Preparing Students to Respond to Heightened Emotions in Field Practice: A Multi-Disciplinary Study

Karen Healy, Marion Tower & Glenda Hawley

School of Nursing, Midwifery and Social Work, Level 3, The Chamberlain Building,
The University of Queensland, Brisbane, Australia.

Address for Correspondence:

k.healy@uq.edu.au

ABSTRACT

Students in social work, nursing and midwifery often encounter heightened emotions in themselves and others while on placement. In this paper we report on a pilot study of social work, nursing, midwifery students' perceptions of their educational preparation for responding to heightened emotions on placement and their views about an educational intervention we designed to assist them in responding to these.

Our study involved an initial survey of 36 students across the three disciplines. In the survey we focused on identifying the types of emotions students expected to encounter in themselves and patients or service users during placement. We also sought information about participants' confidence in responding to these emotions. Participants (25) then agreed to participate in an educational intervention introducing them to concepts of emotion regulation and evidence-informed principles responding to heightened emotions in themselves and in others.

Participants anticipated experiencing a range of heightened emotions while on placement and were concerned about their ability to manage these emotions. We report on participants' perceptions of the usefulness of the educational intervention and their suggestions for improving student preparation for understanding and responding to heighted emotions in practice.

Keywords:

Field education; Health and social work professions; Heightened emotions; Emotion regulation

INTRODUCTION

Students in social work, nursing and midwifery undertake extensive practice learning placements during their education programs. Students on placement often encounter people experiencing life transition and life crises. The importance of students' capacity to build and maintain professional relationships with a variety of people in diverse situations is recognised within the practice standards of the three professions. The Australian Social Work Education and Accreditation Standards (Australian Association of Social Workers [AASW], 2019, p. 18) asserts that education programs should prepare students to demonstrate "advanced communication skills" and that "a capacity to work with conflict, heightened emotions and resistances are [sic] essential" for all students and graduates. Similarly, the Australian Nursing and Midwifery "Standards for Practice" hold students and graduates accountable for building and maintaining therapeutic relationships with the people who use their services (see Nursing and Midwifery Board, 2020). Despite this, educators across the three disciplines have raised concerns about the adequacy of students' preparation for understanding and responding to heightened emotions they are likely to encounter in themselves and others during practice placements (Coldridge & Davies, 2017; Jakobsen, Musaeus, Kirkeby, Hansen, & Mørcke, 2018; Litvack, Mishna, & Bogo, 2010; Levett-Jones, Pitt, Courtney-Pratt, Harbrow, & Rossiter, 2015; Savaya, Gardner, & Stange, 2011).

In this paper, we report on a pilot study with social work, nursing and midwifery students who had either recently commenced or were soon to commence their first practice placement. Practice placement refers to the extended periods students spend in supervised and assessed practice during the course of their study. We report on the students' perspectives of their expectations of, and confidence in, responding to heightened emotions on placement and their perceptions of the relevance, use and ease of application of an approach we have designed for preparing student to respond to heightened emotions in practice.

BACKGROUND

We use the term *heightened emotions* to refer to emotions that are of sufficient intensity to substantially impact on one's feelings, physiological responses, cognitive processes and behaviours (Fox, 2008; Gross, 2015). Our study focuses on students' capacity to respond to "negative" emotional states in themselves and the people to whom they provide services on placement. Howe (2008, p. 26) identifies negative emotions as being associated with a threat to one's integrity or well-being and which make "us feel agitated or uncomfortable" (Howe, 2008, p. 26). Within the research literature on heightened emotions, key examples of negative emotions include: fear; anxiety; anger; shame; and disgust (Fox, 2008; Howe, 2008). These emotions, although often intense, are usually transient and are likely to dissipate over a range of time periods from minutes to days (see Fox, 2008; Gross, 2015).

Our study included students undertaking their first placement in their professional education programs in social work, nursing or midwifery. Our study was conducted with these students because of the likelihood that their placements will bring them into contact with people experiencing strong emotions generated by life transitions and crises. For example, in relation to social work placements, Litvack et al. (2010, p. 230) stated that "[a]necdotal reports from field liaisons and classroom teachers suggest a significant number of students

experience a range of emotional reactions to their field settings. Students may feel overwhelmed and struggle with their reactions to some practice experiences." In addition, the three professions have a common focus on developing and maintaining a "working alliance" between the practitioner and the person using the service (Jensen et al., 2010, p. 462, see also AASW, 2019; Hadfield & Wittkowski, 2017; Knight, 2015; Nursing and Midwifery Board, 2020; Percy & Richardson, 2018). This creates an obligation on the practitioner, including student practitioners, to seek to build a working alliance with the people who use their services including in the context of heightened emotions (see AASW, 2019).

