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Commentary

Do as We Say or Do as We Do? Examining the Hidden Curriculum in Nursing Education

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Introduction

Faculty administrators in undergraduate nursing programs face great complexity both within the university and within the health-care environment. Student enrolment numbers are increasing. Availability of clinical placements is decreasing. Financial resources and funding for education are diminishing. Physical, human, and technological resources are difficult both to obtain and to maintain. Amidst this challenging situation, undergraduate nursing students must navigate a rigorous program that will place them, upon their graduation and professional registration, in the role of providing care, hope, and healing to members of the public who are often at their most vulnerable moments.

In nursing education, educators, administrators, and course planners give serious thought to the formal curriculum we deliver to students throughout the program. We consider important pedagogical principles, such as promoting a constructivist approach to learning. We integrate content related to entry-to-practice competencies and develop knowledge required for the professional licensing examination. We structure the curriculum around principles such as "caring," "healing," and "person-centredness" — principles that are necessary and good and that characterize both nursing professionals and the nursing profession. The nursing curriculum — communicated through the program's philosophy, delivered through the required courses and their content, and evaluated based on students meeting the course expectations and demonstrating the desired outcomes — is, in its totality, the formal curriculum that we deliver.

However, the formal curriculum is accompanied by the hidden curriculum in nursing. From the moment students enter a program, they receive a parallel education in professional socialization. This socialization comes through the routes of informal interactions (with peers, other pro-

fessionals, and students from other programs) in a variety of contexts (between classes, in virtual spaces, through extracurricular activities) and through the lessons learned via the hidden curriculum. There are the three interrelated spheres of influence that inform and shape students' learning experiences: the formal curriculum, the informal curriculum, and the hidden curriculum (Hafferty, 1998). The hidden curriculum does not *explicitly* dismiss or contradict the formal nursing curriculum. Rather, it runs subtly alongside or underneath the formal curriculum, and permeates its interstitial spaces.

What Is the Hidden Curriculum?

The concept of the hidden curriculum has been discussed in the education and social science literature for nearly a century. In his book *Experience and Education,* John Dewey (1938) states: "Perhaps the greatest of all pedagogical fallacies is the notion that a person learns only the particular thing he is studying at the time. *Collateral learning in the way of formation of enduring attitudes, of likes and dislikes,* may be and often is much more important than the spelling lesson or lesson in geography or history that is learned" (p. 20) (my emphasis).

While the hidden curriculum discourse originated outside the health professions, educators are increasingly approaching curriculum development in health professional education and practice with an explicit acknowledgement of the hidden curriculum (Hafferty & O'Donnell, 2015). Defined succinctly, the hidden curriculum is "that which the school teaches without, in general, intending or being aware that it is taught" (Cowell, 1972). It is therefore defined by two elements: the absence of intentionality and the lack of awareness. What students learn is not what we intend, and at the same time we are unaware of what we have taught.

Given that the hidden curriculum is a product of the specific structure and culture of an education program, it will vary in its expression. There is no universal hidden curriculum that applies uniformly to all nursing programs. Rather, each program has a hidden curriculum that is the product of its unique history, culture, structure, and practices. Even though particular expressions of a hidden curriculum may vary between programs and institutions, general elements remain consistent. The hidden curriculum in nursing is, furthermore, not limited to undergraduate programs. The examples discussed in this article may also resonate with students, faculty, and administrators in graduate nursing programs.

The literature is scant on the subject of the hidden curriculum in nursing. When the literature does discuss nursing's hidden curriculum, it is in the context of new graduate nurses entering clinical practice, and it

highlights the discordance between what new graduates have been taught and what they experience in practice. For example, some have written about the hidden curriculum as pertaining to the theory–practice gap in nursing education and nurses' lack of preparation for the practice environments they encounter as new graduates (Day & Benner, 2015). Others speak of workplace experiences, including intimidation and bullying of new nurses by their more experienced nursing colleagues (Duchscher & Cowin, 2004; Feng & Tsai, 2012). These are important areas worthy of further exploration, but they will not be examined in this article. Instead, I will focus on facets of the hidden curriculum that become manifest during students' course of study.

The purpose of discussing the hidden curriculum is not in order to eradicate it. Providing a space for open discussion may help us, as educators and administrators, approach our program development, curriculum design, and interactions with students with greater awareness of and sensitivity towards the expression of a hidden curriculum within our own programs.

