggression and bullying have been conducted in Europe (Nau et al. 2007), the Middle East (Bronner, Perez, and Ehrenfeld 2003; Celik and Bayraktar 2004), and the United Kingdom (Randle 2003). In one of these studies it was reported that 95% of the students perceived themselves as anxious, depressed, and unhappy at the end of their 3-year course due to inter-staff aggression experienced during clinical placements (Randle 2003).

It is recognised that workload pressures increase nurses’ exposure to varying levels of abuse including bullying. Findings from national and international studies report increasing levels of exposure to aggression attributed to the changing work environment of nurses. In competitive and pressured environments bullying can become an integral part of organisational culture (Hutchinson et al. 2010). In this context, exposure to insult and humiliation is seen as part of the job training for students and serves to normalise incivility (Paice et al. 2004). It has been suggested socialisation into a culture tolerant of incivility, aggression and bullying begins in undergraduate clinical placements and continues into the workplace (Randle 2003).

While there is an abundance of literature exploring the negative experiences of student nurses in the clinical environment, few studies have identified how students develop strategies to resist or respond to these hostile workplace behaviours. Here, we report on the experiences of undergraduate nursing students while on clinical placement. Our findings draw attention to students’ experiences of organisational aggression and the way this aggression sought to ensure compliance to the prevailing institutional image of students as Other, that is, marginal and less worthy. Confronted by images and narratives that were contradictory to their understanding of nursing and themselves, students resisted attempts to violate and (re)construct their professional identity. Even when confronted by systematic organisational aggression, students demonstrated resistance strategies that enabled them to successfully counteract hostile behaviours and organisational narratives of students as marginal.

THE CONCEPTS OF OTHERING AND RESISTANCE

The concept of Other – those who are perceived as different or marginal – has for a number of decades been developed and applied by feminist scholars in discussions of the way gender has defined and subjugated women as Other in comparison to a male norm (Wackernagel Bach 2005). The concept has been used to understand how gendered identities are discursively constructed within social and workplace settings, and how narratives of difference, vulnerability, and exclusion become part of the performative dimension of gendered identity (Czarniawska 1997).

By identifying how those outside the norm are cast as different and essentialised, writing on the ‘one’ and ‘other’ has drawn attention to issues of power, visibility, and invisibility in a range of contexts. Othering has not only been understood as a gendered phenomenon, it has also been explored from the perspective of race and ethnicity (Fox and Stallworth 2005). More recently, it has been used to examine oppressive representations of the poor, mentally ill, and other minority groups (Maccallum 2002; Slavin, Batrouney, and Murphy 2007), with stereotypes and prejudices stemming from the reinforcement of the Other as ‘predictable and homogenous’ (Luthar, Tata, and Kwesiga 2009, 21).

Within the organisational literature an alternative understanding of othering has been developed, with the discursive construction of institutional identities of ‘one’ and ‘other’ framed as sites of resistance (Clegg 2000; Prasad and Prasad 2000; Czarniawska and Hopfl 2002; Thompson 2003; Mumby 2005). Individuals within institutions can invest a great deal of energy in sustaining the category of Other and silencing certain voices by positioning the ‘constructor of the account advantageously’ (Pullen and Simpson 2007, 5). Those who are subordinate are not necessarily passive in their acceptance of scripted identities; instead, they often challenge the negotiated order in organisations through resistance, voicing their criticism of the status quo and the ways in which routines, rules, and relations of meaning subordinate and marginalise those cast as Other (Spicer and Bohm 2007). These dynamics result in a dialectical play between oppression and resistance in the construction of workplace identity.

