Chapter

NURSING CARING BEHAVIOUR IN INTERPROFESSIONAL LEARNING EXPLAINED BY CRITICAL DISCOURSE ANALYSIS

Jennifer, C. F. Loke.[1], and Kah Wai, Lee.[2]*

[1]Faculty of Health and Social Care, University of Hull, England
[2]Park View Surgery, England; Hull York Medical School, England

ABSTRACT

Aim: to demonstrate Fairclough's critical discourse analysis as a way to understand nurse caring behaviour in asynchronous text-based interprofessional online learning within higher education.

Background: asynchronous text-based learning experience of homogeneous nursing groups indicated nurse caring behaviour in a small number of studies. However, positive findings were not found in studies about interprofessional learning undertaken by nurses. Instead, nurses' dominance which might be a result of professional boundaries was frequently reported as a barrier to interprofessional education, yet little is understood about the phenomenon.

Design: a study which employed Fairclough's critical discourse analysis was used to understand the translation of nurse caring behaviour in text-based online interprofessional learning within higher education.

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* Corresponding author: j.loke@hull.ac.uk.

Data Source: the asynchronous online discussions produced by thirteen students undertaking an online interprofessional learning module at master's level in a University in the North of England were the discourse data for analysis.

Findings: By using Fairclough's critical discourse analysis, understanding of the semiotic categories corresponding to genres, discourses and styles yielded information on nurses' discourse in online learning. Through appreciating the subliminal way in which these three categories relate to social practices and social events, the dialectical relations between semiosis of the online text and its other elements were made explicit. In doing so, the way nurse caring behaviour in interprofessional learning were translated in an asynchronous text-based learning environment was explained.

Conclusions: Fairclough's critical discourse analysis was useful in explaining how nurse caring attributes when displayed online could result in the interprofessional learning space being used as a platform for nurses and allied healthcare professionals to co-construct power-relations. The analysis required researchers' tacit knowledge, based on an emic (insider) position in healthcare practice and education, which is closely linked to the power-relations that is entangled in the social order and practices in healthcare. This explains why researchers outside of critical discourse analytic work would hold a strong view for an etic (outsider) perspective in discourse analysis. In this regard, one should consider triangulating critical discourse methodology with other qualitative theoretical frameworks.

INTRODUCTION

The changing landscape in higher education to promote a new century of transformative learning has added impetus to the intensive use of web-based technologies as pedagogic tools. In the case of post qualifying interprofessional education (IPE) in the United Kingdom (UK), which is more commonly known as post registration IPE education in Canada and North America, asynchronous text-based computer mediated conferencing (ACMC) has become one such pedagogic tool. The popularity of this technology was due to its asynchronousity, but more importantly, its underpinning Vygotsky's (1978) social constructivism theory. It is believed that in an interprofessional online learning (IPOL) situation, healthcare and allied healthcare professionals (AHPs) would bring their years of accumulated clinical experience to the online environment (Loke, 2012a). Learning could then take place through the form of peer support based on discursive discussions via text, whereby the e-

moderator assumed the role of a facilitator rather than a teacher (Salmon, 2003).

Sharing and learning with each other based on a constructivist learning theory (Salmon, 2003) was crucial in IPOL. Successful learning relied heavily on participative and collaborative learning. The high expectation of peer support in learning, when imposed on nurses would not appear to be overly demanding. This is assuming that caring, as the essence of nursing, the core professional value recognised by many nursing-oriented professional and regulatory bodies (Nursing Midwifery Council, 2010; Canadian Nurse Association, 2008; American Nurse Association, 2011) is upheld by any individual who is a professional nurse. In healthcare, caring as a core value is compassion - this means being able to respond with humanity and kindness to others' pain, distress, anxiety or needs and having the capability to identify ways, which can give comfort and relieve suffering (Department of Health, 2012). In the context of learning, promoting an environment which supports each other in learning would presumably be natural for nurses. In this regard, ACMC is often viewed as a valuable tool for nurses in IPOL, especially when it is assumed that nurses were able to display caring behaviors by their professional standard upon which a community of learning is likely to be built.