The reflections presented in this article are based on more than a decade of education and administrative experience in undergraduate nursing education. The examples are drawn from the observations and experiences of faculty across multiple nursing programs. Therefore, the reflections should not be construed as based on the hidden curriculum of a particular nursing program or faculty group. My intention is to promote reflection and discussion and, furthermore, to illuminate the complexities surrounding the hidden curriculum in nursing. The article is intended to be neither comprehensive (i.e., it does not address all possible expressions of the hidden curriculum) nor prescriptive (i.e., it does not dictate specific, concrete steps that nursing or other education programs should take to address the hidden curriculum). It advocates for a discussion of the hidden curriculum from a position of curiosity, openness, and humility.

Author's Reflections

In my administrative role within a baccalaureate nursing (BScN) program, I have responsibility for senior-level courses (3rd and 4th year). I am also a tutor/instructor for final-year students in the program. Largely due to my administrative responsibilities, my encounters with students commonly involve a concern, a complaint, or a conflict. A student may be concerned about failing a clinical course and be seeking support and guidance, or may have a complaint about an assigned clinical placement because it allegedly offers inadequate clinical experiences. Students may

wish to challenge a policy or process I have implemented or may have a conflict with their instructor, with their clinical preceptor, or with me.

My reflections and examples describe three potential expressions of a hidden curriculum in nursing education, in the arenas of power, privilege, and professional communication.

Power

Students learn about the use and misuse of power and authority through their experiences and interactions with educators and administrators in their program. In the BScN program, students are expected to develop advocacy and leadership skills. Students learn how to be advocates for patients, clients, and families. They develop leadership capabilities, both with their peers and within their practice settings. They are evaluated on their ability to demonstrate these skills and are provided feedback on their clinical and tutorial performance evaluation forms. However, when these skills are used to advocate for themselves during their education, their actions are frequently dismissed or minimized rather than encouraged, shaped, and cultivated. Some students are also subjected to anger, defensiveness, or backlash from faculty members.

Students learn very early on in their program of study that they put themselves at risk if they "speak up" or express their concerns to faculty members, particularly if their concerns relate to faculty inconsistencies or contradictions. While advocacy and leadership skills are encouraged in the abstract sense or on behalf of patients and clients in practice settings, students receive a different response when they demonstrate leadership through self-advocacy and when this involves faculty members. The very act of speaking up can result in the exertion of power over the student. Students are expected to show critical thinking, expose contradictions, or take an opposing viewpoint when discussing clinical or course content — and are even praised and rewarded for doing so. However, if they employ these same approaches with faculty on their own behalf or on behalf of their peers, they risk negative repercussions such as intimidation. While the consequences are not always overt, students are well aware that they can put their academic progress or their reputation at risk (such as by receiving a failing grade or being labelled a "troublemaker" or "manipulator" within faculty circles).

Students quickly learn that while they are expected to be advocates and future leaders in the nursing profession, they jeopardize their own educational progress or reputation if they apply these principles to themselves or their peer group. They learn that silence, obedience, and conformity are the desired behaviours. And yet these very behaviours in their clinical practice can lead to errors and the risks to patient safety that our curriculum is intended to address. While the formal curriculum is dedi-

cated to instilling a spirit of inter- and intraprofessional teamwork, of collaboration, and respect for patients' concerns, the hidden curriculum may undermine those very attitudes and behaviours that we strive to cultivate in our future nurses.

The literature speaks of oppressed group behaviour and the "learned helplessness" of nurses (Roberts, Demarco, & Griffin, 2009) and the practices of intimidation and bullying by senior nurses directed against new graduate nurses (Laschinger, Grau, Finegan, & Wilk, 2010; McKenna, Smith, Poole, & Coverdale, 2003; Skillings, 1992). Perhaps these phenomena can be traced back to the insidious lessons of power and silence that students learn from the hidden curriculum during their nursing education.

Privilege (Preferential Treatment)

One result of the rising enrolment numbers in many undergraduate nursing programs is an increase in clinical placement needs each semester. While our clinical agency partners attempt to meet our requests for placements, they also receive requests from a growing number of other academic programs. Therefore, clinical placement limitations are one of the greatest challenges for many BScN programs. For most student nurses, clinical experiences are their central focus. Students see these as vital to their future professional success. Students speak of their final clinical placement as a precursor to their first job as a new graduate, and they want a placement that will provide them with the clinical skills they will need once employed.

