

# “SISONKE – TOGETHER WE CAN”: CONCEPTUALISATIONS OF CRITICALLY REFLECTIVE COMMUNITIES OF PRACTICE NURSES CARING FOR WOMEN LIVING WITH HIV

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## ABSTRACT

The dynamic nature of HIV care in the context of South Africa challenges nurses to continually keep abreast of changes in treatment and care policies. Communities of practice (CoPs) are considered an effective method of promoting lifelong learning, enhancing professional development and clinical reasoning through reflective practice. This paper reports on the conceptualisations and meanings that emerged from a critically reflective CoP established among nurses caring for women living with HIV. Based on social constructivism and underpinned on grounded theory, four themes emerged which conceptualised the meaning of a critically reflective CoP, namely: (i) a practice and learning community, (ii) a support network, (iii) collaborative, purposive-driven working to make a difference, and (iv) a space that fosters self-determination. The findings of this paper enhance the understanding of organisational learning strategies that can support nurses working in various settings through ongoing learning embedded in evidence-based practice through critical reflection and CoPs.

**Keywords:** clinical nursing practice; communities of practice; critical reflection; experiential learning; situated learning

## INTRODUCTION AND BACKGROUND

Discourses on the burden of HIV on the healthcare system and healthcare professionals have been widely documented (Barron, Pillay, Doherty, Sherman, Jackson, Bhardwaj, Robinson and Goga 2013, 72; Schaftenaar, Verjans, Getu, McIntyre, Struthers, and



Osterhaus 2014, 3). Despite significant gains in the global reduction of HIV, such as a reported 19% global reduction of new infections and a 30% increase in access to treatment (UNAIDS, 2015, 109), HIV still remains an important healthcare challenge in South Africa. Several studies have indicated that nurses working in hospital settings are especially challenged by the increase of HIV in the workplace, contributing to the burnout they experience due to the high number of terminally ill patients requiring specialised nursing care (Bam and Naidoo 2014, 6; Singh, Chaudoir, Escobar and Kalichman 2011, 841). Further to this, factors such as an increased nursing workload compounded by a shortage of nursing staff due to high absenteeism rates and a lack of resources have also been noted as determinants that place a burden on nurses caring for people living with HIV (Kerr, Brysiewicz and Bhengu 2014, 45).

To promote accountability and improve professional skills and expertise, nurses need to continually update their knowledge within their specialised area of training and work (Pool, Poell and Cate 2013, 38). Although ongoing formal training for nurses is widely available, lack of time and financial resources are all too often barriers to nurses making use of such opportunities to upskill themselves through this route (Gilbert 2013, 61). The workplace, where nurses spend most of their time engaging in clinical practice and care, should become the field of ongoing learning (Pool et al. 2013, 40).

A community of practice (CoP), which was conceptualised by Lave and Wenger (1991, 201), is one way of supporting on-the-job learning. Premised on the principles of cognitive and social learning, a CoP promotes the blend of experiential learning and problem solving in enhancing professional development (Ousey and Gallagher 2007, 200). Although the work of Lave and Wenger (1991, 220) demonstrated a new understanding of the social learning process, it did not engage with aspects of power, group dynamics and varied identities in the group and how these factors impact on the social learning process (Berry 2011, 10).

## PROBLEM STATEMENT

It is recognised that not keeping abreast of rapid changes in HIV care may have grave consequences for nurses and that measures need to be taken to support nurses in the management of HIV (Barron et al. 2013, 74). Little is known about the use of critical reflection in establishing CoPs among nurses working with women living with HIV, specifically within KwaZulu-Natal, which is considered the epicentre of the HIV epidemic in South Africa (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios and Onoya 2014, 78).

As explained by Schön (1991, 188), critical reflection is centred on learning how to acquire the habit of reflecting and drawing from experiences to develop proficiency in skills and practices. In light of this, this study aimed to unpack the meanings, assumptions and practices nurses attribute to the HIV-related care they provide and to

critically explore experiences to foster learning for future clinical action through the establishment of CoPs.

## PURPOSE OF THE STUDY

The aim of this study was to describe the shared conceptualisations of critical reflection through CoPs in providing HIV nursing care.

## RESEARCH OBJECTIVE

The objective of the study was to analyse the meanings and conceptualisations of nurses' experiences of using critical reflection through CoPs in providing HIV nursing care.

## RESEARCH METHODOLOGY

### Design

This study was underpinned by the social constructivism paradigm and used a grounded theory research design. The premise of social constructivism enabled the multiple realities of the participants' understanding of and meaning ascribed to participating in a critically reflective CoP for HIV nursing care. The process of coding and analysis underpinned by grounded theory enabled the researchers to identify the concepts and the meanings expressed by the participants (Charmaz 2006, 127; Strauss and Corbin 2008, 210).

