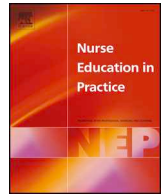




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## Upward feedback in nursing: A matter of giving, taking and asking

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## ABSTRACT

The educational program for nurses takes place in school and at the workplace. At the workplace, student nurses and their supervisors work together while providing the best care for their patients. In this context, it is important that both, students and supervisors, provide feedback to each other. However, it can be difficult for nursing students to provide feedback to professionals who are higher up in the hierarchy. The goal of this study is to investigate the factors that facilitate nursing students to provide so-called upward feedback and nursing supervisors to receive it. Seven focus groups of nursing students ( $n = 40$ ) and two focus groups of nursing supervisors ( $n = 12$ ) were organized. The qualitative data analyses of the focus group interviews and a literature study show that a feedback-friendly culture is essential in enabling upward feedback. The following aspects contribute to a feedback-friendly culture: (1) the role of the feedback receiver, (2) the role of the feedback provider, (3) relations between feedback receivers and providers and (4) the context. This study shows that nursing students and supervisors are open to provide and receive upward feedback. However more attention is needed in nursing education for the factors that facilitate this process.

## 1. Introduction

Workplace learning is an important part of educational programmes for nurses in the Netherlands. About forty percent of their education takes place in real practice, with nurses supervising nursing students. Though feedback is crucial to make supervisors aware of and to reflect on their own behaviour and performance (Fluit, 2013), providing good and sustainable feedback in general is not easy (Boud, 2015; Boud and Molloy, 2013; Sargeant et al., 2008). Providing feedback by students to their supervisor, that is someone higher up in the hierarchy, can be even more difficult. This process, where someone lower in the organizational hierarchy provides feedback to someone higher in the hierarchy, is called *upward feedback* (Atwater et al., 2000; Waldman and Atwater, 2001).

Upward feedback was first introduced in the private sector where organizations recognized the importance of leadership competencies of managers and supervisors. Also in higher education this way of providing feedback has a central role under the heading of student evaluations of effective teaching (e.g. Marsh and Roche, 1993; Sporen

et al., 2007). Nowadays, upward feedback is being implemented in different organizations, including health education (Dierendonck et al., 2007; Fluit, 2013). The goal of upward feedback is to improve learning and performance of professionals, like managers, teachers and supervisors (Sargeant et al., 2008).

Compared to traditional top-down feedback, there is only little research focusing on the effects of and conditions for upward feedback. Heslin and Latham (2004) investigated the influence of upward feedback on the behavioural change of managers using an experimental and control group. Their study revealed that upward feedback had a positive effect on subsequent performance of managers. A study from Atwater et al. (2000), however, revealed that upward feedback did not have a positive effect on the performance of managers. In their research, several factors have been described that influence the effect of upward feedback on performance and learning improvement. One important factor is the degree to which the feedback provider gives honest upward feedback (Smith and Fortunato, 2008). Factors that contribute to honest ratings of feedback providers are: a context in which people trust the organization and have a positive attitude towards it,

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understanding the upward feedback process, having the opportunity to observe their supervisor's performance, perceiving the process to be beneficial, having little fear of retaliation from the supervisor and a belief that they are capable of rating another accurately. Also, the extent to which the feedback receiver perceives feedback as honest influences the effect of upward feedback (Witt and Kerssen-Griep, 2011). Honest feedback strengthens the provider's credibility, that is the degree in which someone is viewed as a competent, trustworthy and caring source (Witt and Kerssen-Griep, 2011). Kudisch et al. (2006) describe the following factors as being positively related to the will to provide upward feedback: the support of management and colleagues; knowledge of upward feedback; the previously experienced usefulness of upward feedback; the providers' own opinion of their ability to assess supervisors; agreement with the task of providing upward feedback (role suitability); the quality of the employee-management relationship; and feedback-seeking behaviour. Research demonstrated that if employees believe that feedback-seeking behaviour is the norm in an organization, feedback is more easily asked (Baker et al., 2013; Morrison, 2002). Feedback-seeking behaviour by supervisors, including asking for feedback, is essential for creating a feedback-friendly culture (Baker et al., 2013; Kudisch et al., 2006) with place for upward feedback. However, asking for feedback is not something that everyone does automatically (Geitz et al., 2016).

