



## Community of practice in healthcare: An investigation on nursing students' perceived respect



I. Portoghese, M. Galletta\*, C. Sardu, A. Mereu, P. Contu, M. Campagna

Faculty of Medicine, Department of Public Health, Clinical and Molecular Medicine, University of Cagliari, SS 554 Bivio Sestu, 09042 Monserrato, Cagliari, Italy

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### ABSTRACT

In the healthcare setting, Community of Practice (CoP) can be defined as the learning environment where nursing students develop their attitudes toward the nursing profession. Although being part of a CoP is important for nursing students, it can sometimes result in a negative experience where students often perceive a lack of respect. The aim of this study was to expand the knowledge of the CoP in the healthcare setting by analyzing students' perception of respect during clinical placements. Important aspects, such as a professional role concept (role ambiguity and role conflict), tutor support, feedback and relationship with tutors and staff were investigated as predictors of student's perceived respect. A total of 188 Nursing Science Degree undergraduate students were recruited during 2012. Data were analyzed by using regression analysis. The findings supported the importance of role stress, feedback from CoP members, tutor support, and relationship with CoP members on nursing students' perceived respect. The results suggest that when studying nursing students in a CoP, the social context can contribute to affect students' perceived respect.

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### Introduction

Communities of Practices (CoPs) are considered “an organization's versatile and dynamic knowledge resource” (Young and Mitchell, 2003, p. 3). According to Wenger (1998), people join a CoP mostly to acquire a professional identity and a sense of belonging to the work environment (Andrew et al., 2008). In healthcare settings, the promotion and fostering of CoPs are mainly linked to the students' experience in achieving professional competences and clinical skills (Cope et al., 2000; Midgley, 2006; Li et al., 2009; leMay, 2008; Ranmuthugala et al., 2011). Despite CoPs being important in preparing students for their professional roles, some scholars have reported that it may represent a stressful experience (Midgley, 2006; Levett-Jones and Lathlean, 2008). For example, nursing students could experience limited learning opportunities and lack of respect (Bradbury-Jones et al., 2007), that in turn may affect their attitude towards nursing (Percy and Elliot, 2004). Mainly, when nursing students are exposed to a low-level learning environment, characterized by poor interpersonal

relations and lack of recognition, the community of practice may represent the first source of negative working behaviors, which consequently may decrease students' work ability (Percy and Elliot, 2004), and increase stress (Laschinger, 2004). In time of global nursing shortage (Bowden, 2008), understanding which factors are related to the transition shock highlighted by Duchscher (2009) may help nursing manager to reduce the risk of turnover among young nurses by building positive psychosocial environments (Battistelli et al., 2013; Galletta et al., 2011; Hayes et al., 2006).

#### Background

CoPs represent the boundary between education and practice, in which individuals have the opportunity to shape professional practice and improve productivity (Andrew et al., 2008). According to Cope et al. (2000), “becoming a nurse is about joining the Community of Practice represented by qualified nurses as much as it is about learning the technicalities of nursing” (p. 854). In this sense, the clinical practice component of nurse education programs represents an example of a CoP setting (Thrysoe et al., 2010). Specifically, the staff group (nurses, physicians, etc.) represents the CoP that provides the real world context/learning environment (the practice) where nursing

\* Corresponding author. Faculty of Medicine, University of Cagliari, SS 554 Bivio Sestu, Monserrato (CA), 09042, Italy. Tel.: +39 0706754676.

E-mail address: [maura.galletta@gmail.com](mailto:maura.galletta@gmail.com) (M. Galletta).

students acquire and advance in the knowledge and skills of nursing (the domain). Thus, in a community of practice nursing students have opportunities to observe and learn role models, learn nursing skills, practice and receive feedback and support on both learning and performance (Field, 2004). Accordingly, the positive psychosocial environment in the CoP has the potential to facilitate student learning, influence the professional role concept (Cook et al., 2003; Levett-Jones and Lathlean, 2008), encourage professional progression and retention within the nursing education program, decreasing attrition rates (Bowden, 2008) and preferences for future workplaces (Edwards et al., 2004).

Despite the fact that being part of a community is an important experience in preparing students for their nursing role, it needs time, energy and resources, and may occasionally result in a negative experience (Andrew et al., 2008; Midgley, 2006; Levett-Jones and Lathlean, 2008). According to many authors, (Stevens, 2002; McKenna et al., 2003; Randle, 2003; Bradbury-Jones et al., 2007), nursing culture is characterized by bullying and 'horizontal violence'. In fact, Daiski (2004) found that "nurses eat their young" (p. 46) describing the context where Registered Nurses showed lack of respect to nursing students. Specifically, students reported that being respected involves being taken seriously and developing good relationships with members of the CoP (Bradbury-Jones et al., 2007). Laschinger (2004) stated that lack of respect concerns being "ignored, neglected, disregarded, or dismissed lightly or thoughtlessly" (p. 354).