BACKGROUND

By definition of nurses' core professional values, nurses were assumed to be caring. In a learning environment, nurses would presumably aim to fulfill their roles as effective learners by actively engaging in peer support, and were therefore capable of facilitating the building of a community of learning; positive learning experience amongst nurses which reflected the unique characteristic features of nurse caring behavior were reported in a handful of research studies (Atack & Rankin, 2002; Chen et al., 2009; Cragg, 1994). This included intensive peer support, which resulted in the feeling of constant presence of the group in conference (Loke, 2007; Loke, 2012a). However, these studies with positive findings were about nurses in homogeneous groups engaging in online learning. Generally, nurses dominating and marginalising others' views in discussions were more commonly reported, especially instudies about nurses in IPOL (Becker et al., 2000, Loke, 2007; Loke et al., 2013).

Professional boundaries and hierarchies had long been recognised by Hall (2005) as barriers to effective IPE. This has led to many higher education

institutions (HEIs) to concentrate IPE at pre-registration level (Loke, 2012a) which in turn resulted in a growing body of research studies evaluating IPE at this level (Pollard et al., 2008; Solomon et al., 2010). Without doubt, IPE is far becoming integral in pre-registration education in the UK, a level at which care as one of the "6 C's" in nursing is emphasised as fundamental to the UK nursing curricula (Cummings & Bennett, 2012). Although the impact of the new curriculum on nursing students' caring behaviour is yet to be determined, with the increased emphasis on caring, undergraduate nurses exposed to this new curriculum were more likely to resemble qualified nurses in terms of their caring behaviours. Since web-based technology will remain a useful pedagogic tool for practical reasons (McVeigh, 2009), it is important to understand any lack of caring attributes displayed by nurses. It was critical to understand why nurses' dominance was prevalently found in studies about IPOL. In order to gain insight to the complex phenomenon, a stronger focus on students' perspectives of their learning experience became paramount. A research approach using critical discourse analysis (CDA) that was commensurate with the constructivists' learning theory underpinning IPOL could not have been more appropriate to explain the phenomenon (Loke, 2007; Loke et al., 2011; Loke, 2012b). Fairclough's CDA framework (2003) was therefore used. The methodology and its application in IPOL research, where it had provided a plausible explanation to the preception of a lack of caring behaviour by nurses (Loke et al., 2012c), will be discussed in the remaining sections of this chapter.

METHODOLOGY: FAIRCLOUGH'S CRITICAL DISCOURSE ANALYSIS (CDA) FRAMEWORK

The 3-D critical discourse analytic framework was developed by Fairclough (2003) for studying language in relation to power and ideology. This development was based on his social view of language and dialectical-relational approach to critical discourse analysis (CDA). Using Halliday's (1976) functional linguistics theory and Bakhtin's (1986) theory of genre and intertextuality, Fairclough explained that discourse in terms of language use is a social practice which can be creative, but will always be part repetition of others'. By further drawing on Gramcian's theory on hegemony (Forgacs, 1988) and Foucaultian ideas of power/knowledge (1972), Fairclough (2003) argued that text was instrumental in producing power relations which were

manifested in text. He therefore saw text as a good discourse data for CDA. Based on the specific dimension of Foucault's theory (1977) on power and subject positions about power not residing in one power-holder, but circulated and infused at every level of society, Fairclough (2003) suggested that the positions of individuals as the dominant or the dominated were co-constructed by the participants of discourse. In this regard, although Fairclough (2003) believed that a version of text as truth might have been produced by the dominant as a result of an alternate version of the dominated being marginalised, any power relations were not produced by one group but co-produced dialectically by all who participated in discourse. Hence, Fairclough's (2009) CDA referred to discourse as semiosis; a meaning-making element of the social process which is dialectically related to others. In the application of Fairclough's social view of discourse, the IPOL conference would have to be treated as partly semiotic. By doing so, in the analysis of the discourse (typed-written text), attention could be paid to its other related social elements. This would then allow clarification of how the semiosis established its unequal power relations, including the way it was reproduced and changed in the ideological process.