Adequate student preparation for responding to heightened emotions is important for learning on placement. Jakobsen et al. (2018) report that students' experience of negative emotions such as anxiety and fear during placement can inhibit learning and increase attrition. Similarly, Bogo, Regerher, Baird, Paterson, and LeBlanc's study (2017, p. 715) of students' and practitioners' confidence in conducting simulated clinical interviews found that those who reported "low confidence were affected by the emotional state of the client and subsequently their inability to self-regulate emotion was associated with difficulties in accessing and applying knowledge". Overall, students' failure to demonstrate their capacity to regulate their own emotions can have a deleterious effect on both their confidence, academic progress and on the quality of care they are able to provide to others on placement (Coldridge & Davies, 2017; Levett-Jones et al., 2015; Pai, 2016). Conversely, Bogo et al. (2017) found that, for practitioners and students alike, the capacity to regulate one's emotions, particularly to remain calm in the face of uncertainty and situational anxiety, was strongly associated with practitioners' capacity to use knowledge in practice.

A small body of literature points to the use of practice simulations to develop students' capacities to regulate their own emotions in professional practice (see Bogo et al., 2017; Ignacio et al., 2015; Pai, 2016). Evidence also indicates that reflective strategies, such as personal journals, can assist students to process emotions they experience on placement and to learn from these experiences (Ketola & Stein, 2013; Mirlashari, Warnock, & Jahanbani, 2017). Bogo et al. (2017) propose that mindfulness strategies may enhance students' capacity to regulate their emotions as they face challenging situations during placement.

Our study is intended to contribute to knowledge about preparing students to manage the emotional challenges they may encounter on placement. We have designed an educational approach for preparing students to identify and respond to heightened emotions in practice. As we outline, our approach integrates research on emotion regulation, de-escalation and relationship-based practice. Our approach has two elements: understanding the cycle of emotional arousal; and an evidence-informed and values-based model for managing heightened emotions.

The educational intervention

In explaining our educational intervention, we turn to the first element of providing students with an understanding of the cycle of emotional arousal. Emotional arousal is often cyclical in that it usually involves a cycle of escalation and de-escalation (Fox, 2008; Gross, 2008, 2015; McDonnell, 2010). Gross (2015, p. 3) notes that "emotions unfold over time", typically over seconds to minutes though sometimes negative emotions can be

generated over longer periods of time. McRae, Ochsner, Mauss, Gabrieli, and Gross (2008, pp. 145–146) identified four phases in the cycle of emotional escalation and de-escalation and these are presented in Figure 1.

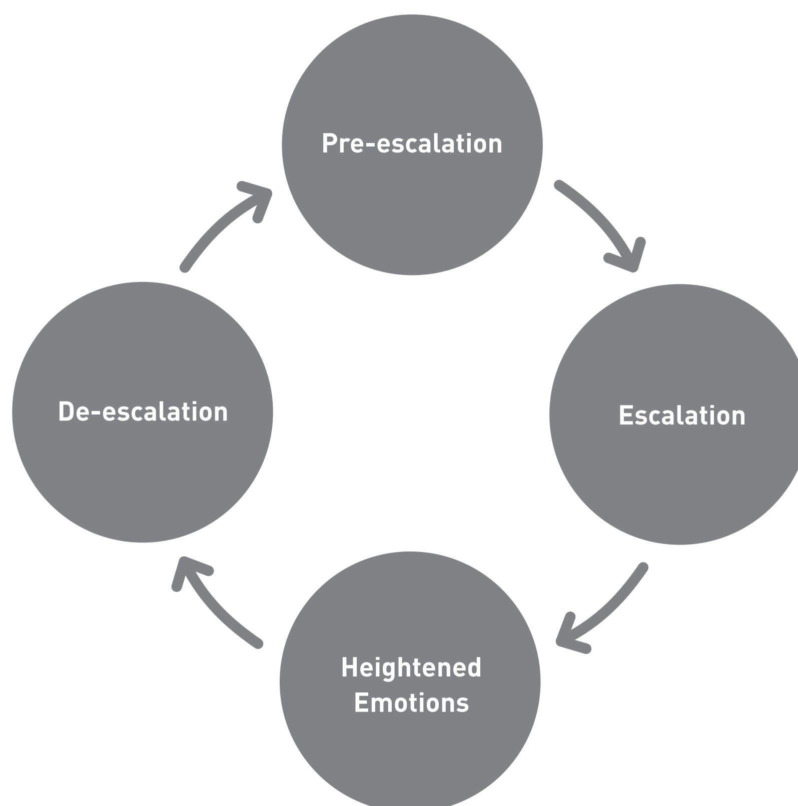

Figure 1. The cycle of emotional escalation and de-escalation.