During their clinical practice in hospitals, nursing students reported feeling unwelcome in the ward they were practicing in and not "being part of the team", receiving both poor support and feedback, being fearful of making mistakes and working in a hostile context (Gidman, 2001; Castledine, 2002; Bradbury-Jones et al., 2007). In this sense, the clinical environment can become a negative experience to students and Castledine (2002) showed that there is "much negativity and lack of respect for students when they enter clinical placements" (p. 1222). Furthermore, Chan (2001) suggested that feeling respected as individuals and being considered part of the working team were two of the most important conditions for nursing students' satisfaction in clinical practice.

Nursing literature has shown that interpersonal relationships between CoP staff nurses and student nurses are indispensable in building a positive learning environment (Dunn and Hansford, 1997). Good relationships enable students to participate actively in the community of practice and help them to define their role as well as developing a sense of being part of the community (Henderson et al., 2006). Conversely, bad relationships are likely to hinder the students learning process, that, in turn, may negatively affect their advancement and retention within the nursing education program (Chan, 2002).

Campbell et al. (1994) highlighted the importance of appropriate interactions and positive feedback from staff in facilitating students' learning. It has been shown that mutual respect and acceptance, support, encouragement, and mutual sharing are essential factors in the relationship between staff and nursing students (Hsieh and Knowles, 1990). As members of a community, when nursing students receive feedback concerning their expertise, knowledge, role and activities in the community it facilitates student learning. On the contrary, when hard work is neither acknowledged nor valued by the staff (Warner, 2001), there is the risk they do not feel respected by the CoP members (Laschinger and Finegan, 2005).

According to Newton and Smith (1998), the tutor in the community of practice mainly has the role to deliver support for students during clinical practice through a cooperative and active

participant relationship. In the Italian nursing programs, the tutor in clinical practice is an experienced nurse, who supervises nursing student activities. He/she shows how theory translates into practice, influencing both the nature and quality of placement experiences (Field, 2004). The tutor is expected to provide information, enabling students become part of the community and facilitate their learning. Due the fact that a good tutor–student relationship increases the likelihood to have a positive placement experience (Wilkes, 2006), minimizing the attrition risk (Christie et al., 2004; Braine and Parnell, 2011), tutors have the role to protect nursing students from wrong behaviors, reducing the likelihood of receiving lack of respect. Another remarkable working environment factor involved in fostering mutual respect concerns the experience of role stress. Melia (1987) suggested that nursing students found it difficult to distinguish between learner and worker roles. In fact, in their role of practitioners, the sources of stress among nursing students concern clinical practice experience and frequently changing clinical environments, as students, stress is linked to the separation from family, financial worries and regular clinical and educational assessment (Deary et al., 2003).

Mainly, two kinds of role stress were identified by Kahn et al. (1964): role ambiguity and role conflict. The first occurs when students experienced unclear responsibilities and unclear information with regard the behavior expected in the nursing student role. In turn, role conflict occurs when incompatibility between the expectations of parties or between aspects of a single role. Specifically, it concerns the conflict between student' representations and values developed during university courses and actual practice in the hospital context. The nature of workplace environment is believed to contribute substantially to foster nurse' feelings of respect. According to Laschinger (2004), role stress characterized by low-quality interpersonal relations, lack of recognition, and work overload increases the likelihood of feeling disrespected. Thus, to be respected concerns receiving recognition for their nursing student status. It means recognising the legitimacy of their role avoiding, for example, to leave them in a condition of uncertainty about their role, reducing the certainty about duties or authority.

As the importance of promoting a good learning environment, mutual respect and assuring a successful experience in clinical practice for future nurses are recognized (Sterrett, 2010), the aim of this study was to expand the knowledge of the community of practice in the healthcare setting by analyzing students' perception of respect they were shown during their clinical placements. Important aspects, such as a professional role concept, tutor support, feedback and relationships with tutor and staff were investigated as predictors of student's perceived respect.

This study has the potential to help healthcare educators and administrators understand how CoPs foster positive clinical learning environments for nursing students and help them to develop a strong nurse identity. Based on literature, the following hypotheses were tested:

**Hypothesis 1.** Relationship with other members of the Community (the staff is negatively related to perceived respect).

**Hypothesis 2.** Feedback from other members of the Community (the staff) is negatively related to perceived respect;

**Hypothesis 3.** Tutor support is negatively related to perceived respect.

**Hypothesis 4.** Role stress is positively related to student perceived respect. More specifically, role ambiguity and role conflict are positively related to student perceived respect;

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