

People, liminal spaces and experience: Understanding recontextualisation of knowledge for newly qualified nurses



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SUMMARY

Background: Little is known about how newly qualified nurses delegate to health care assistants when delivering bedside care.

Aim: To explore newly qualified nurses' experiences of delegating to, and supervising, health care assistants.

Design: Ethnographic case studies.

Settings: In-patient wards in three English National Health Service (NHS) acute hospitals.

Participants: 33 newly qualified nurses were observed, 10 health care assistants and 12 ward managers.

Methods: Participant observation and in-depth interviews.

Findings: We suggest that newly qualified nurses learn to delegate to, and supervise, health care assistants through re-working ('recontextualising') knowledge; and that this process occurs within a transitional ('liminal') space.

Conclusions: Conceptualising learning in this way allows an understanding of the shift from student to newly qualified nurse and the associated interaction of people, space and experience. Using ethnographic case studies allows the experiences of those undergoing these transitions to be vocalised by the key people involved.

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Introduction

This paper explores the experience of becoming a newly qualified nurse (NQN), particularly in relation to delegation to, and supervision of, healthcare assistants (HCAs). There is only limited research in this area (Whitehead et al., 2013). Transition shock theory (Duchscher 2009) has been used previously to understand the role transition process NQNs go through, particularly in social and relational contexts. Other literature (e.g. Benner et al., 2009) has offered an understanding of the social and dialogical aspects of learning. By contrast, our analysis takes more of a process approach, exploring interlinked stages of transition. We use recontextualisation and liminality as theoretical frameworks to examine NQNs' learning, taking a learning organisation approach to professional knowledge making and practice development. We are interested in what interventions can promote a successful transition and how, and thus are able to be more specific in our recommendations about the kinds of support which are most helpful to NQNs. We also emphasise the embodied nature of learning during the transition from senior student to NQN.

Background

Evans et al. (2010:245) have developed a model of recontextualising knowledge to reframe knowledge transfer; they argue that knowledge in practice disciplines is not transferred from theory to practice but recontextualised in different practice settings (Evans et al., 2010; Allan et al., 2011). The theory–practice relationship is best understood by recognising that all forms of knowledge involved in professional development (theoretical, procedural, personal and tacit) have been recontextualised, that is, changed in the move from one context to another to serve a new purpose. The pedagogic challenge facing tutors and work-based mentors is to support learners to use all forms of knowledge in different ways, in different contexts, in relation to different purposes. Evans et al. (2010) propose four modes of knowledge recontextualisation: context or the programme design environment (CR), pedagogic or the teaching and learning environment (PR), workplace environment (WR) and learner or within the learner themselves (LR) (see Fig. 1).

Each mode of knowledge has its own inner logic which is privileged according to context (Evans and Guile, 2012, 124) and enacted in the "workplace [where] knowledge is embedded in routines, protocols and artifacts". In using Evans et al.'s theory of recontextualisation, we add to Benner et al. (2009) work on the social and dialogical aspects

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Putting Knowledge to Work: Framework

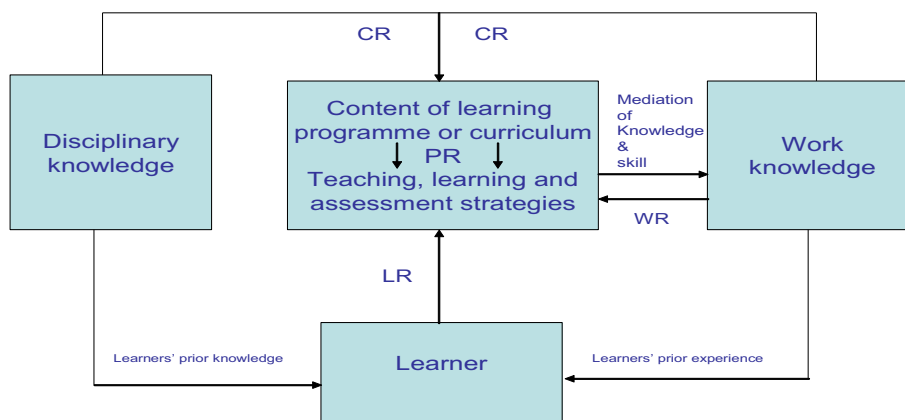


Fig. 1. Modes of knowledge recontextualisation (Evans et al., 2010).

of learning in transitions for registered nurses by emphasising the embodied nature of learning during this transitional phase. The knowledge recontextualisation framework we use has been developed ab origine and recontextualised from other fields rather than drawn from Benner, so it independently validates much of the Benner analysis.