The combination of limited clinical placements and student expectations of specific placement experiences creates an environment of stress and anxiety within the student body. Assigning students to clinical placements requires a careful, transparent process so that they will know it is fair and consistent and carried out with integrity. Students are quick to detect inequities and unfair treatment in the program, yet during their undergraduate education they witness many examples of inequitable and preferential treatment.

The formal curriculum emphasizes health-care access for all, regardless of social status, education level, or financial means. We connect these concepts to the principles of professional integrity and ethical practice. The hidden curriculum, however, teaches students that if they know the "right" people in the program or at a clinical agency, then an exception can be made for them and the placement they want might be available to them. A frequent occurrence is parents accompanying students to meetings in order to advocate for them. Instead of reinforcing the message that students will be registered nurses in a few short months, with responsibility for managing complex and difficult patient situations

without the help of their parents, we allow parents to speak on their child's behalf and to exert their influence. Sometimes such attempts at securing preferential treatment are successful. The other students immediately hear about this treatment and learn that exceptions are made for those who circumvent the rules, use their connections, or enlist the help of their parents or other influential individuals to achieve their desired outcomes.

Thus we do not teach students how to manage their energy, emotions, and learning goals — or encourage them to do so — if they fail to get what they want (such as a particular clinical placement). We espouse principles of professional ethics and integrity in the formal nursing curriculum. We could draw on these principles to help students see the potential for learning in a variety of clinical settings that they might not have expected. Yet students learn through the hidden curriculum that these principles can be circumvented or disregarded, that their personal outcomes and goals might be more easily achieved through preferential treatment.

Professional Communication

According to Dewey (1938), "collateral learning" informs a student's personal and professional development. One area of collateral learning is the hidden curriculum of professional communication. Communication contexts range from face-to-face interactions to technology-mediated communication: instant messaging, text messaging, provision of home phone numbers, and the use of social media such as Facebook, Twitter, or various blogs.

As educators, we want to be present for our students, both physically and through technology. We want students to have access to us for in-person meetings, and we want to be responsive to their communication attempts. However, with the proliferation of social media use in the university and in clinical agencies, our approach to social media and technology-based communication requires a thoughtful, nuanced approach. We must consider the hidden messages we send at a program level as well as at the level of individual faculty members.

Some programs and faculty members choose not to use any form of social media or other technology-mediated communication with students, aside from e-mail. Non-use, however, does not free us from the impact and implications of our communication practices, or lack thereof. Other programs and faculty members permit access to certain accounts only — for example, they allow students to be Followers on Twitter but not Friends on Facebook. What messages do these practices send to students regarding issues such as personal and professional boundaries or appropriate communication outside of the professional context? Such

experiences have direct application to the students' future practice, as they determine how they will interact with patients and families. These examples represent only a small subset of the range of issues we face with technology and social media that pertain to students' development of professional communication behaviours.

Students receive mixed and conflicting messages at both the individual and the organizational level. How do students learn what professional communication looks like if they receive inconsistent messages from their educational program yet are faced with a ubiquity of social media and technology-mediated communications in their daily lives? For example, it might be obvious to some educators and administrators that students and faculty alike should manage their privacy settings on Facebook or Twitter and should not be posting content that is sexually inappropriate or that involves the use of alcohol, drugs, or illicit substances. What message do students receive when their educators post such content themselves? Students have told me that seeing such content on an educator's social media account "humanizes" the faculty in the minds of their classmates and makes students more receptive to learning from that individual. One wonders if students will use the same rationale to connect with patients outside the work setting, believing that it will make patients more receptive to the nurse's health teaching and thus more responsive to her or his plan of care.

The literature on professional boundaries for health-care providers who engage with patients and families through social media (McCartney, 2012; Tariman, 2010) suggests that our lack of clarity about proper professional communication may lead students to adopt poor habits or make false assumptions about the use of social media in their practice (Chretien & Kind, 2013; Cronquist & Spector, 2011). What makes this issue particularly confusing to students is that, even as we cite the importance of professional communication in nursing practice, more and more programs, faculty members, and clinical organizations are using social media to connect with each other and with the community (Kind, Greysen, & Chretien, 2012; MacDonald, Sohn, & Ellis, 2010; Skiba, 2011). Because the issue is complex and rapidly evolving, we must continue to explore the implications of social media and technology-mediated communication practices in shaping our students' understanding of professional communication.