As shown in Figure 1, the four phases of emotional escalation are: pre-escalation; escalation; heightened emotions; and de-escalation. Pre-escalation is the phase prior to escalation of emotions and refers to the point at which a person begins to experience heightened cognitive, physiological or affective responses to a stimulus in their environment. These stimuli, sometimes referred to as "triggers", reflect the unique impact that particular words, sounds, odours, or actions may hold for an individual (see Duros & Crowley, 2014, p. 239). The trauma-informed practice literature emphasises the heightened state of alertness affecting people who have experienced complex trauma (Carello & Butler, 2015). One implication for the health and social care professions is the need to recognise the potential for apparently routine health or social care interventions to trigger strong emotional responses in affected individuals (see Knight, 2015).

The third phase of the cycle refers to the person's experience of heightened emotions. In this phase, the person's emotional, cognitive and physiological responses often reflect a state of "fight, flight or freeze" (Duros & Crowley, 2014, p. 239; Fox, 2008). The person's experience of heightened emotions often substantially impacts on their communication – including their capacity to receive and process information and to express themselves (Healy, 2018).

The fourth phase is de-escalation. This occurs when the state of heightened emotions has reduced in intensity. Though elements of the emotion may remain, the person

will experience increased capacity to contain the emotion's impact on their cognition, physiological and affective state. This will usually occur with the passage of time (Fox, 2018). De-escalation techniques are intended to assist individuals move from a state of heightened emotions to de-escalation of those emotions (McDonnell, 2010).

Understanding the cyclical nature of emotional arousal is important for gauging one's options for responding to heightened emotions. For example, actions that may be appropriate in the pre-escalation phase may be unhelpful when a person is experiencing a heightened emotion (see Gross, 2015; McDonnell, 2010). Further, as the cycle of emotion arousal highlights the interaction between the person and their environment is influential at each phase of emotional escalation and de-escalation. This draws our attention to the importance of understanding and addressing the emotional triggers between the individual and their environment (which may include the practice environment) in responding to heightened emotions (see Carello & Butler, 2015; Gross, 2015; Knight, 2015; McRae et al. (2008).

Principles for practice

We turn now to the second component of our approach which involves four principles for assisting students to respond to heightened emotions in themselves and others on placement. As we explain in this section, the four principles are derived from social and behavioural research on the nature of heightened emotions and from research literature in nursing, midwifery and social work on relationship-based responses to heightened emotions (see Healy, 2018). Our approach integrates four principles that frequently appear in the literature on heightened emotions encountered in care work. These principles are:

- Communicating calmness
- Safety (emotional and physical)
- Collaboration
- Empowerment.

For ease of reference during the course of our study, we referred to these principles as the CSCE model. Through these principles we aimed to support students' capacity to achieve *emotion regulation* in themselves and others experiencing heightened emotions. The term emotion regulation refers to Gross (2015, p. 5), "attempts to influence which emotions one has, when one has them, and how one experiences or expresses these emotions" (see also Werner & Gross, 2010, p. 17; McRae et al., 2008, pp. 145–146). We aim to enhance the person's control over the heightened emotions and to promote choice about how they respond to those emotions. We turn now to explain each of the principles and their implications for practice.

a) Communicating calmness

The capacity to communicate calmness is well established as helpful to de-escalating heightened emotions in health and social care practice (Price & Baker, 2012; Price, Baker, Bee, & Lovell, 2015; McDonnell, 2010). In their systematic review of the literature on de-

escalation techniques in a nursing context, Price and Baker (2012, p. 312) observed that "[e]ffective de-escalators are able to create an appearance of calm" even when anxiety is being experienced internally. By demonstrating calmness we model behaviours that may help the other person do the same despite the presence of strong emotions. Social work researchers, Bogo et al. (2017) propose also that clinicians and students' capacity to maintain a sense of calmness can enhance their capacity to effectively utilise knowledge in practice.

Calmness may be demonstrated through maintaining positive communication skills such as active listening and non-verbal engagement (Carello & Butler, 2015; Price & Baker, 2012). Gross (2015) uses the term *response modulation* to refer strategies aimed as deliberate containment of our responses to achieve emotion regulation in ourselves and others. Response modulation involves monitoring and adjusting how we think about, and respond to, a situation. When faced with a strong emotional state in others we can enhance our capacity to maintain our own emotional equilibrium though self-talk that builds our capacity to respond calmly to the situation. For example, we can remind ourselves of the education and training we have undertaken to prepare ourselves for responding to these challenging situations.

b) Achieving safety (physical and emotional)

