

Experiences of Undergraduate Nursing Students on Clinical Placement as a Formal Community of Practice

Neville Schembri

Institute of Applied Science,
Malta College of Arts Science and Technology (Malta)

ABSTRACT

Background: Through their academic journey at their academic institutions and clinical practice placements, nursing students experience mutual engagement, joint enterprise, and a shared repertoire that marks a community of practice. As a result of this interaction and activity, students develop an interprofessional identity as they also become active members of this interprofessional community. **Method:** A descriptive qualitative approach was used to study the experience of 12 student nurses following clinical practice placements. Purposive sampling was adopted and the data from individual interviews was analysed using thematic analysis. **Results:** Five themes emerged, namely: Bridging the Theory-Practice Gap, Feeling Welcomed and Wanted, Belongness and Support, Chance of Being Selected and Need for Further Collaboration. **Conclusion:** Through practical placements and engagement with other healthcare professionals, the student's ability to utilize interpersonal skills and professional skills are highly developed and by becoming part of a community of practice, they develop to become an essential asset in today's health workforce.

Keywords: Student nurses, community of practice, student experiences, practice learning

INTRODUCTION

A Communities of Practice (CoP) is a group of people who share a common concern or passion for something they do and learn how to improve it through regular interaction. The inclusion of such practice in various educational systems has gained momentum since the 1990s (Fox, 2000; Wenger, McDermott and Snyder, 2002).

Lave and Wenger (1991) described learning as a situated activity, employing the phrase, 'Legitimate Peripheral Participation'. Learners participating in a community of practitioners, assimilate into the sociocultural practices of that community and gain competence through acquisition of knowledge and skill from those positioned as masters (Lave and Wenger, 1991). This viewpoint is in line with the apprenticeship and work-based models of learning, that have been developed as a social learning framework incorporating four main components i.e., community, identity, meaning and practice (Wenger, 1998).

Undergraduate nurse education in Europe is harmonized through the requirements set out within the EU Directive 2005/36 and the Council Directive 2006/100. This includes established participation in theoretical and practical hours to help learners reach the required standards. The clinical practice component comprises at least 50% of the total degree and generally takes

place within a licensed health and social care settings under the form of mentored practice placement. This experience is based upon an established tripartite collaboration involving the learner, the nurse educator and the clinical mentor as the main stakeholders. Such framework can be viewed as a formal Community of Practice (CoP) as it comprises the three dimensions required to form a CoP i.e., mutual engagement, joint enterprise and shared repertoire (Wenger, 1998).

This study explored the experiences of undergraduate nursing students in enhancing the clinical placement experience as a formal Community of Practice.

Development of the Community of Practice Concept

The concept of CoP has been introduced in the early 1990s, with most of the papers on the subject published a decade later 2007 (Ranmuthugala et al., 2011). In 1991, Laver and Wenger introduced CoP in their situated learning theory putting emphasis on the development of novice and expert relationships (Wenger, McDermott and Snyder, 2002). The same authors further developed the concept in 1998 whereby they focused on the interaction between people and the participation of members who actively engage in sharing and creating knowledge (Wenger, McDermott and Snyder, 2002). At such stage, a CoP was considered a joined enterprise, with members' mutual engagement, and a shared repository of resources. In 2002, Wenger and his colleagues (Wenger, McDermott and Snyder, 2002) redefined a CoP as an informal tool to bring a group of people who work parallel together to share knowledge and to innovate practice. These people have a shared interest and pursue innovative ways to improve practice, and share resources (Ranmuthugala et al., 2011). An important issue to be noted is that a CoP is considered different from a network, because members of a CoP share a mutual interest in something, in contrast to the informal relationships in networks which are often related to a broad area of practice (Andrew et al., 2009).

Features of a Community of Practice

A community of practice is usually characterised by the existence of a mutual engagement in social practices from which a shared repertoire of practices, understandings, routines, actions and artefacts emerge. There are three main essential characteristics required to create a community of practice that are defines as *the domain*, *the community* and *the practice*.