Within workplaces, individuals can engage in resistance to voice or enact their dissatisfaction, in response to finding themselves in contradiction to the dominant order. This can take the form of organised formal opposition through trade unions, or it can occur through informal and less visible forms of everyday worker opposition to control and marginalisation (Prasad and Prasad 2000). Resistance to perceived
injustice or marginalisation can occur as action directed towards official rules and policies, and in these instances is often understood as insubordination or disobedience; alternatively, resistance can be mounted against informal or unofficially sanctioned oppressive and discriminatory practices (Clegg 2000). Thus, as part of their identity work, members of subordinated groups may struggle and resist being cast as Other, different, or marginal, and in so doing, counter oppression through engaging in acts of resistance (Lutgen-Sandvik 2006). As such, resistance can be a form of identity politics enacted against social norms, everyday practices, and cognitive schema that function to marginalise individuals through reproducing a shared institutional world view that characterises certain individuals as lesser, insignificant or unworthy (Prasad and Prasad 2000; Spicer and Bohm 2007).

In the nursing literature, Canales (2000) first brought attention to othering through the experiences of Latina nurse educators from which she developed a theoretical framework of exclusionary and inclusionary othering. Canales (2000, 2010) suggests that exclusionary othering employs power within relationships for domination and oppression, while inclusionary processes use power for coalition building. In her theoretical framework, inclusionary othering occurs when individuals attempt to understand the world from the Other’s perspective, rather than through the lens of prejudices and stereotypes. This understanding becomes the basis for relationships that are inclusive, transformative, and consciousness raising, requiring attention to what Canales describes as the ‘micropolitics of everyday life’ (Canales 2010, 31).

A decade has now passed since Canales (2000) first published her work on othering within a nursing framework. A recent review indicates that although othering has become more visible in the nursing literature, exclusionary othering dominates (Canales 2010), with little being written about inclusionary strategies or how nurses resist othering. No empirical work has examined the experiences of undergraduate students of nursing in the context of negative workplace cultures and othering, and few studies have explored how students develop and enact strategies to counter hostile behaviours in the clinical workplace (Hoel, Giga, and Davidson 2007). This qualitative study is part of a larger longitudinal project which aims to investigate undergraduate nursing students’ experiences of learning in the clinical environment. The purpose of the larger study is to develop future strategies that will enhance students’ learning and improve their experience of clinical placements. In this paper, we explore students’ experiences of negative behaviours in the clinical environment to identify strategies they used to manage and resist such behaviours.

METHODS

The study was conducted at a large Australian university. The university provides undergraduate and postgraduate nursing education in a diverse, multicultural setting. The participants comprised undergraduate nursing students enrolled in a 3-year Bachelor of Nursing programme. All undergraduate nursing students enrolled in the programme were required to undertake learning in the clinical environment, commonly referred to as clinical placement. Each clinical placement could vary from a 1-week to a 5-week block, depending on the clinical focus of the particular placement.

The data were collected in 2009 in an online course survey site. The site was set up solely for the purpose of collecting students’ evaluation of clinical experience during clinical placement. Students were given access to the survey via a link on their subject website, and were also invited to participate in the survey by their lecturers. Each student was able to access the survey on one occasion only. The survey included two open-ended questions that provided the data presented in this paper. These questions asked students to describe both negative and positive aspects of their experience, specifically:

1. From your most recent clinical placement tell us what was the most challenging aspect of the clinical placement?
2. From your most recent clinical placement tell us what was the most satisfying aspect of the clinical placement?

This study received ethical approval from the university’s human research ethics committee. The survey was anonymous to ensure students’ confidentiality and protect their anonymity. Participation in this project was voluntary. Students were provided with a comprehensive information sheet regarding the purpose of the study and they were informed that their feedback and comments were anonymous.

In total, 231 online surveys were completed and submitted on the website. Of these, 105 students provided answers to the open-ended questions. The mean age of the respondents was 30.3 years (SD: 10.4), 87% of participants were female, and 34% spoke a language other than English at home.