The second principle concerns achieving physical and emotional safety. This is important because perceptions of physical or emotional threat are linked to the generation of heightened emotions (Fallot & Harris, 2009). Achieving physical safety involves minimising actual or perceived physical threats in the environment. Promoting physical safety can also involve reducing the stimulants in the physical environment that could incite emotions. Creating emotional safety involves creating an environment in which the person perceives that the practitioner recognises and is responsive to their emotional needs and yet is also able to set limits on behaviours that might pose risk of harm to the person or others (Fallot & Harris, 2009; Roberton, Daffern, & Bucks, 2012). This may involve validating and normalising the person's experience, while also setting limits and clarifying consequences of acting on heightened negative emotions (Price & Baker, 2012).

c) Collaboration

A collaborative approach to responding to heightened emotions is consistent with social workers, nurses and midwives' professional concern with building and maintaining a working alliance with the patient/client (Jensen et al., 2010; see also Hadfield & Wittkowski, 2017; Knight, 2015; Percy & Richardson, 2018). In the context of heightened emotions, collaboration involves ensuring the person experiencing the heightened state feels heard and respected (see Price & Baker, 2012). Communication techniques demonstrated to promote collaboration include: encouraging the open expression of emotions and thoughts; demonstrating reflective listening; explaining and maximising choices; and focusing on a specific action that can be taken immediately together with the patient/client to immediately begin to address concerns (France, 2007, pp. 37–38; McDonnell, 2010; Price & Baker, 2012; see also Ford & Blaustein, 2013).

d) Empowerment

An individual's experience of heightened emotions can be used as an opportunity to build their capacity to recognise and regulate emotions and to take action on the issues that generated the heightened emotions. While recognising the need for limit setting to prevent harm to self or others (Maguire, Daffern, Bowe, & McKenna, 2014), empowerment also involves working alongside the patient/client to acknowledge their emotional response and to work with them in developing an action plan in addressing the factors triggering the heightened emotion (Ford & Blaustein, 2013; France, 2007). The action plan can help to create order and develop the person's confidence and sense of agency in relation to current and future challenges.

METHODOLOGY

We turn now to a pilot study testing our educational intervention for preparing students to manage heightened emotions in practice. The research team comprised a researcher from each of the discipline groups involved in the study (social work, nursing and midwifery). The research team gained ethics clearance from the University of Queensland Human Research Ethics Committee which complies with the National Health and Medical Research Guidelines.

In this pilot study, we analysed student perspectives on their expectations of, and confidence in, responding to heightened emotions on placement and of their perceptions of the relevance, use and ease of application of the practice principles we have outlined. We intend to use this analysis to further refine the approach for further testing and development. With this goal in mind, the aims of this pilot study were to:

- Explore students' perceptions of the heightened emotions they were likely to encounter in themselves and others while on placement;

- Explore students' confidence in managing heightened negative emotions;

- Examine the extent to which students perceive the practice principles we have presented would be relevant, useful and easy to apply on field placement;

- Explore students' views on the strengths and areas for further development of our approach to supporting students to manage heightened emotions.

We sought also to understand what disciplinary differences, if any, might emerge in relation to our study aims.

Sampling

A purposive sampling approach was used to recruit students in the social work, nursing and midwifery programs at The University of Queensland. Our focus was students in four programs of study required for accreditation or registration in midwifery, nursing or social work in Australia. The four educational programs were: the Master of Social Work (MSWQ – a qualifying Master's degree), Bachelor of Social Work (BSW), Bachelor of Midwifery (BM), Bachelor of Nursing (BN) and the Bachelor of Nursing/Bachelor of Midwifery (BN/BM)

a dual-degree program. All students in the four programs of study who had recently commenced a first placement (or were about to do so) were sent an email by the research team providing details of the study and inviting them to participate. The email was sent to a cohort of approximately 250 students and 36 students agreed to participate in the study. Feedback from participants and students who declined to participate indicated that, while many students were concerned about the emotional challenges of placement, the perceived time required to participate in the study was a factor in the low response rate. Several students suggested that the study should be included in the orientation to placement period.

Data collection

Data collection occurred at two time points to allow for the different periods in the academic calendar in which students undertake their placements. The first set of data collection occurred in August 2017 and involved 16 students. The second set occurred in February, 2018 and involved 20 students. Each set of data collection involved two phases. In phase 1, participants completed a survey regarding their expectations and confidence about managing heightened emotions on placement. Thirty-six respondents completed this survey.

The 36 participants who completed the initial survey were invited to participate in a 90-minute interactive seminar in which 25 students participated. At the seminar, we presented information about the cycle of heightened emotions and the CSCE model for responding to heightened emotion in practice. Following the seminar, students were asked to complete a 13-question survey regarding their perceptions of the extent to which the seminar assisted them to understand the causes of heightened emotions in themselves and others, the use and ease of the heightened emotion model and their views on areas for improvement in our approach to understanding and responding to heightened emotions. Students were sent a reminder to complete the survey within two weeks of the seminar; 25 students participated in the post-seminar survey.