The Domain:

A community of practice has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain and a shared competence that distinguishes members from other people.

The Community:

In pursuing their interest in their domain, the members engage in various activities and discussions aimed to assist each other and share relevant information. The members build mutual relationships that enable them to learn from each other.

The Practice:

Members of a COP develop a shared repertoire of resources that often range from experiences, stories, tools that are shared in ways to address recurring problems encountered in practice. Communities of practice are also known as learning networks or thematic groups.

As argued by Wenger (2000), it is by developing these three elements in parallel that one cultivates such a community.

Community of Practice in Nurse Education

Andrew, Tolson and Ferguson (2008) discuss functions of Communities of Practice in nurse education by emphasising that for learning to be of lasting value, the process must build on the strengths of both academics and practitioners. In nursing, the complexity surrounding the relative positions of theory and practice means that collaborative working is not yet fully embedded into the profession. As a way forward, educators and nurse practitioners could use this approach to develop collaborative professional networking and to achieve greater theory/practice alignment (Andrew and Wilkie, 2007).

Nursing students become part of a CoP as they learn about and become enculturated in their discipline. Through their academic coursework and clinical practice components within the course structure, they experience mutual engagement, joint enterprise, and a shared repertoire that marks a community of practice. They are also exposed to the interprofessional experience with a multidisciplinary community established between their academic institutions and the clinical settings including lecturers and other professional practitioners. As a result of this interaction and activity, students develop an interprofessional identity as they also become active members of this interprofessional community. Through becoming active members within this community, they enhance their learning and form their professional identity (DeMatteo and Reeves, 2012).

In their work, Lauder *et al.* (2004) proposed that for student nurses to learn to become fully fledged nursing professionals, they needed to be in authentic practice placements working with patients, communities and other professionals. When the learner arrives in the authentic context (clinical practice placement), it is often likely that the situation for them is unfamiliar. Lave and Wenger (1991) developed the concepts of sponsorship and legitimate peripheral participation within Communities of Practice to explain the process that occurs when the learner arrives in the workplace and begins to acquire professional competence. Support and guidance are usually provided by experienced members of the community as the learner becomes involved in everyday activities and this is enhanced by the involvement of the educators that act as experienced member of the Community of Practice to continually support the student. As the learner becomes more settled and familiar with the activities they undertake, the community members engage them further into practice and subsequently, their responsibilities increase and develop along with their expertise.

METHOD

This research adopted a descriptive qualitative approach to facilitate the collection and analysis of insights on the phenomenon under investigation. The study involved a total of 12 student nurses enrolled on the undergraduate general nursing degree program at the Malta College of Arts, Science and Technology. Inclusion criteria specified participants who were currently student nurses in their final year of training, proficient in English, and have participated in a clinical practice placement within the previous six months. A non-probability purposive sampling was adopted.

Data Collection

Data was collected through a series of individual semi structured face to face interviews lasting between 20 to 30 minutes. Ethical approval to carry out the study was secured from the Malta College of Arts Science and Technology ethics committee. Prior to the interviews a written consent was obtained, emphasizing voluntary participation and ensuring participant anonymity.

Data Analysis

The data analysis in this study utilized Braun and Clarke's (2006) thematic analysis method. Thematic analysis was selected for its efficacy in identifying significant patterns within the dataset, aligning with the objectives of this descriptive qualitative inquiry. Initial coding was performed through multiple readings of the transcripts, and themes were derived iteratively, integrating initial codes with the data. In adhering to Lincoln and Guba guidelines for rigor, this study employed strategies to establish credibility, confirmability, and dependability Guba (1981). Credibility and confirmability were upheld through the use of a validated semi-structured interview guide. Dependability was maintained during the interviews by having the researcher summarize the key points articulated, enabling clarification of any potential misinterpretations.

RESULTS

From the analysis, the following five themes emerged:

- Bridging the Theory-Practice Gap
- Feeling Welcomed and Wanted
- Belongness and Support
- Chance of Being Selected
- Need for Further Collaboration

Bridging the Theory-Practice Gap

During their clinical placements, the students spend ten weeks in a clinical ward setting with an assigned mentor. The mentor is a qualified registered general nurse with years of practical experience and is obliged to follow a mentorship program in order to understand and assist the student in his/her professional development.

