

## **Becoming a Member of a Nursing Community of Practice: Negotiating Performance Competence and Identity**

This research aimed to find out how newly graduated nurses, also known as novices, participate in clinical practice in their first year. Current literature adopts a fixed model of a competent identity, judging an individual nurse either competent or not without the consideration of the working context. We aimed to find out what really happens during their transition.

### **Methods**

We used a focused ethnographic method and adopted Wenger's Community of Practice theory. And collected data in a tertiary hospital ward in Singapore where there were four novices.

### **Findings**

The workplace is a shared space which all nurses have to navigate daily. This space consists a fabric of mental and physical factors such as people, their interactions and the perceived power positions among them. Just like how drivers do at any traffic intersection, nurses have to find their passage through this shared space with other healthcare workers. The passage each nurse negotiated is his/her Participation Space. There are various factors they need to take into consideration.

As shown in the diagram, we identified Prized Tasks, Relational Position and Contextual Dimensions.

Firstly, nurses prioritise certain Tasks over others, such as serving medicine or writing patients' records. We called these "Prized Tasks". For example, One nurse said:

"I can don't bathe the Patients, but I must serve them medicine."

Secondly, the nurses always assess their Relational Position to others. They developed the sense of who is who in the community and their relationships to one another. This can be observed in the way they handover. The nurses demonstrate trust when their handover is a simple exchange without the need to scrutinise the previous shift's work. So when the incoming nurse has to go through every minute detail, it shows a low level of trust to the outgoing nurse.

Thirdly, the nurses need to navigate contextual factors, we categorised into 3 dimensions.

*Dimension1 is Operating Sense of weather and Positioning (OSP). This refers to the nurses' capability to assess the ward situation and to adjust their participation. For example, the nurses would always check the patients' condition and which nurse they are working with in the next shift, to prepare themselves mentally.*

*Dimension2 is Manoeuvring Tasks and Time (MTT). This refers to the nurses' capability to manage Tasks within the expected standards and time constraints. Often, they prioritise Prized Tasks over others.*

*Dimension3 is Express Participation and Acceptance (EPA). This refers to the nurses' capability to express and understand each other' participation, and to negotiate and reach acceptance. For example, they would interpret patients' records based on the perceived capabilities of the outgoing nurse.*

## **Conclusion,**

A nurse's competence cannot be simply judged by their application of rules and procedures, no matter how perfect it may be. All nurses are constantly navigating their Partition Space as their performative competence, and the distinction between 'Novice' and 'Competent Nurse' is not

static. Novice Nurses' transition is impacted by their capabilities in navigating the sociocultural fabrics of the workplace.

This study fills the gaps in understanding how transition happened. It also addressed some of the earlier critiques of Wenger's COP theory by highlighting intentionality in the navigation of their Participation Space. To understand novices' transition, the focus should be not only on technical competence but also be on the negotiation of participation in the practical context. There is a need for nurse education institutions to consider how to prepare their students to navigate their participation at the workplace.