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CRITICAL DISCOURSE ANALYSIS: AN ALTERNATIVE BUT VITAL ROUTE TO UNDERSTANDING HOW NURSES' CARING BEHAVIOUR IS TRANSLATED IN TEXT-BASED INTERPROFESSIONAL ONLINE LEARNING IN HIGHER EDUCATION.

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ABSTRACT

Aim: to demonstrate Fairclough's critical discourse analysis as an alternative but vital route to the understanding of translation of nursing caring behaviour in asynchronous text-based interprofessional online learning within higher education.

Background: Positive asynchronous text-based online learning experience indicating nursing caring behaviours were reported in only a small number of studies about homogeneous nursing groups. In addition, these positive findings seemed to be eroded by nurses' dominance in interprofessional learning situations. The dominance which might be a result of professional boundaries is a critical barrier to interprofessional education, where little is yet understood about the phenomenon.

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

Data Source: The main findings based on Fairclough's critical discourse analysis of a text-based discussion is used to demonstrate the usefulness of the methodology. The asynchronous online discussions for analysis was produced by 9 students who were undertaking an interprofessional online learning module at master's level in a University in North England

Findings: By using Fairclough's critical discourse analysis, understanding of the semiotic categories corresponding to genres, discourses and styles is gained. However, it is through appreciating on how these 3 categories relate to social practices and social events has helped in making explicit the dialectical relations between semiosis and its other elements. In doing so, how nurses' caring behaviours in interprofessional learning were translated in an asynchronous text-based learning environment can be explained.

Conclusions: Fairclough's critical discourse analysis was useful in explaining how nursing caring attributes could result in the interprofessional learning space being used as an alternate platform for nurses and allied healthcare professionals to co-construct the power-relations. It is critical to appreciate that the analysis was based on the researcher's emic position. Owing to the fact that tacit knowledge of the research in the power-relations which entangled in the social order and practices in healthcare is required in the analysis, the strength of an emic position could become a limitation. This is particularly perceived amongst researchers who hold a strong view for an etic perspective in discourse analytic work. In this regard, research exploring issues of interprofessional education should consider triangulating the 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 intensive use of technologies to develop pedagogic tools. In the case of interprofessional education (IPE) at post qualifying levels in the United Kingdom (UK) which is commonly known as post registration in Canada and North America, asynchronous text-based computer mediated conferencing (ACMC) is a popular pedagogic tool. The popularity of this web-based technology was due to its asynchronousity, but more important, the underpinning constructivist learning theory based on discussions (Salmon 2003). It is believed that in an interprofessional online leaning (IPOL) situation, healthcare and allied healthcare professionals would bring with them their years of accumulated clinical experience to the online environment. Learning could then take place through the form of peer support based on discursive discussions via text, and the e-moderator could be a facilitator rather than a teacher (Salmon 2003).

Sharing and learning with each other was therefore crucial in IPOL. One may agree that this demand on nurses is expected, simply because caring as the essence of nursing is the core professional value recognised by many nursing-oriented professional and regulatory bodies (Nurse Midwifery Council, 2010; Canadian Nurse Association, 2008; American Nurse Association, 2011). 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 a conducive environment for supporting learning should therefore come naturally for nurses. In this regard, ACMC is often viewed as a valuable IPOL tool for nurses, for a community of learning with peer support which is likely to be built due to the presence of nurses.

BACKGROUND

By definition of nurses' core professional value, nurses were assumed to be capable to facilitate the building of a community of learning; through the fulfilling of their roles as effective learners in their active engagement in peer support. Positive learning experience amongst nurses which reflected the unique characteristic features of nursing caring behavior were reported in a handful of research studies (Atack & Rankin 2002; Chen et al. 2009; Cragg 1994). This included intensive peer support in the conference, which resulted in the feeling of the 24/7 presence of the group (Loke 2007, Loke, et al. 2012b, Loke, et al. 2013). However, these studies were about nurses learning in homogenous groups. Nurses' dominating discussions and marginalizing others' views were more commonly reported as negative learning experience (Loke 2007). Attribution to the technology being new to many healthcare professionals were made.