Experience with upward feedback in the context of postgraduate medical education showed that organising a feedback dialogue between the resident and the supervisor that was guided by a moderator, made it easier to discuss the feedback with each other (Fluit, 2013). These dialogues in turn, contribute to a more positive learning climate in the department and lead to a shared understanding of good clinical teaching. (Fluit et al., 2013).

## 2. Aim

In this article, we aimed to enhance our understanding of the characteristics of upward feedback in relation to feedback practices in the context of nurse education. The main goal of this study was to identify conducive and obstructive factors for upward feedback in nursing education. Factors that are considered important by nursing students and nursing supervisors to enable upward feedback were collected. The research question was: *what do student nurses and their supervisors need, to improve upward feedback in their workplace?* Two sub-questions have been formulated: (1) what conducive and obstructive factors for upward feedback are mentioned by nursing students? (2) what conducive and obstructive factors for upward feedback are mentioned by nursing supervisors?

## 3. Research design

This is an interpretative qualitative research study, comparing factors obtained in focus groups with factors found in the literature.

### 3.1. Context

Higher professional nurse education in the Netherlands is a practice-oriented form of higher education with the main purpose of transferring theoretical knowledge and developing skills in close alignment with the professional practice. Nursing students have to do several internships in different fields, such as mental healthcare, social healthcare and general healthcare, for example hospitals.

### 3.2. Participants

For this study, students and supervisors were recruited within one internship period from a non-university and a university hospital. The selection of the participants took place in consultation with coordinators in each hospital (targeted selection) who knew how to reach

both students and supervisors. These coordinators sent an e-mail to all students who were currently doing an internship at the hospitals (n = 256) and to all work supervisors (n = 412). The e-mail contained information about the study and the question who would be interested in participating. Students who indicated that they were interested, received an information letter with an informed consent form and further information about the purpose and background of the study and what participants could expect.

### 3.3. Materials and data collection

To collect data, focus groups were held. The choice for focus groups was because of the group interaction which leads to more widely supported answers (Stalmeijer et al., 2014). Focus groups were organised with students from the same study year, as younger students could be influenced by older students in their answering behaviour. An interview guide (Stalmeijer et al., 2014) was developed to conduct the focus groups. For developing the interview guide we first organised a meeting with three members of the research team (BvdW, CF, SvK) Next, the penultimate version was discussed with all members of the research team, leading to a final version. The questions were open. The opening questions were about the research and to confirm their participation, the introduction questions were more general about providing feedback (f.e., 'How many times do you provide feedback?'). Next, we formulated a transition question, like: 'What do you need to provide feedback?'. This was followed by the key question: "What was decisive for the fact that you could or could not give upward feedback (in the focus group of students)/receive (in the focus group of work supervisors)?" The interviews ended with a question whether the participants could have said everything they wanted to say about providing or receiving feedback. All focus group interviews were audio recorded.

Two moderators (CF and SvK) conducted the focus group interviews while the main researcher (BvdW) observed all the focus groups. The moderators were both experts in the field of feedback and experienced interviewers and did not know the focus group participants. All recorded interviews were transcribed verbatim by a research assistant. All transcripts were then checked for accuracy by the main researcher.

### 3.4. Ethical considerations

Prior to data collection, the NVMO Ethical Review Board approved the research (NERB dossier number 781). All participants signed the informed consent form.