As the pressure of work on the clinical areas increases, either due to lack of human resources or increase in demand for service, it is often noted by the students that at times there is a bit of difference as to how a skill is taught during the theoretical phase of study and how it is actually performed. It is often a situation whereby due to them being students they come into a dilemma whether to discuss this difference in practice with the qualified staff to clarify the discrepancy or stay beside and not interfere.

"It is not the first time that we see something not how we learned it at school... I tell them depending on the situation and the persons present. If I know the nurse and have some confidence, I tell them and if not, sometimes I go to discuss what I saw with the mentor" (Participant 10).

"Last time I was in the ward and I saw them drawing blood but not exactly taking all protection precautions... When I discussed this with the mentor, he told me I was

right and better do the procedure the way I was told in class. ... I noted that the following they all the staff started using gloves all the time... maybe he told them something so I felt good ...” (Participant 5)

The fact that the students could contribute to a change in practice really made them feel appreciated and important. This is interesting as without knowing they are contributing the bridging the Theory Practice Gap which at times gets lost in everyday practice due to potential pressures and/or other elements affecting the everyday routines.

“I think that when we have a conversation with our mentor sometimes, they have to check out some things we told them because I notice they tell us ‘I will check exactly and come back with the proper answer tomorrow’. This is how we therefore contribute to their increasing knowledge and keep them up to date with latest ideas and theories or practice. (Participant 2)

Feeling Welcomed and Wanted

Many of the participants in the focus group expressed satisfaction to how the sense of familiarity associated with being an eventual member of the nursing practice community meant that the qualified nursing staff often valued, recognised and welcomed them on the ward. Some even described how the sense of being wanted by the senior nursing staff helped them in the learning of theory and was beneficial in assisting their professional growth:

“One of the biggest advantages of being in a mentored placement is when you get there for a placement in the morning and they are actually excited to see you rather than: “Oh...the students are here again...” (Participant 8).

Various participants expressed that in the last year there was never a moment where they didn't feel wanted and the hospital staff treated them differently from the time when they have been doing a placement for another course prior to their commencement of the nursing programme.

“They really liked me... every time I go for a shift, the staff would say...I want you to be my student and they really enjoyed working with me ... this is totally different from the time we used to go for our health studies placement.....some of them used to totally ignore us” (Participant 3).

Another participant happily expressed how she was overwhelmed by an occurrence during her placement at the emergency department. In her words *“I was amazed when during the handover, the in-charge asked one of the unit nurses if she wanted to have a student for the shift. The nurse turned around and saw it was me.... she told her: ‘Of course, it’s my pleasure to have her I really love it when I have students who are interested all the time and alert’ (Participant 9).*

Belongness and Support

It could be noted that the interviewed participants agreed on the fact that being part of the nursing community and returning to the same hospital for practical placements helped them in developing a positive relationship with staff that often lead to a sense of belonging.

"I would like to say how much I enjoy being part of the community of practice. It is always an amazing experience and being able to go for most of my placements at the same hospital gave me a real good sense of belonging. In my opinion the staff are usually very helpful and try to treat us with respect" (Participant 12).

"In my last placement which was the third of the nursing course I really felt like this time they were more accepting and like I was more part of their team.... That sense of belonging sort of came from us having regular placements over there with the same staff. I felt really calm and looked forward to every day on the placement" (Participant 5).

The participants described how they felt accepted as a part of the team and received support from both nursing staff and other healthcare providers:

"The support as well... not just from you as our lecturers but also from everyone, the whole Team ... the nurses, the doctors as well at times" (Participant 9).

"Once I met one of the anaesthetists in the corridor and he said 'I know your face but cannot exactly remember'. Then I told him that we had a CPR in my ward some months ago and he was there. This is the nice of feeling part of the community and when you do the placements in the same hospital people are more receptive and happier to have a chat with us" (Participant 3).