The data analysis process involved qualitative analysis of survey data from open-ended questions. The open-ended answers were exported from the online survey site into computer files. Researchers read the data several times to gain familiarity and understanding of the body of data. To identify inductive patterns from the data a three-stage approach to content analysis was adopted (Krippendorff 2004). The first stage involved implementing the coding process, followed by analysing patterns and relationships in the data and, finally, defining the resultant categories as themes. These categories were evident in 79 of the student respondents.
Using the NVivo software program, the content analysis focused upon apparent aspects of what was recounted in the text. Segments of text were coded in multiple ways and code notes were written to describe the properties of each code. These notes provided detail on the essential inclusion and exclusion criteria for each code ensuring internal consistency (Tashakkori and Teddie 2003). As the analysis proceeded, additional codes were developed and the initial coding scheme was refined. Memos were also written to record emergent understandings as they evolved throughout the coding process (Miles and Huberman 1994). Together the code notes and memos formed a detailed audit trail providing a chronological record of the analysis as it unfolded.

Following Lincoln and Guba (1985), clustering was used to bring pieces of coded text relating to the same content or event to identify patterns and relationships between the codes. The process of analysing patterns and relationships between the coded data was an ongoing process of refining the analysis by identifying sets of codes that were related to each other, or in reviewing coding in light of new insights (Denzin and Lincoln 2003).

To assist with this process, codes were grouped under code trees enabling visual representation of the relationships and clarifying how the codes ‘nested’ (Miles and Huberman 1994, 58) as a form of concept mapping. To increase interpretive credibility, checking of interpretations occurred with other members of the research team (Chenail and Maione 1997).

At the completion of this process the major thematic category Organisational Aggression and its constituent minor thematic categories were refined. These constituent minor categories are:

1. Confronted by contradiction: students as ‘Other’;
2. Organisational aggression as a legitimating device; and,
3. Resisting ‘othering’: securing a legitimate identity as a student.

In presenting these findings, Canales (2000, 2010) framework of othering has been used as the lens through which students’ reported experiences of marginalisation and resistance are interpreted.

**FINDINGS**

**Confronted by contradiction: students as ‘Other’**

There was absolutely nothing interesting about my most recent clinical placement. The staff devalued my involvement, they were extremely condescending … disinterested and disrespectful to us [students].

In this section, we present accounts that explain student experiences of clinical placement that were in stark contradiction to their expectations. These accounts contextualise the experience of being ‘othered’ and preface subsequent acts of resistance.

For students, placement was a time to engage with others in support of learning and the development of competence necessary for practice. Speaking of this desire to learn, one student described clinical placement as a chance to:

> Provide holistic care for the patients I was responsible for.

I also wanted to see how much I could remember … and practice vital skills.

In contrast, while students were eager for the opportunity to engage in learning, in hostile workplaces they were instead repeatedly ignored and isolated in what quickly became clear to them were hostile workplaces. Speaking of the experience it was recalled that ‘no nurse will give you time’ or ‘supervise or allow us to watch’ and staff are not ‘interested in what I am talking about and ignore me most of the time’.

Ignored and excluded by staff who did ‘not speak’ or ‘show interest towards’ students, respondents reported feeling ‘unwelcome,’ ‘awkward,’ and ‘in the way’. Repeated on a regular basis, these acts of exclusion served to devalue learning and limit students’ opportunities. With ‘no interest or respect’ shown to students their position as Other was reinforced by discursively positioning students as less worthy. Consequently, students experienced marginalization, reduced opportunities, isolation, and exclusion.

Enacted within the routine of day-to-day workplace practices these forms of silencing and exclusion served to deny students a sense of collective agency or identity. One student reflected on this experience through the comment: ‘It is very hard to work when you don’t exist’.

The act of making another invisible serves to affirm their difference and justify their insignificance or marginality. Through repeated acts of incivility and exclusion, staff displayed power over students and used this power to isolate and marginalise. In nursing teams, incivility was employed as a vehicle for exclusionary ‘othering’ (Canales 2000), (re)constructing the identity of students as deficient or less worthy. Marginalised in this way, students were framed as ‘outsiders’ and affirmed as inferior. Cast as inferior or marginal, they became legitimate targets for aggression.

**Organisational aggression as a legitimating device**

Staff treated me as an alien and discriminated. I felt discrimination and racism were working well. Even one of the senior staff told me ‘Oh your country is backward. For you
it was better to stay there” … My facilitator was there and she just laughed as well!!!!!