### 3.5. Data analysis

The anonymized and coded transcripts were processed in Atlas.ti, version 7.5.17. The data were analysed by three researchers (BvdW, TK, AvT), using a template analysis and evaluated together with two other researchers (CF, DJ). The data analysis process was iterative with open coding and axial coding. Atlas.ti was used to create 'families'. They were compared with the *Code-Co-occurrence-Table-Tool*. In the first coding cycle, the transcripts of both the students' and the supervisors' focus groups were coded on two themes, namely conducive and obstructive factors. In a second coding cycle, these two themes became more specific in a distinction between receiving and providing upward feedback. The conducive and obstructive factors were evaluated by the researchers and coded with factor names, for example 'personal characteristics' relevant for the aim of the research. Factors were only selected as relevant if they were mentioned often in the focus groups or if they were confirmed in the focus group. Quotes are used to illustrate and support the interpretation of the data.

## 4. Findings

Students (n = 40, 36 female) and supervisors (n = 12, all female)

from both a non-university (25 students and 6 supervisors) and a university hospital (15 students and 6 supervisors) participated in our study. The students were divided over the different study years of the educational program. Nine focus groups were conducted: seven focus groups with nursing students, four of them from the non-university and three from the university hospital. They lasted between 58 and 77 min (mean time 65 min); Two focus groups were held with nursing supervisors (n = 12), one from the non-university and one from the university hospital. They lasted respectively 61 and 63 min. The number of participants in each focus group ranged between three to eight participants (mean number of participants 5,7).

The main themes were: (1) ‘factors that are conducive to receiving upward feedback’, (2) ‘factors that are obstructive to receiving upward feedback’, (3) ‘factors that are conducive to giving upward feedback’ and (4) ‘factors that are obstructive to giving upward feedback’. Per theme, all statements could be classified in one of the following four categories: (a) ‘role feedback receiver’ (supervisor), (b) ‘role feedback provider’ (student), (c) ‘relationship feedback provider - feedback receiver’ and (d) ‘context’. The respondents did not only answer from their own perspective, but the students and supervisors also changed perspective, indicating what they thought the other group would find helpful or obstructive for receiving or providing feedback. Therefore, the four categories were described in the codebook for both perspectives.

4.1. Conducive and obstructive factors from a students’ perspective

Table 1 shows conducive and obstructive factors mentioned by students for providing upward feedback to a supervisor, and what students thought that supervisors would find conducive or helpful in receiving feedback from their students. In the column ‘Providing upward feedback to a supervisor’, the conducive and obstructive factors address the issues that influenced the students’ provision of feedback. In the

column ‘Receiving upward feedback by the supervisor’, the factors are presented that were mentioned by the students on what they thought the supervisors would find helpful or obstructive in receiving feedback.

Students in all seven focus groups frequently mentioned that supervisors should ask for feedback: ‘I almost never provide feedback, especially negative feedback to my supervisor, unless they explicitly ask for it’. In all seven focus groups, it was explicitly mentioned that an open and learning attitude of the supervisors towards students stimulated students to provide upward feedback. Factors obstructive to provide feedback were supervisors not being open, showing negative reactions (such as irritation, defence, ignoring students) and not wanting to learn from students. About the influence of the supervisors’ personal characteristics, a student said: ‘I think it’s about how the supervisor is as a person, that the supervisor is also confident and open to receive feedback.’

In all seven focus groups, students mentioned that self-regard influenced them to provide upward feedback or not. As a facilitating factor, one student described: ‘I think that I should provide feedback to my supervisor when I experience that his or her behavior or teaching style hinders my own learning process. In this way, providing feedback is for my own interest.’

As an obstructive factor, a student argued: ‘As a trainee nurse, you are simply in a very sensitive position. I have noticed that I do not dare to provide feedback if I feel it may have a negative influence on my assessment.’ In addition, the students mentioned the content of the feedback as an important factor. The feedback content should be fair and honest. Students mentioned that feedback honesty was rooted in factors such as the supervisors’ role (open attitude, recognizing the upward feedback and asking for feedback), relations between feedback provider and feedback receiver (connection with each other, mutual trust and communication about the feedback) and contextual factors (feedback culture in the department, time for giving upward feedback). Some students indicated that feedback should always be fair because, if it was not, you could be fooling someone and colleagues could lose confidence