### Research setting

Two district health hospitals within the province of KwaZulu-Natal (KZN), South Africa, were chosen as the research setting. KZN is the third-smallest province and the second-most populated province in South Africa with an estimated 10.5 million people living there, which translates to about 19.7% of the country's total population. Furthermore, KZN is known as the epicentre of HIV, with antenatal HIV prevalence rates of 38.7% (Shisana et al. 2014, 78).

### Sampling

Two district level hospitals (hospitals A and B) were conveniently sampled from the 41 district hospitals in KZN. Hospital A has 300 beds and is situated within the Ugu health district. This health district covers an area of 2 470 km<sup>2</sup> and has an associated 31 clinics. It serves an estimated 194 000 people who live in the hospital's catchment and referral area, and the hospital has an approximate 33 715 antenatal visits per annum. Hospital B has 1 200 beds, is situated in the eThekwinini health district and covers an estimated area

of 8 000 km<sup>2</sup>. With its associated 22 clinics, it serves about 650 000 people who live in the hospital's catchment and referral area and there are an estimated 72 000 antenatal visits per annum (HSRC 2013, 52).

The target population for this study was all nurses working in the selected district health hospitals and working with women living with HIV. Based on the information from the sampled hospitals, there was a total of 220 nurses. Aligned with grounded theory, theoretical sampling underpinned the sampling strategy of this study. The theoretical concepts of interest for this study were the meanings and conceptualisations of the nurses relating to being in a critically reflective CoP over a repeated amount of time. Thus the repeated sessions with the same cohort of nurses in both hospitals was important to yield theoretical saturation. A group of ten nurses from each of the sampled hospitals were purposively sampled. Due to attrition of two nurses during the introductory sessions of the critical reflective sessions, the sample comprised eight nurses from hospital A and ten nurses from hospital B. The inclusion criteria were the following:

- a. The participant had to be a professional registered nurse. This criterion was used to ensure that the participant's experience would wholly capture the experiences of HIV nursing care, as this category of nurse has a wider scope of practice in comparison to other categories of nurses within the South African healthcare system (SANC 2005).
- b. The participant had to have worked for more than one year in the unit or ward where HIV nursing care was being provided. This criterion was used to get a wider scope of experience in terms of the participant's challenges of providing HIV nursing care.

## Data gathering

Data gathering extended over a period of six to seven months. This included the planning and implementation of the CoP and exploring the process of learning in terms of critical reflection. Data collection methods used included the following:

- a. Focus group discussions (FGDs) took the form of reflective discourse sessions, where participants shared information and experiences in terms of HIV nursing care. Furthermore, the FGDs allowed the researchers to implement the CoP and assess the group dynamics of the participants as well as how the participants became critically reflective in their nursing practice and HIV nursing skills. The sessions occurred every fortnight and lasted 1½–2 hours each. There was a total of 13 sessions in hospital A and 15 sessions in hospital B. The role of the researcher in the FGD sessions was to facilitate the discussions. However, during the first three to six sessions the researcher assumed a more teacher-focused role and shared information on HIV-related topics to fill certain gaps that had been identified by the participants.

- b. In-depth face-to-face interviews were used to increase the density of the data collected and to verify concepts, categories, dimensions and properties that emerged from the FGDs. Unstructured probing questions were used to guide the interview. The in-depth interviews were also used to explore the participants' experience of their learning process in terms of the critical reflection skill development and their involvement in the CoP. Saturation of the theoretical concepts regarding the participants' experiences was achieved after six interviews from the total of 18 participants in the study.

## Data analysis

Data analysis was an iterative process which was concurrent with data collection. The three levels of coding central to grounded theory, namely open, axial and selective coding, guided data analysis and involved breaking down the data, reconceptualising it and putting it back together with a richer and denser meaning (Charmaz 2006, 45; Strauss and Corbin 2008, 258).

## Establishing trustworthiness

Trustworthiness was established through several methods. To achieve credibility, data were triangulated through the three data sources used for this study. This allowed the researcher to verify the data findings and ensure that diverse constructions of the reality of the participants' experience in terms of establishing and engaging in a critically reflective CoP in HIV nursing care were wholly captured. Moreover, member checks were used to assess whether the theoretical concepts that emerged from the data analysis were consistent with the participants' meaning. This was done through peer debriefing at the end of each FGD, which allowed for verification of the emergent categories at the end of each data collection and data analysis session. An audit trail through the monitoring of the data collection, coding process and the emergent categories was maintained by the second author (researcher supervisor). This served as peer review and the examination of the emerging findings contributed to the dependability of the research process.