However, professional boundaries and hierarchies had long been recognized by Hall (2005) as barriers to effective IPE and this problem have led many HEIs to concentrate IPE at pre-registration level. This in turn had resulted in a growing body of research studies evaluating IPE at pre-registration 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 emphasized as a fundamental to the UK nursing curricula (Cummings 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 likely to resemble qualified nurses more in

terms of their caring behaviours. Further, since web-based technology will remain a useful pedagogic tool for practical reasons (McVeigh 2009), it is important to understand why caring attributes were not a frequent display in online text based learning in homogenous nursing groups, and also why is nursing dominance in interprofessional learning prevalently found in studies about student experience in IPOL. To do so, there is a need to focus on students' perspectives for important information on their learning experience. A research approach using critical discourse analysis that commensurate with the constructivists' learning theory underpinning IPOL could not be more appropriate (Loke 2007, Loke et al. 2011, 2012a). For this reason, Fariclough's critical discourse analysis (CDA) framework (2003) was used.

METHODOLOGY: FARICLOUGH'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 text - discourse - language use as social practices is creative but will always be part repetition of others'. By further drawing on Gramcian's theory on hegemony (1988) and Foucaultian ideas of power/knowledge (1972), Fairclough (2003) argued that text was instrumental in producing power relations which are manifested in text, making it a good discourse data for CDA. Based on the specific dimension of Foucault's theory (1978) 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 position of individuals as dominant or dominated were co-constructed by 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 case of this research, the IPOL conference would need to be analysed as partly semiotic so that attention could be paid to its other social elements. This would then allow clarification for the establishment of the semiosis in the way unequal power relations reproduce and change in the ideological process [power relations between nurses and the allied healthcare professionals (AHPs)] and also in the general sense, how it bears upon human 'well being' (as individuals experienced IPE in higher learning).

METHODS

Discourse data

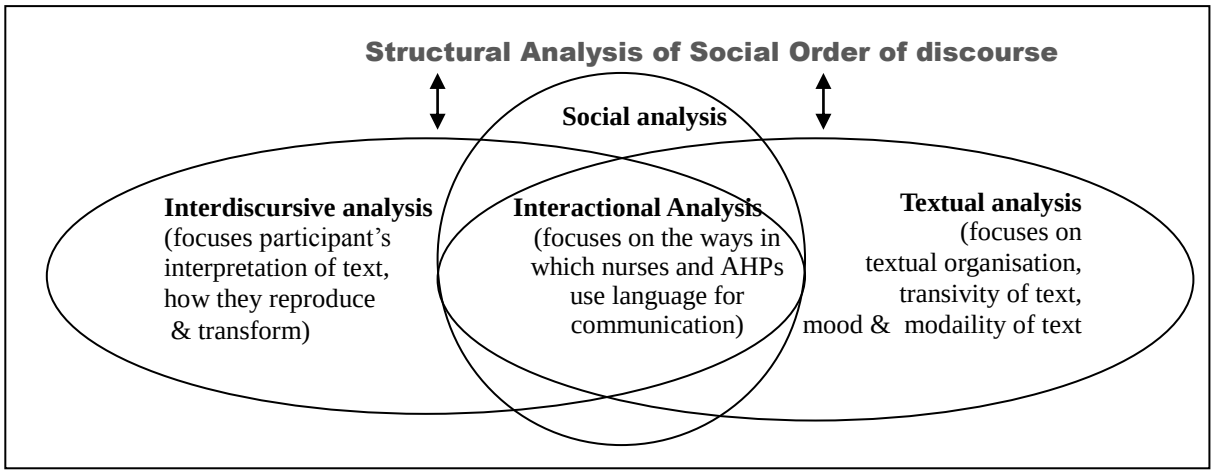
For the purpose of this paper, the main findings from a larger study (Loke 2012) were used. This study had 890 online messages downloaded and printed verbatim for. The study was based on a 20-credit post graduate 100% text-based online module at Master's level in a University in North England. The e-learning site was established in September 2004 and was powered by blackboard6 (*Bb*). Nine

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 could be seen in any IPOL learning group at post registration level in a higher education institution (HEI). 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 published the online contributions were obtained from students whose names were replaced with numbers.