Table 1  
Conducive and obstructive factors from the student perspective

Category	Sub-factors	Providing upward feedback to a supervisor		Receiving upward feedback by the supervisor	
		Conducive	Obstructive	Conducive	Obstructive
Role of feedback receiver (= supervisor)	- Attitude of supervisor	X	X	X	
	- Asking for feedback	X			
	- Personal characteristics	X	X	X	X
	- Mood	X	X		
	- Experience of supervisor	X less experience <sup>a</sup>	X experience <sup>1</sup>		
Role of feedback provider (= student)	- Content of feedback	X	X	X	X
	- Self-interest	X	X		
	- Feedback training	X			
	- Work experience	X more experience	X less experience		
	- Personal characteristics	X	X		X
	- Preparation	X good prep	X bad prep		
	- Timing of feedback	X timely	X not in time		
	- Reflective capacity	X	X weak		
	- Experience with fb	X positive	X negative		
	- Attitude of student	X		X	
	- Mood of students		X		
Relation	- Connection	X yes	X not		X not
	- Communication	X			
	- Afraid to hurt		X		
	- Working frequently together	X	X insufficient		
Context	- Trust	X yes	X no		
	- Equivalence	X yes	X no		X no
	- Feedback culture	X	X no		
	- Support by third person	X			
	- Safe environment	X	X no		
	- Time	X sufficient	X insufficient		X insufficient
	- Separate room	X	X no	X	
	- Criteria for feedback	X			

<sup>a</sup> Information after the X is only added to inform about the certain direction of the effect. For example, supervisor experience is evaluated as conducive from the perspective of students if they have less experience and is evaluated as obstructive if they are experienced.

in you.

An obstructive factor that was specifically mentioned was providing negative feedback, as this might involve difficulty in finding the right wording, fear of hurting the supervisor, fear of the supervisors' reaction, and fear of rising emotions.

An important conducive factor in the relation between feedback provider and feedback receiver was informal and professional interest and respect. Students also mentioned the importance of having a connection with each other, communication (creating security) and 'feeling welcome' as examples. A student said: 'Once I was in an unsafe environment where I did not feel welcome and that was indeed the wrong atmosphere for feedback. Yes, I missed that safe feeling'. According to the students, communication was conducive if (1) students and supervisors agreed on upward feedback, (2) supervisors expressed the learning objectives, and (3) providing feedback was formulated as a learning objective of the internship. Some students indicated that fear to hurt someone obstructed their upward feedback.

Finally, the feedback context was an important category. Students mentioned the department's feedback culture (having nurses give feedback amongst themselves or organized timing for feedback) and a safe environment as being conducive factors and the lack of them as being obstructive. A few times, they mentioned support by a third person, the availability of a separate room and the presence of criteria for feedback as additional requirements. Students also mentioned hierarchy as being an obstructive factor. Gossiping was the most frequently cited example of feeling unsafe in the department: 'Like what xx just said, there is a lot of gossip about things, which she did not even know ... afterwards. Then it does not feel safe that other people also get an idea about you.' The safe environment was further explored in the focus groups.

#### 4.2. Conducive and obstructive factors from a supervisor's perspective

Table 2 shows conducive and obstructive factors mentioned by the supervisors for the upward feedback process. In the column 'Receiving upward feedback', the conducive and obstructive factors address the issues that influence the provision of upward feedback. In the column