## Research ethics

Following institutional permission and ethics approval (HSS/0719/09), gatekeeper permission was obtained from the KZN Department of Health and from the sampled hospital managers. Prior to sampling, a meeting was held with all the participants explaining the nature of the study and an information letter stating the purpose of the study was distributed to all of them. Participants were advised about the method of data gathering and informed that they could withdraw from the study at any time without

reason; they were also advised that their participation was voluntary. No identifying information was collected from the participants.

## DISCUSSION

The participants from hospital A were made up of eight registered nurses and midwives, who had an average of 18 years' work experience, with a range of 6 to 34 years. The participants sampled from hospital B constituted ten nurses, who had an average of 22 years' work experience, with a range of 12 to 36 years. Table 1 describes the participants in detail.

**Table 1:** Participant description

<b>Hospital A</b>				
<b>Participant number</b>	<b>Age</b>	<b>Number of years as nurse</b>	<b>Highest post-school qualification</b>	<b>HIV-related training</b>
1	60	35	1-year Advanced Diploma in Midwifery and 3-year Bachelor in Nursing	Basic HIV/AIDS Counselling and PMTCT, pregnancy options counselling and ARV workshop
2	47	26	1-year Advanced Diploma and 4-year Diploma in General Nursing and Midwifery	3-day PMTCT in-hospital workshop
3	34	14	4-year Diploma in General Nursing and Midwifery	3-day PMTCT in-hospital workshop
4	34	22	1-year Advanced Diploma in Midwifery and 3-year Bachelor in Nursing	3-day PMTCT in-hospital workshop
5	52	17	1-year Advanced Diploma in Midwifery and Master in Nursing degree	Basic HIV/AIDS counselling and PMTCT workshop
6	49	12	1-year Advanced Diploma in Midwifery and 3-year Bachelor in Nursing	Basic HIV/AIDS counselling and PMTCT workshop
7	49	25	1-year Advanced Diploma in Midwifery and 3-year Bachelor in Nursing	Basic HIV/AIDS counselling, VCT and PMTCT workshop

8	62	36	4-year Diploma in General Nursing and Midwifery	Basic HIV/AIDS counselling, VCT and pregnancy options and PMTCT workshop
9	46	19	4-year Diploma in General Nursing and Midwifery	Basic HIV/AIDS counselling and PMTCT workshop
10	39	13	1-year Advanced Diploma and 4-year Diploma in General Nursing and Midwifery	Basic HIV/AIDS counselling , VCT and PMTCT workshop
<b>Hospital B</b>				
<b>Participant number</b>	<b>Age</b>	<b>Number of years as nurse</b>	<b>Highest post-school qualification</b>	<b>HIV-related training</b>
1	49	28	4-year Diploma in General Nursing and Midwifery	PMTCT workshop
2	38	13	1-year Advanced Diploma in Midwifery	Basic HIV/AIDS Counselling and PMTCT workshop
3	28	10	4-year Diploma in General Nursing and Midwifery	Basic HIV/AIDS counselling workshop
4	29	6	4-year Diploma in General Nursing and Midwifery	Basic HIV/AIDS counselling workshop
5	37	13	4-year Diploma in General Nursing and Midwifery	PMTCT workshop
6	42	18	4-year Diploma in General Nursing and Midwifery	PMTCT workshop
7	46	22	4year Diploma in General Nursing and Midwifery	Basic HIV/AIDS Counselling and PMTCT and ARV workshop
8	58	34	4-year Diploma in General Nursing and Midwifery and 3-year Bachelor in Nursing	Basic HIV/AIDS Counselling and PMTCT and ARV workshop

### Emergent themes

Four emergent themes conceptualised the meaning of a critically reflective CoP: (i) a practice and learning community, (ii) a support network, (iii) collaborative and purposive-driven working to make a difference, and (iv) a space that fosters self-determination.

## A practice and learning community

As participants became more familiar with critical reflective practice, they likened the CoP to a classroom and a space for active learning where HIV-related clinical nursing practice, experiences and evidence were shared.

*"it is where we can come and share and learn new information...that we use in how we nurse... and it makes us to deal with HIV and Aids better...I enjoy this way of learning...it is like we are back in school"* (Hospital A)

The CoP was also seen as a space where participants could catch up with learning that they otherwise would not have received, and special mention was made of the expanse of HIV-related learning regarding clinical policies and psychosocial issues that were shared in the CoP learning space.