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 these clear distinctions, the stages are conducted iteratively (Figure 1).

Figure 1: Textual orientated discourse analysis



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, insights to the responsibility of students' in academic writing is just as important as knowledge of the caring responsibilities of nurses in relation to healthcare practice. This is important because the analysis at this stage is aimed at specifying the semiotic resources available to the contributors in the usual sense of 'paradigm', which included the choices from the order of discourse, genres and discourse and linguistic and semiotic systems, all of which students had made to construct a particular text.

b. Interactional analysis

This stage involves the analysis of actual communication taken place. In the case of this study, it was the messages generated in an IPOL. For the purpose of this paper, interactional analysis involves exploring the ways in which nurses use language to communicate with others, based on their understanding that the communication is

conducted asynchronously, and the messages they contributed were posted to the forum with a particular readership in mind.

c. Textual analysis

As part of interactional analysis, this stage involves linguistic/semiotic analysis. In this stage, attention is given to textual organization and transitivity of text. By establishing the mood and modality of the text, the social relationship of participants in the interactions can be determined in this stage.

d. Interdiscursive analysis

This analysis also forms part of *Interactional analysis* and identifies the genres and discourse which were drawn upon in the text. It is this stage of analysis which establishes how the genres work together in the text. This stage is therefore capable in 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 are determined in Interdiscursive analysis.

FINDINGS

The impression of nurses leading discussions

Structural analysis revealed that students who occupied a nurse leader or managerial position tended to respond to messages almost immediately. Mapping this behaviour with nursing care, nurses in fulfilling their duty of care for patients are expected to be in readiness at all times to provide that 24/7 care and were therefore likely to be the first to attend to any problematic situations. This behaviour as a reflection of nurses appreciating the urgency to attend to patient's matter was observed in this online learning situation, whereby the discussion forum was 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, they were likely to be the first to detect changes in topic and created new threads of discussion. This was also a typical observation in this online learning forum, which then had the capacity to further reinforce the impression that nurse leaders frequently took lead in initiating discussions, just as expected of them in clinical settings. In clinical practice especially in hospitals and nursing homes, due to their 24/7 nursing duty, nurses are expected to be the first to detect any problematic patient issues and be able to diagnose and solve the patient problems using nursing interventions or otherwise, initiate communication with an aim to make recommendation for a multidisciplinary approach involving the doctors or other allied healthcare professionals for appropriate treatment.

Interdicursive analysis demonstrated that these nurses' messages were intensely responded by the few nurses. The allied healthcare professionals and other nurses contributed far less frequently and also, with short 1-2 line messages. Overall, in the context of the online learning, due to the higher volume and longer messages posted by nurses in leading positions, the forum was populated with messages from these nurses, and the concentration of these messages at the start of each discussion thread could easily create the impression that the discussion forum was dominated by nurses, who had the legitimate authority in controlling the direction of the weekly discussions.

The impression of nurses as the experts to be listened to

Textual analysis demonstrated a high resemblance of nurses' text with written text, which are meant for one way communication (Fairclough 2003). This is in contrast to the usual observations in any discussion forum which takes 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, presented information by nurses were for instructional purposes and therefore are not likely to be negotiable. This form of presenting information was reflected in the conference in several ways based on further textual analysis.