**Table 2**  
Conducive and obstructive factors from the supervisor perspective.

Main factor	Sub-factors	Receiving upward feedback from students		Providing upward feedback by the student	
		Conducive	Obstructive	Conducive	Obstructive
Role of feedback receiver (= supervisor)	- Attitude of supervisor	X		X	X
	- Asking for feedback	X		X	
	- Recognizing feedback	X			
	- Reflective capacity	X		X	
	- Feedback training	X			
	- Personal characteristics	X			X
	- Mood		X		X
Role of feedback provider (= student)	- Experience of supervisor				X
	- Content of feedback	X	X	X	X
	- Self-interest			X	X
	- Feedback training			X	
	- Work experience			X more experience	X less experience
	- Attitude of student	X	X		
	- Timing of feedback	X on time	X not on time		
Relation	- Reflective capacity	X			
	- Personal characteristics			X	X
	- Experience with fb			X positive	X negative
	- Connection	X	X not	X yes	
	- Trust	X yes	X no		
	- Communication	X		X	
	- Equivalence		X		X
Context	- Working frequently together			X	
	- Feedback culture	X		X	
	- Time	X	X		
	- Separate room	X	X		
	- Support by third person			X	
	- Safe environment			X	

'Providing upward feedback by the student', the factors are presented that are mentioned by the supervisors on what they thought the students would find helpful or obstructive in providing feedback.

Both focus groups agreed regarding the role of the supervisors in receiving upward feedback. The supervisors' attitude towards and asking for feedback are important factors. One supervisor said: 'You always have to ask for it yourself. I have almost never had a student who gave me feedback by himself.' Besides, an open and learning attitude in supervisors was also conducive to upward feedback. A negative attitude of supervisors is seen as being obstructive.

Regarding the role of students as feedback providers, supervisors mentioned the students' attitude and the feedback content as factors involved in feedback reception. It was considered obstructive if a supervisor felt resistance of the student to provide feedback. Supervisors mentioned also the sensitive position of students. To be conducive, the feedback had to be concrete, behaviour-related and constructive rather than judgemental. Obstructive factors were personal feedback, vague feedback and accusatory feedback.

Factors that stimulated the upward feedback were knowing each other for a longer period, supervisors having trust in students and agreements about the feedback process. Positive feedback and feedback on minor things was easier to receive than feedback on a supervisor's negative or personal characteristic. According to the supervisors, working experience might be helpful here.

In relation to the context, the supervisors mentioned the department's feedback culture, in which it should be a common practice to receive feedback from your students and avoiding gossip stimulates the upward feedback process.

#### 5. Conclusion and discussion

In this study, the conducive and obstructive factors for upward feedback mentioned by nursing students and their supervisors were investigated. For establishing a safe feedback environment many factors are important, like the supervisor's attitude towards upward feedback, asking for feedback and mutual trust. Table 3 summarizes factors that

**Table 3**  
Most discussed conducive and obstructive factors. If formulated negative they are obstructive.

category	Sub-factors
Role of feedback receiver (= supervisor)	- Supervisor's attitude - Asking for feedback
Role of feedback provider (= student)	- Student's attitude - Self-regard - Feedback content
Relation	- Connection with each other - Communication
Context	- Feedback culture - Safe environment

were most discussed in our interviews for providing feedback by the student to the supervisor and for receiving feedback by the supervisor.

Based on our study, we conclude that nursing students are open to provide feedback to their supervisors and that supervisors are willing to receive feedback. Our study confirms factors already described in the literature (f.e., Baker et al., 2013; Kudisch et al., 2006), such as actively asking for feedback, a positive reaction of the supervisors when receiving feedback, and having a relation that is based on trust in each other (Sargeant et al., 2008). Our study also adds some new factors: supervisors having experience in upward feedback, personal supervisor characteristics and mood, and the role of the students' own interest in providing upward feedback if the learning process is at risk.

It was interesting that students and supervisors shared many of the conducive and obstructive factors for upward feedback. Students mention many more sub factors during the focusgroups compared to the supervisors, especially factors related to themselves in providing feedback. (see Table 1). From the perspective of the supervisor, there seems more a balance between the role of the student in providing feedback and the role of the supervisor in receiving feedback (see Table 2).

All factors can be classified under the four main elements of providing and receiving upward feedback: role feedback receiver, role feedback provider, relationship of feedback provider and feedback receiver and the context. This is in line with the study of Ramani et al. (2018), who developed strategies for enhancing a feedback culture classified into these four elements that will be discussed below.