For both surveys, participants were provided with unique access codes to an online survey hosted on the SurveyMonkey platform.

Demographics

We turn now to the demographic characteristics of the sample which are outlined in Table 1.

Table 1. Participant disciplinary groups and average age of participants in each group

Pre-seminar survey	MSW (Q)	BN	BM	BN/BM	BSW
Number	7	12	2	6	9
Av. Age	33.4	26.8	22.5	22.3	29.3
Post-seminar survey					
Number	5	9	0	5	6
Av. Age	36.4	24.8	_	24.4	28.7

Of the 36 respondents who participated in phase 1 (the pre-seminar survey), the average age was 27.6 years, median 25 years, and the mode was 18 years. Notably, nursing and midwifery respondents were, on average, younger than the social work students. The age profile is consistent with previous research highlighting the older average age of social work students compared to other tertiary student populations (see Healy & Lonne, 2010). There were three male students, one in the Bachelor of Nursing and two males enrolled in the Bachelor of Social Work. Two thirds of the sample (23) identified as Anglo-Australian, two identified as European (one Welsh and one Italian), and the remaining 11 identified as Asian including self-identification as: Filipino (3); Indian (3); Eurasian (1); Chinese Singaporean (1); Hong Kong Chinese (1); Syrian (1); and Vietnamese-Australian (1).

In phase 2 (the post-seminar survey), the total number of participants was 25 with an average age of 28 years, a median age of 26 and a mode of 18. There were two male participants, both of whom were enrolled in the Bachelor of Social Work. The average age of participants was 28 years; the median was 26 and the mode was 18. There were two male participants, both of whom were enrolled in the Bachelor of Social Work. Of the 25 participants, 17 identified as Anglo-Australian (white Australian), none identified as Aboriginal or Torres Strait Islander (the First Nations People of Australia), one identified as Welsh and the remaining eight identified as Filipino (3), Indian (3), Eurasian (1) and Vietnamese (1).

Data analysis

Data analysis involved consideration of descriptive statistics from closed and scaled survey questions and thematic analysis of open-ended questions. The researchers calculated weighted averages of the descriptive statistics both for the sample overall and for each discipline subgroup. However, given the small sample size it was not possible to conduct inferential statistical analysis. Open-ended questions were also analysed thematically within the Excel program. The researchers, from three disciplines, reviewed the data separately and identified themes within the data. From this review, a shared set of thematic codes was developed. The analysis then involved one researcher coding responses inductively and using constant comparison techniques to identify similarities and differences across the sample including comparisons between themes emerging across the disciplinary groups. All research team members were involved in reviewing the coded data and in interpreting the themes. This was important in assisting the team to identify how differences in the three disciplines' approaches to educational preparation for placement and students' expectations of placement might influence students' perceptions of, and preparation for, emotional challenges on placement.

FINDINGS

Survey 1

We turn first to our analysis of participants' responses to the survey regarding their expectations of, and confidence in, responding to heightened emotions on placement. In this survey, we asked participants to identify the emotions they anticipated they would experience on placement. Our survey did not place any constraints on the number of emotions participants could identify. Participants reported a large range of emotions they anticipated in themselves and the majority of these emotions were negative. Indeed, the following

emotions were most commonly identified: anxiety (26); sadness (21); fear (15); and happiness or joy (13). Other emotions that were mentioned less frequently included: anger (6); stress (5); and frustration (5).

In Table 2, we outline the three emotions most frequently identified by participants (by disciplinary group) which they anticipated they would personally experience on placement.

Table 2. Emotions participants anticipated in themselves on placement by disciplinary group

	MSWQ	BN	BM	BN/ BM	BSW
1.	Anxiety (6)	Anxiety (9)	Anxiety (2)	Joy (6)	Sadness (6)
2.	Fear (5)	Sadness (7)	Sadness (2)	Anxiety (6)	Anxiety (5)
3.	Sadness (4)	Fear (5)	Joy (2)	Sadness (4)	Fear (4)

Anxiety, fear and sadness were the dominant emotions expected by participants in themselves. We note that those enrolled in midwifery and the combined midwifery and nursing courses also identified joy rather than fear in their top three anticipated emotions.

We turn now to the emotions that participants expected that they would be exposed to *in others,* that is, the people to whom they would provide services. We present our participants three most frequently identified emotions in Table 3. We have not included midwifery respondents in this table, as there was only one common theme (fear) across the two respondents in this category.