APPLICATION OF CDA

Fairclough's CDA developed as a methodology is also a social linguistic research tool which is often used to analyse text and its underlying social structures and practices. It is therefore employed for social analysis which is grounded in texts and at the same time for linguistic analysis to address critical social issues. In order to achieve this, text analysis is conducted at micro level and simultaneously, at intermediate level via social structures and practices analyses at macro level. It is by drawing on the various critical theories, that analysis at these 3 levels when conducted relatively, could help to reveal the discursive sources of power, dominance, inequality, and bias. As such, it could also demonstrate how they were initiated, maintained, reproduced and transformed within specific social, economic, political, and historical contexts (Fairclough,1995). Assuming language in the form of discourse is involved with the interactive processes of meaning making (Fairclough, 2003), discourse generated from the experience is a social action rather than a 'do nothing domain' (Edwards, 1997; Wetherell, 2001). This means discourse involves the work of all who participate in it to co-produce meaning, and is therefore constitutive in nature. Based on this assumption, any nursing

dominance which was perceived and/or experienced in an IPOL setting were most likely to have been co-constructed by nurses as well as AHPs during the learning process. The process of co-construction could have been under the influence of the existing implicit power relations among the professional groups, which might have been historically established in healthcare practices. In this regard, the use of CDA in an IPOL situation was to illuminate the ways in which dominant forces in society construct versions of reality that could have favoured the interest of a few. The analysis would aid in revealing the construct of power relations and dominance implicit in the use of nursing language as influenced by nursing practice. In other words, using CDA could unmask the online discursive practices and thus allow better understanding of reasons for any lack of caring behaviour among nurses in IPOL – many of which could be lying beyond the immediate learning environment but within a wider social cultural context. Further discussion on data analysis will provide a detailed explanation of the specific use of CDA in understanding nurse caring behavior in IPOL.

METHODS

Discourse Data

For the purpose of this paper, the main findings from a larger study (Loke 2012a) were used. This study had 890 online messages downloaded and printed verbatim for analysis. The study was based on a 20-credit post graduate 100% text-based online module at Master's level in a University in the North of England. The e-learning site was established in September 2004 and was powered by blackboard6 (*Bb*). Thirteen students were on the module: 6 registered nurses (4 in dual managerial and educational positions; 2 involved in direct patient care), 3 nurse lecturers, 2 operating department practitioners (1 in educational position), 1 occupational therapist and 1 health promoter (for teenage sexual health). Discussions on e-learning in healthcare education were initiated by an e-moderator, who was a registered nurse by background. This IPOL group is therefore typical and reflected many others at post registration level in HEIs. Active participation was observed even upon module completion, that the site remained accessible to students till September 2009. This study was approved by the ethics committee of the faculty. Permission to analyse and publish the online contributions were obtained from students whose names were replaced with numbers.
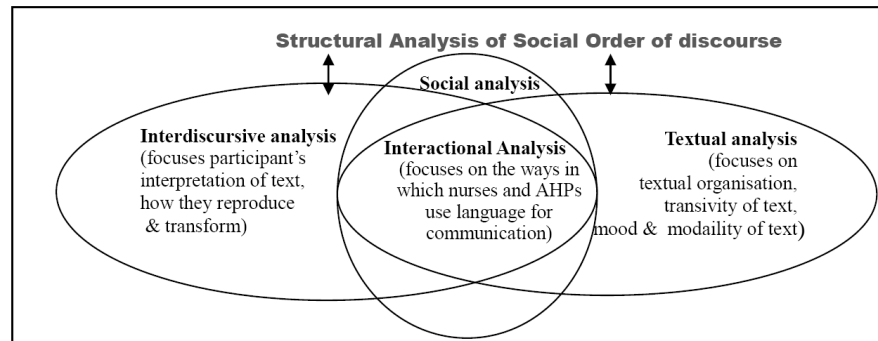
Figure 1. Textual orientated discourse analysis.

Data Analysis

Fairclough's (2003) textual orientated discourse analysis which is stage 2c of the 5 staged 3-D framework, is used for analysis. There are 2 distinct forms of analyses, namely social order of discourse analysis and interactional analysis; the latter form is further divided into textual and interdiscursive analyses. Albeit the stages are distinctly different, the analyses are conducted in relation to each other (Figure 1).

