Clinical education

Student perceptions of knowledge development and consolidation in a clinical community of practice

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Abstract

The undergraduate nursing degree in the UK comprises both theoretical and practical elements with the practical component being a large and important aspect. Within the clinical environment students learn to become a nurse by gaining membership of a community of practice and learning the technicalities of nursing.As the future of health and social care looks set to see unprecedented changes, contemporary nursing practice will demand that nurse graduates are equipped with advanced knowledge and skills. By doing so, graduate nurses will go on to provide high quality care within this changing context.The aim of the research was to explore student nurse perceptions of knowledge development and consolidation in a clinical practice environment by utilising a community of practice theoretical framework to question whether the clinical community of practice prepares student nurses for contemporary nursing practice.Four themes emerged from the research: establishing a place in the community, shaping identity, initiating learning opportunities, preparation for future practice. The findings suggest that the clinical community of practice provides an opportunity for students to both learn the technicalities of nursing and develop their professional identity. However, whilst the learning environment may be functional in maintaining current practice, it may not facilitate the learning required for contemporary nursing practice.

Keywords: Communities of practice; Contemporary nursing practice; Undergraduate nursing

1 Introduction

The future of health and social care looks set to see unprecedented changes which health care professionals must respond to, including advances in science and technology, complex health issues, and the need for an

improvement in health promotion and public health services (NHS England, 2014). Drivers for change include a growing and ageing population and the increasing challenges of those patients with long-term conditions (HEE, 2014). The context of care also looks set to change with the focus of care moving from hospitals to primary care and the community. This poses challenges for nurse educators internationally to ensure the preparation of competent practitioners who are capable of practising from a health promotion, community focused perspective in ever changing environments (Bouchaud and Gurenlian, 2013).

Globally, nurse education programmes comprise both theoretical and clinical elements of varying degrees, and as practice education "has a powerful influence on the formation of professional identity and the future career choices of newly qualified nurses …" (Council of Deans of Health, 2016, p.15), this can impact on the expectations nurses carry into practice.

The current shortfall in the nursing workforce is a worldwide concern and an issue that looks set to continue for many years (Triggle, 2016). This in turn creates extra pressure on the clinical environment and will ultimately impact on the student nurse. Whilst graduate nurses will have no difficulty in securing their first nursing post (Scammell, 2016) the concern for nurse educators is whether student nurses will be afforded the opportunities for practice learning that will enable them to meet the requirements of contemporary nursing practice with the increased complexity and demands.

This paper enhances the current discourse surrounding nurse education and presents the findings from a small scale qualitative descriptive study. The aim of the study was to provide a theoretical framework based on the work of Lave and Wenger (1991) through which to examine student nurse perceptions of knowledge development and consolidation in the clinical practice environment. The main purpose of the research was to question whether the current clinical practice environment suitably prepares students for contemporary nursing practice. The study is particularly relevant against the backdrop of the revised Nursing and Midwifery Council (NMC) Standards, which reveal significant changes to student supervision and assessment in the clinical environment.

The seminal work of Lave and Wenger (1991) moved the emphasis of learning away from theoretical knowledge acquisition towards the relationship between learning and the social situations in which that learning occurs. Their work proposed the notion of situational learning, whereby learning takes place in an authentic environment through a process of legitimate peripheral participation. This involves learners engaging with the practices of the environment, whilst the development of knowledge and skills allows their movement from the periphery of the community towards full participation in the community. The learning environment is termed a community of practice and within this community individuals develop a sense of membership and identity with a particular group. In a community of practice, there are three interrelated dimensions: 1) Mutual engagement of the community members and the establishing of relationships, 2) Joint enterprise, which the learners need to understand in order to contribute to the community, 3) Shared repertoire, including commonalities in language, routines, artefacts, and stories. The community of practice plays a part in the development of professional identity. Cope et al., (2000, p.854) suggests that "becoming a nurse is about joining a community of practice represented by qualified nurses as much as it is about learning the

technicalities of nursing". In this study, the clinical practice environment is a representation of a community of practice.

The concept of community of practice has both developed and evolved over time, however Morley (2016, p.162) suggests it as "a recognisable learning structure that is applicable to clinical learning where the development of current and future professional development of students is paramount". The framework is therefore utilised in this study to validate and verify the usefulness of the work of Lave and Wenger when examining current and future practice environments.