Table 3. Participants' expectations about the emotions they expect to encounter in others while on placement

	MSWQ	B.N.	B N./ B. M.	BSW
1.	Sadness (5)	Sadness (8)	Joy (5)	Anger (6)
2.	Anxiety (5)	Anxiety (7)	Anger (5)	Anxiety (6)
3.	Anger (4)	Anger (5)	Fear (4)	Despair (6)

Notably, participants frequently identified anger as an emotion they expected to encounter in others, rather than in themselves. In contrast, many participants expected to experience anxiety and sadness in themselves and in others.

We asked participants to rate their level of confidence in managing each of seven commonly identified negative emotions. We requested that they complete their rating on a five-point likert scale with one indicating *not at all confident* and five indicating *very confident*. In Figure 2 we present the weighted averages of participants' responses to their confidence in managing each of these emotions.

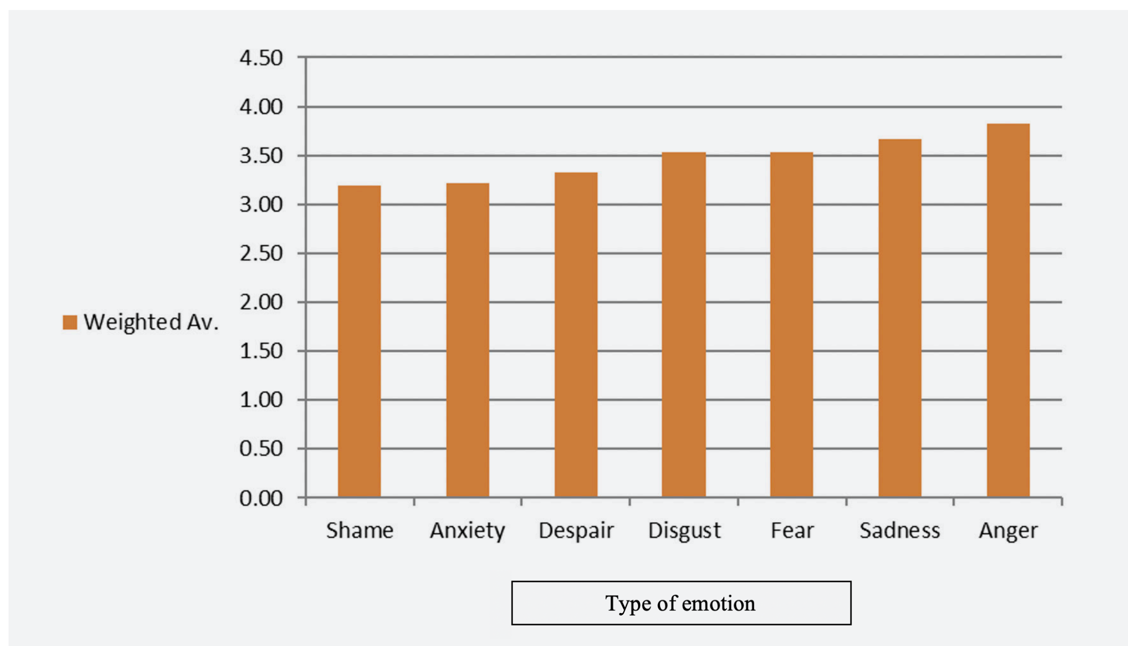

Figure 2. Participants' level of confidence in managing key "negative" emotions in self and others.

Weighted average scores on a scale of one to five showed that participants' expressed greatest confidence in managing anger (3.8), followed by sadness (3.7), disgust (3.5), fear (3.5), despair (3.3), anxiety (3.2) and shame (3.2). We turn now to differences among the disciplinary sub-groups in their reported confidence in managing heightened emotions on placement (see Table 4).

Table 4. Respondents' confidence in managing heightened emotions by discipline group

	MSWQ	BN	BN/BM	BM	BSW	Overall
Sadness	3.4	3.5	3.7	4.0	4.0	3.7
Despair	2.9	3.3	3.8	3.5	3.3	3.3
Fear	3.6	3.3	3.7	4.0	3.7	3.5
Anxiety	3.1	2.9	3.8	2.5	3.4	3.2
Anger	4.0	3.7	4.2	4.0	3.7	3.8
Shame	2.7	3.1	3.8	4.5	3.0	3.2
Disgust	3.4	3.3	4.3	4.5	3.2	3.5

Participants enrolled in the MSWQ, BN, and BN/BM reported highest confidence in managing anger while BSW students reported greatest confidence in managing sadness. Respondents in the MSWQ and BSW reported least confidence in managing shame, while respondents in the BN reported least confidence in managing anxiety and participants enrolled in the BN/BM reported least confidence in managing sadness and fear (BN/BM).