Chance of Being Selected

Many of the participants perceived that being accepted as part of the community of practice can increase the likelihood of getting a place in their desired ward or unit after they finish their degree, graduate and become registered nurses. They described how 'being known' and 'knowing others' especially nurses in senior positions can put them well for future employment opportunities according to their preferred clinical speciality.

*"I really enjoyed being part of the team at *** ward and it gave me the opportunity to understand better that this is where I would like to work after I graduate.... The nursing officer already told me that I am good to work in this environment and so I am more looking forward for the day I graduate and maybe get a job on *** ward". (Participant 1)*

"One of the staff said to me 'you need to come and work here. You're great, you've shown initiative you are one of us' I really appreciate this". (Participant A)

Need for Further Collaboration

Participants highlighted the need for enhanced collaboration between educators and nurse practitioners in order to smoothen the process of their placement and enhance cooperation in their educational journey. This is to be taken as a positive and critical evaluation of the interaction of the two most dominant stakeholders in the Community of Nursing Practice.

"My mentor was new and he did not know all details of the course structure as he used to mentor students from the other university... I had to explain our paperwork and how the course works during the three years. When I finished, he said that this

is very similar to previous nursing courses which have now been changed in the structure.... He said that this is really good, and he want to know more about it". (Participant 6)

"I think that because our course is new and different it would be good that you as lecturers organise a day seminar or invite them to visit our campus to see the practice rooms and have more information on the course....." (Participant11)

DISCUSSION

In general, the findings of this study show that the participants had a good understanding of the concept of community of practice within their field when it comes to practice placements as part of their training program. It could also be deducted that the participants clearly feel that they belong to a larger professional community which spreads outside their educational environment within the college. Various studies have identified the sense of belongingness as a fundamental element in fostering effective clinical learning (Gerrard and Billington, 2014) and enhancing professional identity (Walker et al., 2014). This could be viewed as a positive factor whereby it could assist them in forward planning in their future career pathway and also serves as a platform for understanding better their role in the coming years.

The fact that some mentioned how at times they openly discuss issues whereby in their opinion could be done differently without feeling discouraged or threatened to speak, shows a sign of maturity and integration with the further community. By raising such questions and often eliciting opportunity for re-thinking elements of practice, is important in the CoP dynamics as this confirms that the students are active participants. Through their interventions they are indirectly contributing to adding knowledge and information to the community and thus shows that students do not only receive but can actively contribute to the community of practice. The participant's observations are clearly in line with what has been suggested by Andrew and Wilkie (2007) whereby there is a need for educators and nurse practitioners to develop collaborative professional networking and to achieve greater theory/practice alignment.

Further contribution from the students to the CoP is evident when they open up on the fact that some mentors require further information regards the specific nursing course, as it is still fairly new and somehow differs from the other nursing course currently offered on the Island. The participants themselves gave some ideas on how to possibly tackle this lack of information between the practitioners and the educators and their suggestions need be evaluated and exploited further for the benefit of the learners as well as the educational organisation.

The participants in this study were able to enter clinical placements confident in the knowledge that they were expected and felt welcomed and accepted. They were also familiar with the setting, people, policies and procedures. The importance of this finding need be highlighted as typically students spend the first few weeks of their practical placement 'trying to find their feet', developing peer relationships and negotiating learning opportunities. The importance of knowing the routines and 'fitting in' has been identified in previous studies and it can be argued that the findings from this study indicate that the adopted clinical placement model is helping to facilitate the learning and professional socialisation of students within the nursing community of practice.

The findings show that the practical placement also supported social discourse which is integral to transformative learning (Parker and Myrick, 2010). It is evident that the relationships built between the learners and the qualified nursing staff (mostly the mentors) who supported throughout the experience were fundamental to their feeling of belongingness and enhanced their learning. As some participants indicated that their mentors *wanted* to work with them rather than viewing their presence on the ward as a burden as is encouraging a healthy community of practice relationship. Additionally, in the study some participants emphasized that they felt a sense of belonging as they became familiar with staff from other professions and disciplines.