2 Background

In May 2018 the Nursing and Midwifery Council (NMC) launched ambitious new standards for nurse education that recognise the changing context and complexity of future health care and demands that registered nurses have "the ability to think critically, apply knowledge and provide expert direct nursing care" (NMC, 2018a., p.3). The revised standards also highlight the changing role of the nurse and the need for educators to prepare individuals who are clinically autonomous and have the confidence and ability to lead and coordinate nursing care.

All nurse education programmes in the UK must be aligned to the new standards by September 2020; the revised standards represent a huge step forward for both nurse education and the profession of nursing, with the intention being that the standards will be fit for purpose until 2030. The revised standards include a set of proficiencies to be achieved by nurses in all fields of practice at the point of professional registration, and clear guidance detailing what Approved Education Institutions (AEIs) must provide when delivering nursing programmes. The NMC (2018b) expect education providers and their practice partners to develop innovative ways of teaching, learning and assessment in theory, simulation and practice environments.

The NMC programme standards (NMC, 2018b) continue to propose that nurse education in the UK shall consist of at least 4600 h and they advocate for simulation-based learning opportunities to be used effectively and proportionally to support learning and assessment. However, they explicitly state that at least half of the prescribed 4600 h be dedicated to clinical training "in which trainee nurses must learn as part of a team and in direct contact with a healthy or sick individual" (NMC, 2018b, p.14). Therefore, the clinical practice environment remains an undisputedly important aspect of nurse education.

Notwithstanding the powerful influence of the clinical practice environment, the current ethos of the environment and the effect on learning must not be underestimated and needs full consideration as educators develop future nursing programmes. Newton et al. (2015) suggest that in an ideal world, workplaces should encourage and motivate learning that leads to both personal and professional growth, whilst previous research highlights the fact that the complexity of practice and its unrelenting pressures, impacts on the time available for healthcare practitioners to support learners (Courtney-Pratt et al., 2012). These issues are not unique to the UK, as a shortage of clinical placements continues alongside concerns regarding the readiness of nurse graduates for the workplace, and from an international perspective "academics have been forced to rethink models of best practice to support student learning and preparation for professional clinical placements" (Parker and Grech, 2018, p.4).

To address some of the concerns regarding the lack of learning opportunities for students and to ensure the safe delivery of care, nurse education providers have increasingly adopted simulated learning into undergraduate nursing programmes (Nevin et al., 2014). Simulated learning environments offer both a greater breadth of experience and opportunities for practice and refinement of skills (Cant and Cooper, 2017; Jumah and Ruland, 2015). Simulated learning also offers the opportunity for situational learning in an environment functionally identical to that where knowledge will be applied (Li et al., 2009).

Therefore, nurse education brings together theoretical university-based preparation that allows students to understand situations and both seek out and use evidence based practice (Henderson et al., 2012), and simulated learning to allow a greater breadth and depth of experience and consolidate learning prior to the clinical placement experience. However, in the health professions the clinical placement is essential to both consolidate the theoretical teaching within the programme, and to learn about practice in the real world (Egan and Jaye, 2009). Despite the importance of real world practice, far too little attention has been paid to the practice environment as a community of practice and the influence of the environment on both the personal and professional development of future nurses.

Previous studies have utilised community of practice theory to explore how first year undergraduate nursing students learn in practice (Grealish and Ranse, 2009) and to investigate the participation of final year nursing students in a practice setting (Thrysoe et al., 2010).

However, there has been a growing interest in the second year student experience in the UK (Thompson et al., 2013), Australia (Tower et al., 2015), and the USA (Sanchez-Leguelinel, 2008) with studies demonstrating that second year students often struggle to develop their identity and professional attributes in both their studies and professional practice.

3 Research design

3.1 Methodology

The study employed a qualitative descriptive design. The design was chosen as it is most appropriate when the researcher seeks to discover and understand either a phenomenon or process, or the perspectives of the people involved (Caelli et al., 2003). The use of this approach offers an effective way of gathering information directly from those who are experiencing the phenomenon in question (Bradshaw et al., 2017).