Analysis of the open-ended comments revealed that respondents felt unprepared for managing the range of heightened emotions they expected to encounter on placement. One respondent stated:

> It's [heightened emotions] kind of my biggest fear. (Bachelor of Nursing student)

Another respondent remarked:

> I believe that students are not being prepared for the heightened emotions experienced in placement and that is why some people change to a different degree. I do think it needs to be better addressed and that strategies need to be provided to students. (Bachelor of Nursing student)

In the context of a perceived lack of preparation for managing heightened emotions in practice, respondents commented positively on the opportunity the study had provided to consider this dimension of practice. They also pointed to the need for further consideration of this topic alongside their professional values and obligations. As a BM/BN student stated:

> I am grateful for the opportunity to discuss management of heightened emotions. I think it is a very valuable tool for work in the health care environment. We talk about needing to develop a thick skin but that seems akin to losing our sensitivities...that very thing that makes us compassionate people. (Bachelor of Midwifery and Bachelor of Nursing student)

We found that participants across all discipline groups expected to encounter a range of heightened emotions in themselves and others. They anticipated mostly negative heightened emotions in themselves and others. While they had some confidence in managing these emotions, there were several areas in which their confidence was low and, notably, these included emotions such as anxiety and sadness which they believed they were very likely to encounter in themselves and others on placement.

Survey 2

All participants who completed the survey on their perceptions of heightened emotions in practice in phase 1 of the pilot study were invited to participate in a seminar in which we introduced information about managing heightened emotions in practice and on the principles for responding to heightened emotions that we outlined earlier in this paper. Following the seminar, participants were asked to complete a survey regarding the impact of the seminar on their understanding of the causes of heightened emotions, their capacity to identify heightened emotions in themselves and others and their capacity to respond to heightened emotions. Students were asked to rate their answers to each question on a five-point scale with one (1) indicating that the impact of the seminar and the model we presented had *no impact* and five (5) indicating that the seminar had a *very positive impact*. In Table 5 we outline the weighted averages of their responses to each of the four scales in the survey.

Table 5. Participants' perceptions of the impact of the interactive seminar on understanding and responding to heightened emotions in self and others

	MSWQ	B.N	B.N/B.M	BSW	Overall
Understand causes of heightened emotions	3.8	4.2	4.8	4	4.2
Identify heightened emotions in myself	3.6	4.1	4.4	4	4.0
Identify heightened emotions in others	4.2	4.1	4.8	4	4.1
Respond to heightened emotions in others	4.4	4.1	3.9	4	4.0

We found that participants agreed that the seminar and model had improved their understanding of: the causes of heightened emotions (4.2); capacity to identify heightened emotions in themselves (4.0) and in others (4.1) and to respond to heightened emotions in others. Compared to respondents from other disciplinary groups, the BN/BM students were the most consistently positive about the impact of the seminar on understanding the causes of heightened emotions and on identifying heightened emotions of the self or others.

We turn now to participant perceptions regarding the usefulness and ease of use of the CSCE model for assessing and responding to heightened emotions in practice. The students were asked to rate their response to the following statements, the model is:

- useful in assisting students to manage the heightened emotions they experience on placement;

- easy for students to use in managing the heightened emotions they encounter in others on placement.

Again a five-point scale was used with one (1) indicating the model was either *not at all useful or easy to use* and five (5) indicating that it was *very useful or easy to use*.

The aggregate weighted scores of respondents' views of the usefulness and ease of the model shows that each group rated the usefulness of the model more highly than the ease of the use of the model. The BSW students rated the both the usefulness and ease of the model highest overall, while BN/BM ranked the ease of the model the lowest of all the groups, though this was still in the positive range (3.3/5).

Thematic analysis revealed that a perceived strength of the model was its practical and logical approach to responding to heightened emotions in oneself and others. Respondents across all groups identified that the model enhanced their capacity to understand heightened emotions and to remain "in control" of their emotions in the face of these emotions. An MSWQ student commented:

> I experienced a client with heightened emotions shortly after we learned about the model. I felt that knowing there was a framework I could use really helped me to remain calm and *in control* [emphasis added] of my own emotions when faced with the outward display of the client's emotions. It also helped me to attempt to empathise and understand the issues underlying the heightened emotions. (Master of Social Work Studies student)

Similarly, a Bachelor of Nursing student stated:

> The model is effective as it gives us an idea on how to handle heightened emotions particularly in others which is very important in a clinical setting. This model also gives a sense of being *in control* [emphasis added] of the situation. (Bachelor of Nursing)

These excerpts reflect the commonly expressed view that the model was relevant to their practice contexts.