In the study described in this paper we were particularly interested in workplace and learner recontextualisation at the point of registration as nurses, when NQNs are supported by preceptors in their first post as a registered nurse (NMC, 2006; Allan et al., 2007; Mooney, 2007; DH, 2010).

We draw on the concept of liminality (van Gennep, 1960/1909) which is used to describe key events during the life course when individuals (sometimes in peer groups) enter transitional phases from one social state to another (Allan, 2007; Blows et al., 2012). Van Gennep described rites or rituals which denoted these transitions as having three phases: separation/pre-liminal, transition/liminal and reincorporation/post-liminal (Blows et al., 2012).

More recently, Billay Wilson (2010), drawing on Land et al. (2005), Cousin (2006), Land et al. (2010), argues that liminal states may also be understood as psycho-social spaces, to explore the learning journeys of nurse practitioners. Land et al. (2010) argue that liminal spaces occur when the learner is confronted with new forms of disciplinary knowledge or threshold concepts which hold the key to understanding disciplinary practice. As Van Gennep describes in other rituals of transition, as a result of learning within this liminal space, students emerge transformed in their knowledge. Threshold concepts therefore bind disciplinary knowledge together in a transformative way (Clouder, 2005).

We argue that for NQNs, delegation and prioritisation are threshold concepts. On registering NQNs begin to think and practice as qualified nurses as opposed to student nurses and they enter into liminal spaces to acquire mastery of their new roles and understand these threshold concepts in practice. On emerging from these liminal spaces they understand the underlying game which is the 'tacit' games of enquiry or ways of thinking and practice inherent to discipline (Land et al., 2005). In these liminal spaces they recontextualise knowledge to emerge regarding themselves, and being regarded by others, as competent NQNs. Our analysis of recontextualisation in liminal spaces in clinical practice is a way to understand spaces and processes, which allow for rites, uncertainty and new knowledge (threshold concepts).

Methods

The aim of this two year, ethnographic case study was to understand how NQNs use knowledge learnt at university to allow them to

organise, delegate and supervise care on the wards when working with and supervising health care assistants (HCAs). We used ethnographic case study methodology in three NHS acute trusts in England (Burawoy, 1991). Ethics review from the universities involved and the NHS, and research governance permissions from each trust were obtained. Participative observation (Savage, 2000) and interviews with HCAs, NQNs and ward managers (see Table 1) working in teams were used across three sites and in general medical, surgical and accident and emergency in-patient wards (see Table 2). Observation and interview data were analysed using nvivo (QSR xxx) and the themes further refined in team workshops.

Findings

Overall our findings are presented in more detail elsewhere (ref). The main finding emerging from the data was that NQNs struggle with knowledge and skills transfer in the domains of time management, delegation and supervision. We now discuss the process of transition using the theoretical concepts of liminality and recontextualisation.

We identified the three phases congruent with van Gennep's pre-liminal, liminal and post liminal (1906/1909) model as we observed the NQNs' struggle for mastery over their transition to a sense of competence as NQNs. The pre-liminal/separation phase started at the point of registration on qualifying.

Most of them come in realising now that the learning actually starts when they actually get their pin number (laughs).

[INTWardManager1]

During the liminal/transition phase, the NQN worked and was supported by a preceptor. This state was a period of struggle as they tried to gain mastery:

I did struggle first, like maybe month, two months nearly, until I got myself around routine and then, ...it's gone better and better now, ... I can actually finish on time. (INTNURS2)

It's a big learning curve. (INTNURS2)

The reincorporation/post liminal state occurred when the NQN felt themselves and was perceived by others to be a competent NQN:

It just seems like a muddle when you start and then after six months it all seems to fit into place. (INTNURS2)

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