This opening account encapsulates the complexity of mistreatment directed towards students. Our data are pervaded by examples of various forms of incivility, bullying, aggression, discrimination and racism. While these various forms of mistreatment are generally considered in isolation, student accounts draw attention to a more complex picture of workplace mistreatment. Accordingly, we canvass the totality of these behaviours under the umbrella term ‘organisational aggression’. In so doing, we highlight the way in which aggression can function within organisations as a legitimating device for ‘othering’ and the construction of identities that are in line with the dominant view.

In detailing their experiences of organisational aggression, students revealed that staff and facilitators sought to intimidate them through use of insult or, alternatively, they were ‘belittled’ by those more senior who wanted ‘to pick a fight’ with students. Recalling her first day on a work unit, the following student recounted feeling intimidated by the actions of her clinical teacher:

She called me into the staff room and said to me “what’s the normal range of systolic and diastolic [blood pressure] and pulse rate. Write those on this note” with a very strong voice.

Describing their experiences of discriminatory treatment students repeatedly drew attention to the place of clinical facilitators in reproducing and reinforcing stereotypical and essentialist images of students. It was noted by one student that the ‘facilitator was racist and rude’. In the words of another student, her facilitator demonstrated:

… national abuse between Asian and Aussie because she always says the “Asian” do it that way. Also, how many “international” students fail the nursing board every year. However, I am the only one “international and Asian” in this placement.

This excerpt draws attention to organisational aggression as a vehicle for reinforcing the prevailing discourse about students and (re)constructing student subjectivity and identity by reinforcing and legitimating narratives of homogeneity and minoritisation. While laws and social norms no longer condone overtly racist behaviour, Fox and Stallworth (2005) note that workplace bullying often contains racist elements. This is supported in the exemplar above, which identifies and demonstrates how manifestations of racism continue to operate within workplaces.

It was also recounted that staff ‘made up lies to clinical facilitators’ about student performance or ‘made fun and made faces’ at students in an attempt to discredit them. This pejorative behaviour deprived students of their identity as individuals and relegated them to a status of insignificance. Demeaning students in view of others drew attention to students as deficient, while simultaneously validating the use of aggression as legitimate. The extent to which organisational aggression was legitimated is reflected in the following excerpt:

The ward cleaner was particularly rude and uninviting towards both myself and other students. She happened to express herself in a very inappropriate and humiliating way. She attacked students for an incident that was not their fault.

Resisting ‘othering’: securing a legitimate identity as a student

The students were very upset and offended by what was said by the ward cleaner. Our clinical facilitator was not approachable … two students took it further to the Area Coordinator.

This account introduces the concept of student resistance to the discursive positioning of students as Other. While a number of respondents reported ‘seriously considering dropping out of University’ following their repeated exposure to organisational aggression and ‘negative’ attitudes, others were less likely to express a desire to quit nursing, and instead, sought to challenge their subordination through acts of resistance.

Students used multiple forms of resistance such as mutual support and naming their oppression. Knowing that others were experiencing similar subjugation and hostility, students supported each other through acts of joint advocacy such as backing each other up, reporting mistreatment, countering allegations of incompetence or blame and developing shared plans of action to address their repression. Through these acts of resistance, students (re)created for themselves a sense of respect, dignity and control.

In the following excerpt, a student recounts an act of mutual advocacy in response to hostility from a facilitator:

… She had made a student cry … and suggested the Nurse Unit Manager of the ward was upset at us [students] … when the other students confronted the Nurse Unit Manager, he said he was not upset at us.

In this instance, students demonstrated a form of consciousness through which mutual support and resistance was possible. Even when confronted by oppressive power relations from those more senior, students demonstrated themselves to be reflexive agents with sufficient self-cognisance to
question the way in which they were being positioned as deficient or unworthy. In the following excerpt, a student recounts her tenacity in addressing her marginal position as student and exclusion from staff handover:

Negotiating with the facilitator to stay until the end of the shift to participate in handover to the next shift was a challenge that I faced … She said that there was nothing she could do and the University was lucky that the hospital had agreed to take on students in the first place. I decided that I was not going to get help from her [facilitator], so I simply asked the nursing staff that I was working with if they had a problem if I stayed until the end of their shift to participate in the verbal handover. I included that the reason I wanted to do this was for holistic care of the patients that I had been in part responsible for, with the RN on that shift. I also wanted to see how much I could remember about the care for that patient, to practice this vital skill. The 2 particular nurses that I had been working closely with were happy for me to stay until the end of an 8 hour shift.