Another theme was the alignment between professional values and the principles for practice. Some respondents from the social work discipline group identified an alignment between their professional values and the model. An example:

> I like that it [the model] incorporates empowerment when communicating, underlining social work values in a functional aspect of practice. (Bachelor of Social Work student)

By contrast, other participants identified that they found some of the terminology such as *empowerment* challenging and felt uncertain about the application of this principle in the context of heightened emotions.

Two respondents (one Bachelor of Social Work and one Bachelor of Nursing/Midwifery student) raised concerns about whether the practice principles we described gave sufficient attention to human physical or emotional connection. As one respondent stated:

> The model could be a very useful tool to help in maintaining calm in the face of difficult situations and intense emotional responses both in ourselves & others. I think it could be improved by also placing further emphasis on the importance of acknowledging the feelings & perspective of others such situations, allowing us as social workers to display a genuine interest in gaining insight & understanding of a person's perspective, and in this way demonstrating respect. (Bachelor of Social Work student)

In these excerpts, respondents identified the need for further recognition of the emotional dimensions of the working relationship between health and social care professionals in responding to heightened emotions. We believe that recognition of the human connection can be further developed in relation to the model's focus on collaboration.

The thematic analysis revealed participants' across all groups identified how the ease of use of the model could be improved. Across all discipline groups, participants expressed concern about their capacity to recall and apply the model in a stressful situation.

> The model requires conscious effort to memorise and understand the content in a fashion that makes that knowledge easily accessible in times it may be applied, and split second decision making may not always allow for this. (Bachelor of Social Work student)

Respondents across all disciplinary groups indicated that the brief introduction to the approach through a single short seminar was a barrier to its effective implementation in

practice. In addition, three respondents enrolled in the BN program stated their lack of practical experience at this early stage of their studies was a barrier to the ability to knowing whether they would be able to use the model in practice.

DISCUSSION

Our pilot study confirms prior research showing that students in social work, nursing and midwifery are concerned about managing heightened emotions in themselves and in others while on placement (see Coldridge & Davies, 2017; Criss, 2010; Levett-Jones et al., 2015; Litvack et al., 2010). Participants in our pilot study expressed limited confidence and capacity in managing these challenges regardless of their age and life experience.

Our analysis suggests that participants regarded our approach as useful in preparing them for the challenges of managing heightened emotions in themselves and others. Participants appreciated the opportunity to discuss and learn about heightened emotions in the context of their current (or forthcoming) placements in social work, nursing and midwifery and in the context of their emerging identities as members of the caring professions.

The qualitative responses revealed common themes in respondents' perceptions of the strengths and limits of the practice principles. The strengths included that our approach was seen as practical, logical and relevant. There was some indication of variations between discipline groups in their views about the use and ease of application of the practice approach though any generalisation is not possible given this small sample size and weakness of differences between the groups. Further study is needed to establish whether differences exist in disciplinary needs and uses of the model.

Several respondents suggested more opportunities to learn about heightened emotions and that to practise the practice principles in a simulated learning environment would enhance their capacity to apply them. In addition, our findings indicate that further refinement of the practice principles are needed to enhance its ease of application. Drawing on feedback from the participants, we plan to revise the language used to incorporate more directives such as to replace "communicate calmness' with "remain calm", and to consider how abstract concepts, particularly collaboration and empowerment, can be presented with specific guides to action.

We acknowledge several weaknesses of the study. The small sample sizes from each discipline and the purposive sampling process prohibit generalisations beyond the sample. Further, while we focused on participants in the early stages of their professional education, we did not collect data on the amount of placement experience they had, though all were either on or about to commence their first placement. This variation may have affected their responses to the educational intervention. In addition, we did not collect information about prior work experience which may have been substantial given the age variation in the sample. Future research should both aim to randomise the sample and control for nature and extent of prior work and placement experience. Another weakness is that we did not define each of the negative emotions and it may be that respondents' understanding of these emotions varied from our interpretation of them. Future research would benefit from including definitions of the negative emotional states in the data-collection instruments.

Our next steps will be to refine our approach and to conduct a trial with a larger cohort of students across the three disciplines. We will seek to control for amount of placement experience by ensuring all participants are at the same point of learning whether this is on first or later placements. Our next study will also include follow-up with students over the course of their placement to understand what impact, if any, our educational intervention to increase understanding of heightened emotions has had on their placement experience.

CONCLUSION

Recognising and responding to heightened emotions in the self and others are central to the work undertaken by social workers, nurses and midwives (Bogo et al., 2017). Students in these professions are likely to encounter a broad range of emotions during their placements. In our pilot study we have taken the first steps in developing an educational intervention to assist students in managing heightened emotions in themselves and others in the context of their emerging professional roles and identities. We have outlined further steps we are taking in building an evidence-informed approach to building students' capacities for managing heightened emotions in practice.

Declaration of interest

There are no conflicts of interest with this study.

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