a. Structural analysis of the order of discourse

This stage explores the relationship between the contributors in their position as students in higher education, but more importantly, their professional positions in healthcare. In other words, insight to the responsibility of students in academic writing was just as important as knowledge of the caring responsibilities of nurses in relation to healthcare practice. These insight and knowledge were important because the analysis at this stage was aimed at specifying the semiotic resources available to the contributors in the usual sense of 'paradigm'. These included the choices from the order of discourse, genres and discourse, and linguistic and semiotic systems, all of which students had chosen to construct a particular text. In addition, all the spoken and unspoken rules on conventions of the way each student as qualified nurses and AHPs learn to think, act and 'speak' in the social position they occupied, should all be taken into account in this stage of analysis.

b. Interactional analysis

This stage involves the analysis of actual communication that took place. In the case of this study, it was the messages generated in an IPOL. For the purpose of this paper, interactional analysis involved exploring the ways in which nurses used language to communicate with each other and with others. In any online communication that was conducted asynchronously, all messages would have been posted to the forum with a particular readership in mind. Based on this understanding, in this stage of analysis, the discursive practices as defined in CDA such as the rules, norms, and mental modes of socially acceptable behaviour in the specific roles of individual participants of discourse and the relationships among them, that were being used to produce, receive and interpret the messages, would all have to be taken into consideration.

c. Textual analysis

In the case of this current study, text as a product of discussion generated in an IPOL was used as discourse data subjected to textual analysis. In this stage, which was treated as part of interactional analysis, the text was subjected to linguistic/semiotic analysis, whereby attention was given to textual organisation including inter-sentential cohesion and various aspects of the structure of text (properties of dialogue). Therefore attention would be paid to the ideational functions of text, and the transitivity of text. This was to establish the mood and modality of text, which was aimed at determining the nature of the sentence. Whether the text was a statement, a question or a declaration could be determined, thereby, helping with the establishing of the participants' social relationship in the interactions.

d. Interdiscursive analysis

This analysis which also forms part of interactional analysis involves analysis of production, interpretation, distribution and consumption of text. With an aim to determine how each individual interpreted and reproduced, or transformed text, interdiscursive analysis specifically identified the genres and discourse which were drawn upon in the text. It was this stage of analysis which also established how the genres worked together in the text. This stage was therefore capable of determining the extent of hybridity in the text. In other words, how stable the network of practices was, and how strong the boundaries between these practices were, could be determined in interdiscursive analysis.

FINDINGS

The Impression of Nurses Leading Discussions

Structural analysis revealed that nursing students, particularly those who occupied a leadership or managerial position tended to respond to messages almost immediately. Mapping this behaviour with nursing care, nurses fulfilling their duty of care for patients were expected to be ready at all times to provide 'round the clock' care, and were therefore likely to be the first to attend to any problematic clinical situations. This behaviour as a reflection of nurses appreciating the urgency to attend to patients' matters was observed in this online learning situation. Nurses tended to be the first few to respond to a message, and this resulted in a discussion forum populated by nurses' messages.

Owing to nurses attending to posted messages quickly, nurses were automatically involved in the development of discussions and for this reason, were likely to be the first to detect changes in topic. In this way, many new threads of discussion with different titles could be contributed by nurses. This online behaviour was indeed a typical observation in the forum such that it had the capacity to further reinforce the impression that nurses frequently took the lead in initiating discussions, just as expected of them in clinical settings. This online behaviour could therefore be explained by an observation in clinical practice; nurses, especially those who are in senior positions working in hospitals and nursing homes are expected to be the first to detect any problematic patient issues. Not only that, these nurses were also expected to be able to diagnose and solve patient problems using nursing interventions or otherwise, required to initiate interdisciplinary communication. Coming back to the conference, nurses appered to be the ones who were likely to act on the different slant in dicussion by having created many new discussion threads.

In addition to the above findings, interdiscursive analysis had demonstrated that selected nurses' messages generated by senior nurses were intensely responded to by the same few nurses. The AHPs and other nurses contributed far less frequently and only with short one to two line messages. As a result of the higher volume and longer messages posted by nurses in leading positions, the forum was populated with messages from these few nurses. This created the impression that nurses were dominating discussion. In addition, due to the fact that these messages were concentrated at the start of each discussion thread, this easily reinforced the impression of nurses'

domination, it also created the impression that nurses were in control of the legitimate authority in controlling the direction of the weekly discussions.