#### *The feedback receiver*

Both the literature and our research underline the importance of supervisors asking for upward feedback, and having an open and learning attitude towards the students. These are all behavioural factors that may be related to the concept of 'feedback-seeking behaviour'. Asking for feedback is not an automatic skill and should be taught (Geitz et al., 2016). Previous research about feedback-seeking behaviour was not interrelated with upward feedback. Most of the feedback literature focus on providing feedback and less on asking for feedback. However, especially asking for feedback shows the openness of the feedback receiver and facilitates the feedback provider. Therefore, follow-up research into feedback-seeking behaviour during upward feedback, is recommended, as is supervisor training in asking for feedback and in receiving upward feedback.

#### *The feedback provider*

An open and learning attitude of students (the feedback providers) is a precondition for being able to provide upward feedback. The

students' self-interest is an extra motivation in providing upward feedback or not; if students have positive experiences with giving upward feedback, this will reduce their fear of 'revenge', including negative assessment. Students and supervisors can be supported in providing and receiving feedback by paying attention to the feedback content and format, such as levels of feedback (Arts et al., 2016; Hattie and Timperley, 2007), positive feedback and substantiation of the feedback given. Training and coaching to provide upward feedback in a good way (Arts et al., 2016; Atwater et al., 2000; Kudisch et al., 2006), therefore, should be a fundamental part of the students' curriculum, integrated into all learning (Boud and Molloy, 2013). From this study, it can be concluded that feedback is useful if the feedback (1) has a positive tone, (2) focusses on the supervision rather than the nursing, (3) is constructive rather than judgmental, (4) is underpinned with arguments. Furthermore this feedback is crucial because it might harm a patient in the end if not provided.

#### *The relation between feedback provider and receiver*

Having confidence in each other is one of the preconditions for providing and receiving honest upward feedback (Atwater et al., 2000; Fluit, 2013). It is not always easy for students to provide honest feedback to supervisors. Feedback will be weakened if supervisors have a negative or non-open attitude and if feedback is not provided timely. Supervisors, however, prefer to receive honest feedback rather than feedback that is weakened and not entirely fair. Fluit et al. (2014) confirm this in their study: the feedback receiver feels himself/herself safer when receiving honest upward feedback. Giving honest upward feedback was stimulated, moreover, when receivers responded positively and showed that they actually did something with the feedback they received. A prerequisite for this to take place is that supervisors should understand fair upward feedback (Fluit, 2013; Smith and Fortunato, 2008). Dialogue and proper communication is an important part of the feedback process (Boud, 2015; Boud and Molloy, 2013; Fluit et al., 2013; Nicol, 2010; Sargeant et al., 2008). A recommendation is that both, students and supervisors explicitly indicate when upward feedback should be provided and received. In order to make this happen, a good-quality student-supervisor relationship is important (Kudisch et al., 2006), in which they collaborate more often, take a professional and informal interest and show respect for each other.

#### *The context*

Management and colleagues in the workplace should be aware of the importance of upward feedback (Kudisch et al., 2006). Applying this to the hospital environment of nursing students, supervisors should

be aware of their role in the upward feedback process. Our results concerning the feedback culture are in line with the literature, such as role modeling behaviour and not gossiping. A safe environment is part of a feedback-friendly culture and helps students to provide upward feedback in a fair way (Baker et al., 2013; Fluit et al., 2013). In a feedback-friendly culture, both the roles of the feedback receivers and providers and the relations between them and their context are important and cannot be separated from each other. All the factors described in the literature and that were found in our study influence the ability to provide and receive upward feedback and make the concept of a 'feedback-friendly culture' specific. Effective feedback can be provided and received in a feedback-friendly culture. In line with the theoretical framework outlined in the introduction, effective feedback is important as part of workplace learning within a socio-cultural environment (Bolhuis, 2016) and can aid reflection and conscious learning.