The experiences of these students illustrate visible and intentional acts of resistance in which they challenged their marginality by altering the resources of power available to them. Confrontation, particularly in hostile workplaces, is a high-risk form of resistance as it can result in retaliation or an escalation of aggressive and punitive behaviour (Ferns and Meerabeau 2009). Even in light of these risks, students demonstrated the capacity for action that reaffirmed their identity and self-worth, enabling them to carve out safer and more productive workspaces for themselves and their colleagues.

**DISCUSSION**

The clinical component of the undergraduate nursing degree is viewed by many as the most central element of nursing curricula (Department of Clinical Nursing Adelaide University and The Joanna Briggs Institute for Evidence Based Nursing and Midwifery 2001). In many cases, it is disproportionately the most costly aspect of the course. Even with significant resources dedicated to it, the clinical experience is often problematic, and evidence suggests that while students look forward with positive anticipation to clinical learning opportunities (Jackson and Mannix 2001), there is evidence that the reality often does not meet their expectations (Hoel, Giga, and Davidson 2007).

Furthermore, the difficulties and pressures on the clinical area have led to the exploration of alternatives to clinical such as simulation learning (Schavenato 2009). While these media are very useful and can have a crucial role in skill development and clinical decision-making (Leigh 2008), there is much that students will not and cannot learn through on-campus clinical learning. This study has shown that clinical experience can provide students with opportunities to actively engage in problem-solving and ways of resisting oppression, and assist in building resilience for the challenges that lie ahead in their careers.

Our findings provide a number of new and valuable insights into organisational aggression and acts of resistance in the nursing workplace. Drawing attention to organisational aggression as a mechanism by which students are ‘othered’ through pejoration, homogenisation, and de-authentication (Bishop and Jaworski 2003) and the dynamics of resistance offered by student nurses as part of their identity work (Czar niawska and Hopfl 2002) we provide an alternative, and more productive image of nursing socialisation than the alternative model of oppressed group behaviour.

While Duddle and Boughton (2007) have previously suggested that nurses develop resilience to workplace aggression by accepting it as part of their working life, learning to persevere in the face of conflict, anxiety, frustration and emotional distress; our study provides a different insight into the behaviour of student nurses. In contrast to existing theoretical frameworks of oppressed group behaviour and horizontal violence (Roberts 2000), our findings identify the ways in which student nurses engage in resistance, and in so doing, constitute a positive and productive workplace identity for themselves – even in the face of significant adversity.

Giddens (1984) argued that even those who appear powerless and disenfranchised retain the capacity to resist domination, because the ability to exercise power, make a difference, and create ‘spaces of control’ (Giddens 1984, 16) is an essential pre-requisite of human agency. Individual attributes such as personality (Deary, Watson, and Hogston 2003) and self-concept (Cowin and Hengstberger-Sims 2006) among nursing students and new graduates have been linked to an individual’s capacity to navigate and survive the clinical environment. Furthermore, previous research has suggested that new graduate nurses can feel powerless (Boychuk Duchscher 2009) in what quickly becomes a ‘traumatic’ clinical environment (Boychuk Duchscher and Cowin 2004, 293). Student nurses may therefore find this even more difficult, given their temporary position in the clinical setting. However, in our study, even in the face of considerable organisational aggression and marginalisation there was evidence that students engaged in acts of individual and collective agency. Through these acts, they exercised productive power through which they sustained their sense of self-determination and positive identity.