3.2 Context

The research study took place in one UK University during the period February to April 2017, at a time when the Nursing and Midwifery Council were developing new standards for nurse education to ensure a future nursing workforce with the skills and knowledge to meet the demands of a complex and changing health care environment (NMC, 2017).

3.3 Sampling

A purposive approach was used to recruit participants, there were seven female participants (n=7) and one male participant (n=1), the sample population being approximately reflective of the ratio of female to male nursing students, with figures to suggest that female students outnumber males by nine to one (Press Association, 2016). The sample consisted of student nurses from three fields of nursing practice (adult, child, and mental health).

3.4 Data collection

Data was collected using individual semi-structured interviews lasting approximately 45 min. The data collection took place following completion of a practice placement in the second year of a three-year undergraduate nursing degree programme.

3.5 Data analysis

The interviews were digitally recorded and transcribed verbatim, and data was analysed using thematic analysis involving "searching across a data set to find repeated patterns of meaning" (Braun and Clarke, 2006, p.86). Data was coded using a deductive approach in relation to both the theoretical underpinnings of the study and the research question (Braun and Clarke, 2006). Data analysis began by generating initial codes and searching for themes across the data. Codes and themes were identified with consideration given to the main tenets of the communities of practice framework: shared repertoire, mutual engagement, and joint enterprise which were used as an initial coding framework. Data analysis remained true to the research design of qualitative descriptive research by describing the phenomenon of practice learning as experienced by the students.

3.6 Ethical considerations

The university ethics committee granted ethical approval (FOHS 148). Consideration was given to both BERA Guidelines for Educational Research (2011) and the local university guidelines for undertaking research with students. Written informed consent was obtained from all participants prior to data collection. To ensure anonymity, the participants selected a pseudonym, which is used in the reporting of the data.

4 Findings and discussion

Qualitative data analysis led to the development of four themes: establishing a place in the community, shaping identity, initiating learning opportunities, preparation for future practice. Data presentation includes quotations from various (anonymised) participants to add transparency and trustworthiness to the research (Cote and Turgeon, 2005).

4.1 Establishing a place in the community

This theme highlights the importance of establishing a place in the community of practice, a process that begins before the student's first day in placement. Whilst the students all contacted the clinical areas to introduce themselves, some of them preferred to visit the placement, for Gillian, this was important to validate the expectations of the community:

> "I always make contact beforehand and I always ask them what I will be expected to do, and I like to do a pre-placement visit because then I've got some idea of the routine or generally what goes on during the day".

Whilst for Harriet, it was the unsaid rules of the community that were important:

> "It's those daft things like where to put your lunch and your bag, when you work in a place, it's not even an issue but when you are a student and you go somewhere and don't know those little things, they are big things for me".

Student comments highlight the importance of the shared repertoire of the community, the explicit routines and the implicit and untold rules that assist in gaining membership into the community of practice.

Before the students arrive at the placement, their sense of belonging and establishing a place in the community is at the forefront of their mind with the need to know the ways of working so they can engage in them at the earliest opportunity. Ben, Fiona and Dawn prepared for their learning by reading about certain conditions relevant to the clinical area or speaking to other students who had previously attended the placement.

It appears that once the students are on placement, they are keen to have a purpose in the ward team and try to gain membership at an early stage. Within those first few days on the placement, Harriet and Dawn highlighted the importance of understanding their role as a student nurse, what is expected of them and what they expect to learn, Gillian also illustrates this:

> "There is always a routine and you just fit in with it by observing and then when you know the routine, you participate more in it".

This observation is an example of legitimate peripheral participation whereby learners observe the practices in the community and with the development of knowledge and skills, they start to participate and gain acceptance into the community. Again, this sense of routine and familiarity to the students is important and helps to shape their role in the community.

The day-to-day practices of the placement soon become second nature to the students, they quickly recognise what is required of them and this helps them gain a place in the community. This is supported by Wenger (1998, p.156) who suggests that "new-comers are no fools, once they have actual access to the practice, they soon find out what counts". This implicit learning is at the very heart of the community of practice and once the students recognise what is important, their placement experience is enhanced, as Adelle notes:

> "I like that sense of belonging, coming in within a week or two and you get used to the routine, I feel part of the team because I know what I am doing, where I am meant to be, having a purpose and knowing the staff team".