From the interview it transpires that the learners were future oriented when considering their career long term opportunities within the community of practice. They were able to discuss how the placement experience assists them in considering a future in specific wards or clinical specialities. This shows that their focus was not only on getting through clinical practice placement but also consideration of the overall journey of professional development and where future aspirations might then take them.

CONCLUSIONS

In conclusion, it can be summarised that the participation of the undergraduate students in practice placements makes them an integral part of the Nursing Community of Practice. Besides gaining knowledge from the experiences of educators and practitioners they also actively contribute to the community and thus makes them active participants.

Educators and practitioners need keep in mind that the students should be taking an active role in their learning process however they are also there to learn thus collaboration between the stakeholders involved is highly encouraged. As the participants themselves suggested there is still lack of knowledge on the nursing program as it is relatively new and thus educators need find ways how to attract practitioners to eventually promote the program at their place of work. The placement gives the opportunity to the learners to develop their theoretical and practical skills and is a good way to bring closer together education, training, industry, and employment. This approach is very important and thus the CoP model adopted within the clinical placement is highly relevant.

The Community of Practice enhances the student's ability to utilize interpersonal skills (often referred to as soft skills, include communication, listening, team problem solving, cross-cultural relations and customer service) that are highly essential in today's workplace.

References

- Andrew, N., Ferguson, D., Wilkie, G., Corcoran, T. and Simpson, L. (2009). Developing professional identity in nursing academics: The role of communities of practice. *Nurse Education Today*, 29(6), pp.607-611.
- Andrew, N., Tolson, D. and Ferguson, D. (2008). Building on Wenger: Communities of practice in nursing. *Nurse Education Today*, 28(2), pp.246-252.
- Andrew, N. and Wilkie, G. (2007). Integrated scholarship in nursing: an individual responsibility or collective undertaking. *Nurse Education Today* 27, pp. 1-4.
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research*

213 in *Psychology*, 3(2), pp.77–101.

DeMatteo, D. and Reeves, S. (2012). Introducing first year students to interprofessionalism: Exploring professional identity in the “enterprise culture”: A Foucauldian analysis. *Journal of Interprofessional Care*, 27(1), pp.27-33.

Fox, S. (2000). Communities of Practice, Foucault and Actor-Network Theory. *Journal of Management Studies*. 37 (6), pp.853-867.

Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal*, 29 (2), pp.75–91

Gerrard, S. and Billington, J. (2014). The perceived benefits of belonging to an extra curricular group within a pre-registration nursing course. *Nurse Education in Practice*, 14(3), pp.253-258.

Lauder, W., Sharkey, S. and Booth, S. (2004). A case study of transfer of learning in a family health nursing course for students in remote and rural areas. *Nurse Education in Practice*, 4(1), pp.39-44.

Lave, J. and Wenger, E. (1991). *Situated learning: legitimate peripheral participation*. Cambridge: Cambridge University Press.

Parker, B. and Myrick, F. (2010). *Transformative learning as Context for Human Patients Simulation*. *Journal of Nursing Education* 49, pp.326-332.

Ranmuthugala, G., Plumb, J., Cunningham, F. C., Georgiou, A., Westbrook, J. and Braithwaite, J. (2011). How and why are communities of practice established in the healthcare sector? A systematic review of the literature. *BMC Health Services Research*, 11, pp.1472-6963.

Walker, S., Dwyer, T., Broadbent, M., Moxham, L., Sander, T. and Edwards, K. (2014). Constructing a nursing identity within the clinical environment: The student nurse experience. *Contemporary Nurse*, 49(1), pp.103-112.

Wenger, E. (1998). *Communities of practice*. Cambridge: Cambridge Univ. Press.

Wenger, E. (2000). Communities of Practice and Social Learning Systems. *Organization*, 7(2), pp.225-246.

Wenger, E., McDermott, R. and Snyder, W. (2002). *Cultivating Communities of Practice: A Guide to Managing Knowledge*, New York, Harvard Business School Press.