Clegg (1994) identified three aspects of power relations and subjectivity that influence successful resistance. The
first relates to an individual sense of coherency and self-cognisance through which they can exercise their agency. The second is the extent to which an individual can draw upon resources of social organisation such as workplace networks. The third relates to solidaristic organisation, the extent to which individuals can draw upon the resources of social or collective organisations in the pursuit of their agency. In stark contrast to the ‘oppressed group’ interpretations of aggression and hostility commonly advocated in the nursing literature, students in this study demonstrated collegial support that enabled resistance and direct confrontation to address their oppressors. Through individual and group acts of resistance, students demonstrated a reflexive sense of self-consciousness through which they created a positive identity, even in the face of adversity.

Of note, students demonstrated confrontational forms of resistance in an already risky environment. Their capacity for this form of resistance suggests they had sufficiently well developed personal resilience (Jackson, Firtko, and Edenborough 2007) and professional identity which enabled them to discern and respond to damaging behaviours in a manner that was productive and active, rather than harmful or passive. This finding counters a previous small study that found new graduate nurses can struggle to establish an independent, professional identity in the clinical environment (Boychuk Duchscher 2001). The temporary nature of clinical placement may mean that students are able to engage in confrontational and risky behaviour knowing they will only be in the organisation for a limited period of time. Alternatively, clinical placement may provide important opportunities for students to reinforce and further develop a sense of professional identity that is sufficiently resilient to be able to withstand harmful and hostile workplace behaviours (Jackson, Firtko, and Edenborough 2007).

The creation of supportive learning spaces is not something one would expect students to lead, particularly when universities engage clinical facilitators in paid employment to ensure support for student learning during clinical placements. While registered nurses engaged as clinical facilitators are expected to have considerable clinical nursing experience (Mannix et al. 2006), they do not have an allocated clinical patient load, thereby they also struggle to gain legitimacy in the clinical setting where most nurses have direct patient responsibilities. As such, facilitators may also occupy this murky Other space, experiencing the clinical setting as recipients of exclusionary othering (Canales 2000). If this is the case, they may feel disempowered and find their primary function of facilitating clinical learning experiences threatened, making it difficult to advocate for students. Further research into the perspectives and experiences of clinical facilitators is warranted. It may be useful for clinical facilitators to be provided with opportunities to consider their positions in the clinical environment, and the ways in which they can contribute to safer learning environments for students.

In the current study, students’ narratives revealed some evidence of overt racism. Racism is a socially constructed phenomenon that subscribes to the ideology of ‘whiteness’ being a dominant and favourable characteristic and where Others are devalued (Hagey and MacKay 2000; Cortis and Law 2005). This type of othering has the potential to set aside certain students from ‘normal’ culture and further fragment them from their already oppressed and marginalised student group. Rather than alienating them from their peers/colleagues however, in the current study there was evidence to suggest that students both recognised and abhorred racist remarks, and this served to unite them in the common goal of resisting this type of oppression. While the associated unity and collegiality may be construed as a positive outcome, this current study also resonates with previous research that highlights the negative consequences racism can have on student learning and ultimately, possibly on the recruitment and retention of nurses (Martin and Kipling 2006; Bheenuck et al. 2007).

**CONCLUSIONS**

Though we are cautious that the snapshots of student workplace experiences provided here may present a simple and straightforward conception of resistance, the data provides new and important insights into the dynamics of the nursing workplace. Our findings suggest a need to re-think our understanding of organisational aggression, including attending to a more detailed understanding of resistance and its place in nursing education, and the management of conflict and aggression in the workplace. The resistance offered by students draws attention to the struggles within institutions for legitimacy. While those who were dominant were free to enforce their version of legitimacy – one where students were relegated to complete subordination – the tenacity and resourcefulness of students was evident in their attempts to resist this domination. Through their resistance, students created spaces for learning and a reflexive sense of self-consciousness. Although resistance to this oppression has been observed in the students in this study, the fact remains that marginalisation and pejorative language is incongruous with an effective clinical learning environment. Any threat to the provision of effective clinical learning and teaching experiences for nursing students holds potentially
grave implications for recruitment and retention of nurses as well as for future care delivery.

REFERENCES