This authenticates the influence of situational learning and how acceptance into what is important to the community members plays a large part in the learning experience. This is synonymous with previous research exploring workplace-learning culture which suggests that in order to learn about practice, students need to find

a way of negotiating the system and fitting in to the practice environment (Newton et al., 2015: Henderson et al., 2012).

4.2 Shaping identity

This theme encapsulates that whilst all participants have varying degrees of care experience, all recognise the need to move away from that familiar identity and towards the new identity of a registered nurse. Student nurses need to remain in close proximity to the more experienced professional to enable them to join together the aspects of the nurses' role and understand the realities of professional practice (Morley, 2016). Wenger (1998) supports the notion that more experienced colleagues within the community typify the history and ethos of the placement and can have a significant impact on the professional socialisation and identity of the newcomer. However, in reality the more experienced colleagues are often the unregistered health care assistants and they are the ones supporting student nurse training (Hasson et al., 2012). Working with health care assistants will influence both the learning experience and professional development of student nurses (Lloyd-Jones et al., 2001) which the students recognise, and they acknowledge there are aspects of their role that they need to learn from a trained member of staff, as Dawn comments:

> I have loved working with the health care staff, I think you learn an awful lot from
> them and I appreciate them but I think you need to work with your mentor as well
> because obviously there are things that they can do that the health care assistants
> can't do".

The students are starting to develop their professional identity as a nurse and they recognise their role as a registered nurse is essentially different from that of a health care assistant, as Carol suggests:

> "It's understanding why you are doing something, as a health care assistant, you
> can take someone's blood pressure but its then interpreting what it means and then
> understanding what you are actually seeing in front of you and how to act on it".

Whilst for Adelle, there was a feeling that being directed to work with the health care assistants was part of an initiation into the placement, which she tolerated for so long and then took action in order to achieve her learning outcomes:

> "I worked with the health care assistants for 3 solid weeks but then my focus was
> to work with trained staff, I took the responsibility on myself. I was given the
> rationale that I needed to find my feet and settle in and get used to the ward, so I
> just did it, I have done exactly as I was asked so now it was my time to move on
> with what I needed to learn".

This initiation into the community highlights how novices need to negotiate their position and gain acceptance, and their participation in the community allows the development of skills and knowledge that in turn facilitates their movement from the periphery to a more central position in the community. Here, the realities of practice also highlight the difficulties in developing a professional identity when the students are not supported by registered nurses.

All the participants recognised a distinction between the roles of registered nurse and health care assistant; however, it was not always easy for them to define what the role of the registered nurse was and what the student could learn from the registered nurse. For Gillian, it was implicit learning:

> "How to deal with patients and relatives but from experience rather than being taught anything, so sometimes they are not telling you something, but you are picking it up from them".

For others it was the experience and knowledge of the registered nurses which they valued, but also specifics of nursing which they could not learn from a health care assistant, Carol shared:

> "I respect their experience and knowledge, even junior nurses seem to have a vast amount of knowledge and I think that because they have recently been through what we are doing, even little hints and tips that the health care assistants couldn't give you".

Most of the students talked about both implicit learning, in which they would watch and follow their mentors, and explicit learning, particularly around clinical conditions. However, the learning came back to the routines of the actual placement and for most of the students, this was an acute ward with its own routines, language and ways of working; the shared repertoire, Gillian said:

> "I learn from handover and would then know for future reference how to do that task, it's about knowing about your medication rounds, assisting if you have someone who needs observations doing more frequently, knowing your team, knowing what needs to be done, I think you would eventually get your routine".

Consequently the learning the students experience is often very specific to, and dictated by, the routines of the clinical area.

4.3 Initiating learning opportunities

Student learning in clinical practice tends to be competency driven and centred on a Practice Assessment Record (PAR) which outlines four domains: `professional values`, `communication and interpersonal skills`, `nursing practice and decision-making` and `leadership, management and team working`. Whilst the PAR guides learning in practice, all of the students suggest that the onus is on them for learning, but at the same time is dependent on the mentor and other staff; Elaine suggested that it would be easy not to learn:

> "It would be easy to slip through the net, bumble or plod your way through placement and not learn a great deal and not fully understand what you are doing and why because people just get on with the job and unless you ask a lot of questions, you don't find out".