The Impression of Nurses as the Experts

Textual analysis demonstrated a high resemblance of nurses' text to written text, which is meant for one way communication (Fairclough 2003). This was in contrast to the usual observations in any discussion forum which took the form of informal short communications (Yates, 2001). Social analysis informed us that nurses' caring role in patient education would require information by nurses to be detailed and without ambiguity. Hence, other than being lengthy, information presented by nurses was instructional and therefore not likely to be negotiable. This form of presenting information was reflected in the conference in several ways based on further textual analysis.

Textual analysis revealed heavy use of technical vocabulary and scientific terms which not only added objectivity but more importantly, authority (Tobin & McRobbie 1996). Modality analysis also indicated that use of questions to make a point is not frequently used by nurses compared to AHPs. The deferential use of modalisation of truth in nurses' text was further reduced by the lack of sentence adverbials or conjunction to connect any assertions. In addition, declarative sentences were used. Further analysis also revealed that assertions were reinforced by heavy use of in-text citations to support discussions. This observation could be explained from the way evidenced–based healthcare has infiltrated nursing as an ethical practice; that nurses were encouraged to use citations to support any claims. In terms of this online learning, the heavy use of in-text citations could be interpreted as nurses attempting to provide resources - another caring behaviour specifically displayed to support and aid others in learning.

However, the heavy use of in-text citations could easily create the impression that nurses' comments were 'researched' and 'supported' by published work and were therefore credible. That meant, nurses' discussions were not open for negotiation, instead, they were to be accepted without questions asked. This effect was demonstrated through interdiscursive analysis; generally responses to nurses' messages were not posted to critically challenge but to support and reinforce the initial concepts. Evidence to support this observation included the extensive use of 'yes I agree' by other participants, some of whom expressed that they had not read enough to have the same level of knowledge to challenge others' contributions. This

explanation offered by the participants reinforced the idea that nurses who authored the first few messages were regarded as the 'experts'.

The Impression of Recreating Power-Relations Based on Nurses' Genres

Textual analysis revealed high resemblance of genres between nurses' initial messages and the two main types of nursing documentations; nursing care plans and critical incident reports. The former took the structure of assessment, goal formulating, planning for implementation and evaluation, and the latter took the form of a narrative description of events and a conclusion which highlighted the recommendations for future actions aimed at eliminating or reducing the possibility of recurrences of the adverse clinical incident. These genres found in nurses' text which were based on nurses' notion of caring had two social effects and could be explained by the purposes and aims of the two types of documentations.

Nursing care plans were based on the nursing process to develop care planning for patients which had the intention to encourage a multidisciplinary approach for best patient-care (Yura & Walsh, 1973). However, as explained by Hamilton and Manias (2006), standardised nursing language was used in care planning, and the patients' problems generated were based on nursing knowledge. Yet non-nursing healthcare professionals were expected to act on the information, rather than to challenge it, the reason being that the information was produced in agreement with the patient who was receiving the care, which was judged and assessed based on a holistic view held by nurses (Loke, 2012a). As for critical incident reports, these were meant to be consumed by receivers, based on the assumption that its production was a result of the affected system-related errors already carefully identified, such that the report was a strategic plan for positive approaches to risk containment and control in the interests of patients (Dunn, 2003). Consequently, the contents were also not likely to be challenged but taken passively in the name of improving practice (Loke, 2012a). It was evident in the way participants responded to nurses' messages which resembled these two genres; that there was a tendency to agree with the authors by further expanding on the points or simply reinforcing the ideas using similar examples to support the original idea.

DISCUSSION

Based on CDA, we were able to analyse the texts in connection to cultures, power and ideology configurations operating in broader society (Fairclough, 1995). In other words, issues presented in the texts were linked to wider external forces, all of which could be taken as having operated at the localised conference site and hence, influencing the discursive events. In doing so, the semiosis was made transparent, allowing the explanation of its dialectical relations with its other elements. Consequently, the subliminal use of nursing caring behaviours in the conference and its effects were made obvious; as to how the ideology of nurses as experts and how nursing dominance was constructed and maintained were explained. Clearly, it was the understanding on how the semiotic categories corresponded to genres, discourses and styles, and how these related to social practices and social events that has made explicit the dialectical relations between semiosis and its other elements. This understanding has subsequently helped with explaining the observation in IPOL.