## 6. Methodological considerations

This study was carried out in collaboration with researchers who had knowledge of and experience with the subject of upward feedback in postgraduate medical training. This study was the first that was performed in the context of the nursing profession and aiming to enhance our understanding of the mechanisms of upward feedback in the nursing domain. A main finding of this study is the role of culture in the workplace. This study took place in the Netherlands, where there is a growing acknowledgement of the importance of speak up and upward feedback. However, in other cultures and contexts, it is conceivable that upward feedback is not expected or allowed, or at least not desired by supervisors.

During the focus groups, the researcher and moderators experienced that the exchange was lively in all groups. The focus group composition may have influenced the data obtained; after all, a focus group is a social event (Boeije, 2016). The number of participants in the focus groups did not influence the discussion. Only two focus groups were held with supervisors, a third group with supervisors might have added some new insights. However, the two groups in this study already provided comparable answers. In the student groups, saturation was achieved after four focus groups; no new (sub)codes were found in the last three student focus groups.

## 7. Overall conclusion

This study provides evidence that factors described in the literature for providing and receiving effective upward feedback are applicable for nursing education practice. Our study also added some new factors: supervisors having experience in upward feedback, personal supervisor characteristics and mood, and the role of the students' own interest in providing upward feedback if the learning process is at risk.

A feedback-friendly culture in the workplace is essential for being able to provide and receive upward feedback. To achieve this, more attention should be paid in training how to receive and ask for upward feedback. This feedback-seeking behaviour by supervisors can initiate and secure conditions for a feedback-friendly culture within departments. Differences between the perspective of the student and the supervisor should be part of the training.

By paying attention not only to the role of the feedback provider but also to the role of the feedback receiver, as well as to the relation between them and their context, it is expected that a feedback-friendly culture can develop, allowing for upward feedback that is safe and fair. Upward feedback in nursing: a question of giving, taking and asking.

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## CRedit authorship contribution statement

**B.F.H. van de Walle – van de Geijn:** Writing - review & editing. **D. Joosten – ten Brinke:** Writing - review & editing. **T.P.F.M. Klaassen:** Writing - review & editing. **A.C. van Tuijl:** Writing - review & editing. **C.R.M.G. Fluit:** Writing - review & editing.

## Declaration of Competing Interest

None.