Throughout the fields of nursing practice, all of the students agreed that they initiate the majority of their learning experiences and ask questions in order to gain knowledge. However, this seemed a natural thing for them and part of their expectation as a student. For Dawn, it was that realisation of the future:

> "I think you need to ask questions, we are half way through the course, and you start to think, I need to be getting on with all this because in 18 months, I am going to be out there working".

This ability to ask questions is underpinned by their position and need to belong to the community of practice. Harriet described how her confidence increased over time in the community:

> "Once you have been there for two or three weeks, everyone knows you and you don't mind asking a question, you get more accepted".

Whilst Adelle participated in the ward work for the first few weeks to gain a position in the community, this then made negotiating her learning easier:

> "For the first few weeks, I just got on with it, I felt like I gained the respect of the health care assistants and then I was able to explain to them this is what I need to do now, though I was preparing myself, I was preparing them too".

An important aspect of contemporary nursing practice is how a lack of belonging means students are unable to engage in critical enquiry (Levett-Jones and Lathlean, 2009). These excerpts highlight how the students' position in the community influences learning opportunities: over time they gain acceptance into the community by building relationships and participating in the work of the community, thus allowing them to seek out learning opportunities. A sense of belonging comes to the forefront and the importance of that belonging in developing knowledge, skills, and a questioning approach to practice. Undoubtedly, the learning environment plays a large part in learning, but Ben raised an interesting point that each learner is very distinct, commenting:

> "Student nurses are very different in terms of personality so it is possible that myself and someone else would go to the same placement with the same mentor and we could have a vast difference of opinions, I could be saying I learnt a lot and the other person saying I didn't learn anything from that placement".

In this instance, it seems that some of the students have quite distinct personalities, and experiences which by their own admission, influences their position and learning in the community. Elaine spoke further about this:

> "I am always happy, I don't get nervous going on to placement like some students, I'm quite happy to go in, introduce myself, start chatting and fit in".

Whilst Gillian spoke of the feedback given by mentors which suggested an ability to initiate learning activities and ask questions:

> "I always initiate my learning, it's usually me arranging everything right from the start, as time goes on, I realise it really is more my responsibility to arrange those opportunities but I have always asked, I need to learn this, how can we fit it in".

Whilst these students acknowledge that they often navigate their own learning journey, contemporary nursing practice will require nurses to possess a range of advanced clinical, decision making, and research skills, a

concern is whether the learning the students are initiating is commensurate to prepare them for future practice. In a previous study exploring nursing students' experiences of community placements, participants highlighted the need to master a range of practical skills and be competent in practice but they did not recognise assessment, management, or leadership as key skills which they required (Baglin and Rugg, 2010).

4.4 Preparation for future nursing practice

This theme again reflects learning opportunities, but at the same time the importance of preparing students for future practice. When questioned about the role of the registered nurse the students talk of initiating learning and there is often this notion of a task driven role and the need to complete a routine of work which may detract from the students' learning. Harriet spoke of how she would seek out trained staff to practice medication rounds:

> "I would work predominantly with the health care assistants, but I would seek out the trained staff because I wanted to practice the medicine rounds and the health care assistants don't do medicines".

Often the students would return to carry out other tasks, leaving the nurse to continue with their work. Undoubtedly, student nurses value practical experience, now in their second year, they are beginning to consolidate theoretical knowledge this was particularly the case for Adelle, who had a very supportive placement:

> "they explained everything, pathophysiology, treatments, it all clicked together, when we did the respiratory exam, how everything worked, well when I went to the ward, it explained it even more, the respiratory nurse, the palliative nurse, I also learnt a lot of medical jargon".

This highlights the shared repertoire of a community of practice, with the use of language and terminology specific to the practice of nursing.

Although the students still have another 18 months of their training to complete, on reflection, they feel there has been some progress in their learning. For Harriet it was around the shared repertoire of the community and the tacit knowledge:

> "I didn't even know what a sluice was, when I look back and think I didn't even know that and now I know a lot more terminology and what to do, there are things that you learn without knowing you are learning".