By using CDA, we have clarified how nurse caring behaviour was translated into becoming an indication of dominance. However, there might be concern about the nature of the discourse data, that it was not the typical discourse data for CDA. It is appreciated that discourse data for CDA was usually a product of conventional forms of communication (speaking and writing). Nevertheless, other than an educational context, there was an increasing use of asynchronous mode for communication (Harasim, 2006; Yates, 2001), so much so that the conventional mode has been replaced by web-based technology in many social contexts. In fact, while the range of vocabulary used in oral conversation and ACMC was found to be similar (Yates, 2001), ACMC was said to be a site of oral culture (Fernback, 2003). For this reason, the use of CDA could not be more appropriate for analysing the online text. This was more so when Fairclough's CDA was used to analyse written text in published documents, these shared similar characteristic features with online text, that is, both were printed and readers' interpretation and consumption depended heavily on the common resources readers shared with authors.

While we argued for the use of CDA, it is important to appreciate that the interpretation of the online texts was based on the researchers' epistemological and ontological position in healthcare discourse. Otherwise, nurses' online behaviour could not be explained from the historical and social contexts. In other words, CDA could never be conducted without the analysts' emic

knowledge of the social order in healthcare. In this study, the knowledge of the established power-relations in the hierarchical healthcare structure was what the researchers had drawn to make sense of the analysis. The depth and breadth of findings were therefore defined by the extent of the analysts' knowledge of the social orders and events. This meant the explanation of the analysis was infused by the general idea and understanding of caring behaviour of nurses and the power-relations known to the analysts. On this note, it should be appreciated that critical discourse work which involved researchers as 'insiders' and whereby the emic position was a strength for CDA work, could easily be misconceived by researchers who insisted on an etic position. For some researchers, neutrality in approaching discourse data is important, and data analysis should not be clouded by researchers' presumptions, which ironically is required in CDA (Wetherall, 2001).

A good balance between the need for tacit knowledge of the social and historical context of analysis and an objective view of the data is therefore essential in using CDA. Researchers must be able to constantly address one's own reflexivity in discourse analytic work. One should constantly remind oneself of the significant influence of one'sthoughts, values, beliefs, and actions on the various stages in the study. Other than addressing reflectivity, interpretations of the data and explanations of the findings should be subjected to member checking and peer review.

In addition, to ensure credibility in discourse work, we should consider complementing CDA with other research theoretical frameworks, especially those which emphasise neutrality in data analysis, and involve interviews for clarification based on participants' perspectives. Triangulating CDA approaches with other research methods allows validation of findings from CDA with other data sources. This would increase rigour of the study. This strategy would particularly add value to CDA in explaining the online behavior of nurses, taking into account that any single description of language would not have been able to cover all aspects of online behavior as observed in the study. As advised by Fairclough (2003), under no circumstance should social life be reduced to language, and CDA should therefore be used with an aim to provide a plausible, and not necessarily a right explanation of the phenomenon in question.

CONCLUSION

This chapter has demonstrated the use of Fairclough's CDA (2003) for explaining nurses' caring behaviour as dominance which features in IPOL. The research methodology was used for its underpinning critical discourse theory which is consistent with the concept of dialogical and collaborative learning in the constructivist environment of IPOL. Most importantly, the critical theory was able to address the power relations implicit in nursing and healthcare practices. Based on the discussion, it was clear that Fairclough's CDA has brought to light the way nurses' caring behaviour was interpreted, resulting in the creation of a platform for nurses and AHPs to co-construct the power-relations in an interprofessional learning space. It was important to appreciate that the analysis required contextual understanding for making sense of the relationships between semiosis and its other elements. In other words, the analysis was only possible based on the researchers' knowledge of the power relations, albeit it being a historical entanglement in nursing and healthcare practices. Hence, it is likely to give rise to concerns of bias in the analysis. Also, the conclusion was drawn based on a single study in one HEI, more research with a focus on discursive practices is needed to inform the usefulness of CDA in understanding the phenomenon. Nevertheless, by using Fairclough's CDA (2003) on data generated from an authentic IPOL environment, this study was able to shed light on an area which has never been explained in other studies (Loke et al., 2011). In this regard, future research on interprofessional education should consider the use of CDA to supplement findings based on other qualitative approaches. Adopting an eclectic approach for a good research design is needed for more evidenced-based educational strategies for effective interprofessional education.

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