The analysis revealed heavy use of technical vocabularies and scientific terms. This not only added objectivity but more importantly, authority (Tobin & McRobbie 1996). Modaility analysis also indicated that use of questions to make a point is not frequent by nurses compared to the allied healthcare professionals. The deferential use of modalization of truth in text was further reduced by the lack of sentence adverbials or conjunction to connect any assertions. In addition, declarative sentences were being used. Further analysis indeed revealed that assertions were further reinforced by heavy use of in-text citations to support discussions. This observation can 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 could be seen as nurses attempting to provide the references as resources for others to seek further learning - another caring behaviour specifically displayed to aid and support 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 means, nurses' discussions were not open for negotiation but to be accepted without questions asked. This was indeed demonstrated through Interdiscursive analysis that responses to nurses' messages were not posted to critically challenge but to support and reinforced 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 other's contribution. 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 the power-relations based on nurses' genres

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

Nursing care plans were created through the nursing process of care planning. It is introduced to develop a care plan for patients which would encourage multidisciplinary approach to achieve best patient-care (Yura & Walsh 1973). However, as explained by Hamilton & Manias (2006), standardised nursing language are used in care planning, and the patients' problems generated are based on

nursing knowledge. Yet non-nursing healthcare professionals were expected to act on the information, rather than challenging it, given the reason that the information was produced in agreement with the patient who is receiving the care and was judged and assessed based on a holistic view held by nurses (Loke 2012). As for critical incident reports, these are 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 approach to risk containment and control in the interests of patients (Dunn 2003). Consequently, the contents were also not likely be challenged but taken passively in the name of improving practice (Loke 2012). It was evident in this forum, the way participants responded to nurses' messages which resembled these two genres, tended to agree with the authors by expanding further on the points the author had made or simply reinforcing the ideas using similar examples to support the original idea.

DISCUSSIONS

The understanding of the semiotic categories corresponding to genres, discourses and styles in Fairclough's (2003) critical discourse analysis, and how these 3 relate to social practices and social events were required to make explicit the dialectical relations between semiosis and its other elements to explain the observation in interprofessional learning. Through explaining the dialectical relations, CDA has made transparent the way semiosis, in this case, nurses' dominance and uncaring attributes which figures in the establishment of the IPOL learning situation. On this note, it is important to appreciate that CDA is intensive and for this reason, findings based on CDA can be very extensive, and the depth and breadth of findings are usually defined by the extent of analyst's knowledge of the social orders and events.

Therefore CDA cannot be conducted without the analyst having an emic position to appreciate the social order, in this case, the established power-relations in the hierarchical healthcare structure. It was clear that the explanation was infused by the general idea and understanding of caring behaviour about nurses and the power relations known to the analysts. Without this tacit knowledge, it would not be possible for an explanation of the relationship. Nevertheless, the strength in CDA could easily be misconceived by researchers who insisted data analysis without being clouded by researchers' presumptions, which ironically is required in CDA. Hence in order to keep a good balance between the two concepts, CDA should be considered a complementing approach to other research theoretical framework which emphasized neutrality, and would often involve interviews for clarifications from participants of IPOL.

CONCLUSION

This paper demonstrated the use of Fairclough's CDA (2003) for explaining the ways nursing caring attributes displayed in a text-based learning environment could result in interprofessional learning space to become an alternate platform for nurses and allied healthcare professionals to co-construct the power-relations. The analysis required contextual understanding in order to make sense of the relationships between semiosis and its other elements (Loke et al. 2011). In other words, the analysis was only possible based on knowledge of the power relations which might have been a historical entanglement in nursing and healthcare practices. Hence, this is likely to give rise to concerns of bias from researchers in the analysis. Also, due to the fact that the study was limited to one IPOL 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), this study was able to shed some light to an area which has not 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 interviews. Failing to adopt an eclectic approach for a good research design to fully exploit the available data generated from the authentic learning environment for analysis may result in employing educational strategies which would not fully address the problematic issues in interprofessional education.

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