Implications

By its very definition, the hidden curriculum arises from our lack of awareness and results in messages we had not intended. What to do? There are two possible approaches. We can use our *moral imagination* to

envisage aspects of the hidden curriculum that we may not be aware of, and we can use our *practical wisdom* to act and respond in a way that aligns the messages that students receive with what we mean to communicate. The reflections above highlight the complexity involved in addressing the hidden curriculum. It is our responsibility as educators and administrators to approach it in our programs with the deliberation and care we give to the development and delivery of our formal curriculum.

Perhaps the most important insight I have gained as an administrator and educator is how crucial moral imagination and practical wisdom are in navigating such situations. We educators and administrators need to use our moral imagination and develop our practical wisdom in order to counter the insidious effects of the hidden curriculum within our programs. The Aristotelian concept of *phronesis,* or practical wisdom, can provide a framework for shaping our actions and responses.

According to Aristotle, ethical virtue is connected to practical wisdom and wise action lies between the two extremes of excess and deficiency (Kraut, 2014). The approach we take when we recognize a hidden curriculum should not be a reactionary swing from one extreme to the other. In reflecting on power, we do not serve our students well by coddling them or handing over all power and authority to them, never demonstrating the courage needed to communicate difficult information or set appropriate boundaries. We must not ignore or dismiss all the unique circumstances that students face, including disabilities and the need for accommodation, and treat the student body as a monolith. In professional communication, prohibiting or actively *not* engaging in social media and technology leaves students to wrestle with these issues on their own and makes us appear tone-deaf to cultural trends and evolving practices in health care and academia.

In attempting to demonstrate Aristotelian *phronesis* in these complex situations, we offer students the opportunity to see action and response as not dichotomous, with only right and wrong requiring a yes or no decision. When we address such messages in the hidden curriculum with moral imagination and practical wisdom, students tune in; they observe our approaches to situations that arise, and how we respond. This gives us an opportunity to play a positive role in the formation of students' professional identity. Modelling these behaviours for our students helps them to develop and internalize a nuanced approach to professional practice.

Caveats

The examples given in this article are reminders that faculty interactions with students and a program's organizational culture and processes have

the potential to yield far more meaningful learning for students than we may realize. Students are quick to recognize inauthenticity and hypocrisy in their leaders and educators; they are quick to look for what faculty "really want" instead of simply trusting what is overtly stated in a course assignment, faculty conversation, or academic policy. We must not turn a blind eye to the hidden curriculum in our education programs, lest we be viewed as perpetuating its messages through our wilful ignorance.

And yet we must guard against "curriculum creep" when adopting strategies to address the hidden curriculum. The purpose of examining the hidden curriculum in our programs is not to make everything "unhidden." Also, it would be inappropriate and naïve to simply add more content once aspects of a hidden curriculum are revealed. The hidden curriculum cannot be remedied by inserting yet another course exercise, reflection, evaluation measure, or lecture to the formal curriculum. There is ample evidence that these approaches are ineffective (Coulehan & Williams, 2003; Hafferty & Franks, 1994; Hundert, Hafferty, & Christakis, 1996). Rather, the discussions and examinations should prompt us to look at the systems within which we operate (Hundert, 2015). For example, what role does the accreditation process play in embedding the hidden curriculum in our nursing programs? What program structures or cultures persist because they ultimately benefit select individuals or subgroups within the faculty, even if detrimental to students or to the program itself? In addressing the hidden curriculum in nursing education, we must not only look at individual examples and ascertain their impact on students, but also explore what has contributed to the formation and persistence of a hidden curriculum in our programs (Haidet & Teal, 2015).

Conclusion

The hidden curriculum is by definition difficult to recognize and address. The goal is not to eliminate the hidden curriculum from our nursing programs but to appreciate how it affects students and how it reinforces negative organizational culture and structures. We can use moral imagination and practical wisdom to identify and respond to hidden curricula in nursing, but we must approach our explorations in a spirit of humility, openness, and curiosity. Future directions for research and application include developing a more thorough understanding of the formation and impact of hidden curricula in nursing, from the macro level involving the accreditation review down to the micro level of the individual student experience. By listening to students' stories, delving into their experiences, and disentangling the explicit and implicit messages that students

receive while in the program, we can develop greater understanding and discernment regarding the hidden curriculum in our nursing programs.

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