Whereas for Dawn, there was that realisation of the future and looking ahead to qualifying:

> "There is so much to learn, and things are starting to slot into place, my understanding, I know a lot of people say 2nd year is tough but I have enjoyed it and my last placement made me realise where I want to go when I qualify".

This is an important aspect of learning in a community of practice: the sense of belonging to the community and of envisioning becoming a permanent member of the community. Indeed, the practice experience may

result in the realisation that the student does not wish to work in a particular environment, that realisation itself being its own type of learning experience. What is interesting here is that Harriet, Adelle and Dawn are all in different fields of nursing practice, thus highlighting the extent of the influence that the community of practice can have on learning, future identity, and career choice, again all important issues for developing a contemporary nursing workforce.

The unique role of the nurse in the health care team, and how that role derives from initial nurse education, was recognised early in this paper; it was also acknowledged that the future nurse will need a different skill set and approach.

From the student interviews, there was little use of the words 'decision-making', 'research', or 'innovation' when discussing the aspects of practice that they felt were part of the registered nurses' role, although Ben recognised that time and support is often lacking for practice staff to keep updated:

> "One thing I have noticed is that the staff don't have access to evidence based practice, they don't have the time to sit down and read journals, in university, there is free access to journals but on placement, they don't ask, they do what they are used to".

This example highlights how the community of practice maintains current practice but may not facilitate learning for contemporary nursing practice. For Carol, her learning trajectory made her recognise the shift required in models of healthcare practice:

> "In the first year, I was very focused on the medical model but this year something has clicked in my head and we are there to maintain and sustain the health of that person, not necessarily cure them".

Although for Ben, a competency framework still prevails, keeping nursing task orientated:

> "The profession is unique but needs to be more creative; mentors are looking for things such as are you nice, and can you give medication".

These final thoughts from the students acknowledge that as learners, they recognise that creativity, evidence-based practice and public health are at the forefront of contemporary nursing practice and this is what nurse education needs to promote to develop a future nursing workforce who are research informed and can meet the requirements of safe, competent practice.

5 Relevance to clinical practice

The purpose of this study was to examine whether the clinical community of practice prepares student nurses for contemporary practice. The findings highlight two areas: that students' undoubtedly value their learning experiences in the clinical environment and their placements allow them to develop both tacit and explicit knowledge, which is required in order to become a nurse. Whilst the student's situational learning allows them to gain membership of the community of practice and participate in current practices, there is no clear evidence from the findings that the learning environment promotes the ability to think critically, apply

knowledge, provide expert direct nursing, as well as developing research and innovation in practice. This is comparable with previous research, which suggests that a community of practice has strong ties which bond the community together, which are then functional in maintaining current practice but not open to innovation (Henderson et al., 2012).

6 Conclusion

This paper has enhanced the current discourse around clinical nurse education against the backdrop of the revised nursing standards. The study provided a theoretical framework based on the work of Lave and Wenger (1991) through which to examine student nurse perceptions of knowledge development and consolidation in the clinical practice environment, and to explore implications for future nursing practice. The findings are interpreted in the context of the study, one UK higher education institution, but may have relevance to other providers of nurse education programmes both nationally and internationally. Limitations of the study include a relatively small sample size; therefore, the research may not be easily mapped to the wider student nurse experience however, the results need due consideration as educators begin to plan and validate curricula based on the revised NMC Standards.

Conflicts of interest

I wish to draw the attention of the Editor to the following facts, which may be considered as a potential conflict of interest:

I am employed as a lecturer at the university where the research was conducted, however none of the participants were directly supervised by me at the time of data collection.

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None/not applicable.

Ethical approval details

Edge Hill University Ethics Committee granted ethical approval for this study (FOHS 148).

Appendix A Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nepr.2019.08.012.

Uncited references[Instruction: TO DC: remove uncited section]

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The corrections made in this section will be reviewed and approved by journal production editor.

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Highlights

- The clinical community of practice is functional in maintaining current practice.
- The community of practice influences learning, future identity and career choice.

- Practice placements may not facilitate the learning required for contemporary nursing.

Appendix A Supplementary data

The following is the Supplementary data to this article:

[Multimedia Component 1](#)

Multimedia component 1

Queries and Answers

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