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## References

- Arts, J.G., Jaspers, M., Joosten-ten Brinke, D., 2016. A case study on written comments as a form of feedback in teacher education: so much to gain. *European Journal of Teacher Education* 39, 159–173. <https://doi.org/10.1080/02619768.2015.1116513>.
- Atwater, L.E., Waldman, D.A., Atwater, D., Cartier, P., 2000. An upward feedback field experiment: supervisors' cynicism, reactions, and commitment to subordinates. *Personnel Psychology* 53, 275–297.
- Baker, A., Perreault, D., Reid, A., Blanchard, C.M., 2013. Feedback and organizations: feedback is good, feedback-friendly culture is better. *Canadian Psychology/Psychologie canadienne* 54, 260–268. <https://doi.org/10.1037/a0034691>.
- Boeije, H., 2016. *Analyseren in kwalitatief onderzoek (2<sup>e</sup> druk)*. Boom Uitgevers Amsterdam, Amsterdam, Nederland.
- Bolhuis, S., 2016. *Leren en veranderen. Emotie, gedrag en denken*. Uitgeverij Coutinho, Bussum, Nederland.
- Boud, D., 2015. Feedback: ensuring that it leads to enhanced learning. *The Clinical Teacher's Toolbox* 12, 3–7.
- Boud, D., Molloy, E., 2013. Rethinking models of feedback for learning: the challenge of design. *Assessment & Evaluation in Higher Education* 38, 698–712. <https://doi.org/10.1080/02602938.2012.691462>.
- Dierendonck, D., van, H.C., Borrill, C., Stride, C., 2007. Effects of upward feedback on leadership behavior toward subordinates. *J Manage Dev* 26 (3), 228–238.
- Fluit, C.R.M.G., 2013. *Evaluation and Feedback for Effective Clinical Teaching*. Thesis Radboud University Nijmegen. Meppel, Nederland Ten Brink.
- Fluit, C.R.M.G., Bolhuis, S., Klaassen, T., de Visser, M., Grol, R., Laan, R., Wensing, M., 2013. Residents provide feedback to their clinical teachers: reflection through dialogue. *Medical Teacher* 35, e1485–e1492. <https://doi.org/10.3109/0142159X.2013.785631>.
- Fluit, C.R.M.G., Feskens, R., Bolhuis, S., Grol, R., Wensing, M., Laan, R., 2014. Understanding resident rating of teaching in the workplace: a multi-centre study. *Advances in Health Sciences Education* 20, 691–707. <https://doi.org/10.1007/s10459-014-9559-8>.
- Geitz, G., Joosten-ten Brinke, D., Kirschner, P.A., 2016. Sustainable feedback: students' and tutors' perceptions. *The Qualitative Report* 21 (11), 2103–2123. Retrieved from <http://nsuworks.nova.edu/tqr/vol21/iss11/12>.
- Hattie, J., Timperley, H., 2007. The power of feedback. *Review of Educational Research* 77, 81–112. <https://doi.org/10.3102/003465430298487>.
- Heslin, P.A., Latham, G.P., 2004. The effect of upward feedback on managerial behavior. *Applied Psychology* 53, 23–37.
- Kudisch, J.D., Fortunato, V.J., Smith, A.F.R., 2006. Contextual and individual difference factors predicting individuals' desire to provide upward feedback. *Group & Organization Management* 31 (4), 503–529. <https://doi.org/10.1177/1059601106286888>.
- Marsh, H.W., Roche, L., 1993. The use of students' evaluations and an individually structured intervention to enhance university teaching effectiveness. *American educational research journal* 30 (1), 217–251.
- Morrison, E.W., 2002. Information seeking within organizations. *Human Communication Research* 28, 229–242.
- Nicol, D., 2010. From monologue to dialogue: improving written feedback processes in mass higher education. *Assessment & Evaluation in Higher Education* 35, 501–517. <https://doi.org/10.1080/02602931003786559>.
- Ramani, S., Könings, K.D., Ginsburg, S., Van der Vleuten, C.P.M., 2018. Twelve tips to promote a feedback culture with a growth mindset: Swinging the feedback pendulum from recipes to relationships. *Medical Teacher*. <https://doi.org/10.1080/0142159X.2018.1432850>.
- Sargeant, J., Mann, K., Sinclair, D., Van der Vleuten, C., Metsemakers, J., 2008. Understanding the influence of emotions and reflection upon Multi-source feedback acceptance and use. *Advances in Health Sciences Education* 13, 275–288. <https://doi.org/10.1007/s10459-006-9039-x>.
- Smith, A.F.R., Fortunato, V.J., 2008. Factors influencing employee intentions to provide honest upward feedback ratings. *Journal of Business and Psychology* 22 (3), 191–207. <https://doi.org/10.1007/s10869-008-0070-4>.
- Spooren, P., Mortelmans, D., Denekens, J., 2007. Student evaluation of teaching quality

- in higher education: Development of an instrument based on 10 Likert scales. *Assessment & Evaluation in Higher Education* 32, 667–679.
- Stalmeijer, R.E., McNaughton, N., Van Mook, W.N.K.A., 2014. Using focus groups in medical education research: AMEE Guide No. 91. *Medical Teacher* 36, 923–939. <https://doi.org/10.3109/0142159X.2014.917165>.
- Waldman, D.A., Atwater, L.E., 2001. Attitudinal and Behavioral Outcomes of an Upward Feedback Process 26. *Group & Organization Management*, pp. 189–205.
- Witt, P.L., Kerssen-Griep, J., 2011. Instructional feedback I: the interaction of facework and immediacy on students' perceptions of instructor credibility. *Communication Education* 60, 75–94.