*"I think this space is better than learning in school (laughing from everyone), you know in the classroom...you are just taught from the text book...I like this learning we get from this group, everyone shared what happened to them, it makes the information more real"* (Hospital B)

*"I know for me if I was not coming here, I was not going to have learnt all this information, because we don't have the opportunity to go study or we miss the hospital training"* (Hospital A)

The CoP was also conceptualised as a space for knowledge transfer and sharing and was referred to as a resource hub where evidence-informed practice through active and mutual engagement of all participants was fostered.

*"because we all come and share here...it has opened my eyes on how to use information in the way I nurse...and that was a positive learning things I have grown with in this group"* (Hospital A)

The CoP was also viewed as a platform where participants had the opportunity through reflection to openly share their lived experiences of providing HIV nursing care, and resources and ideas that were tried and tested which formed part of the authentic way of learning about HIV.

*"it makes the learning real, because when someone is telling their experience it helps me to use it practically in my situation"* (Hospital B)

*"if you go to some of these trainings about HIV, it is just a lecture, one cannot see how we must apply it. I like how we come and share our own stories of what affects us in the wards and how we deal with it"* (Hospital A)

In line with these findings, Singh et al. (2011, 840) found that nurses face many challenges to maintain up-to-date professional knowledge and that CoPs provide a rare opportunity for many nurses to learn informally about practice-based issues and to be continuously educated. Also evident from this study was the use of lived experiences of HIV-related nursing dilemmas and practice problems, which enhanced the utility

and relevance of the knowledge generated in the CoP. This supports the findings of Edmonds-Cady and Sosulski (2012, 51), who note that meaningful learning occurs through social participation and using real-life situations to make explicit the tacit knowledge. Callaghan, Ford and Schneider (2010, 226) explain that there is a long-standing gap between theory and practice among nurses and a revitalisation of nursing practice is an urgent strategy to ensure that nurses keep updated with new information to provide meaningful, relevant care. In this study, the CoP fostered a higher level of engagement in HIV-related nursing practice.

## A support network

From the analysis, it was evident that through sustained contact and familiarity among the participants, the CoP was conceptualised as a family where participants could openly reflect on emotionally charged issues in terms of the stress and emotional exhaustion of providing HIV care and treatment on a daily basis. Participants described the CoP as a supportive space where difficult experiences could be discussed openly, and comfort, advice and support were offered.

*“being together gives you that energy to share with my sisters some of my challenges, it makes you feel lighter when you leave, so we support one another here too”* (Hospital A)

*“because nursing and especially with HIV, it makes you feel down, even your own family at home don’t understand what we face, but here we are one family, we can get that support and advice to deal with your problems”* (Hospital B)

It emerged that the supportive characteristic of the CoP also extended to the co-construction of knowledge. Participants noted how the supportive environment of the CoP gave them the opportunity to be themselves without having the pressure of being seen as the custodian of all practice-related information.

*“you get so much support from the other nurses in the group, you feel like yourself, you don’t have to act like you know all the information”* (Hospital A)

*“you feel comfortable to make mistakes in front of the others, because we are here to grow, you want to get the opinion of the others and to try and do something different, I feel more confident in trying new things in my practice”* (Hospital B)

Fuelled by the emotional and moral distress and burnout that many participants experienced as a result of providing HIV nursing care, with sometimes little training in the current HIV-related nursing issues, the platform for open sharing led to the CoP being conceptualised as a home where trust, support, friendship and bonds were nurtured. Bam and Naidoo (2014, 5) have reported on the emotional exhaustion and fatigue common among nurses working in HIV care and found that while nurses were competent to deal with new and challenging treatment procedures, they experienced an equal level of frustration, hopelessness and distress. The researchers further noted

that a platform to vent frustration and shared learning will alleviate the practice-related pressures of trying to cope, and decrease the feelings of hopelessness and moral distress. Gilbert (2013, 61) recognises that CoPs provide a relational dimension that fosters interpersonal interactions and facilitates building trust and support. This ties in with the study’s findings showing that the CoPs were conceptualised as a safe haven, where trust and open sharing of personal and professional problems were supported.

## Collaborative and purpose-driven working

It can be seen from the data that the CoP contributed towards a collaborative and unified practice of nursing and accounted for the nurses’ new way of working together to solve commonly shared HIV-related problems. This is a characteristic of the learning and interaction within a CoP. Participants used the expression, “*Sisonke*”, an isiZulu term which denotes togetherness, to refer to the shared interactions of the CoP and the bond of sisterhood which had been created in HIV nursing care. Their newfound way of working together was a common thread that emerged.

*“we come together as a group, and we work towards making a change in our units, because as we are together, we call it iSisonke where we come together in this spirit of togetherness, because we want to make a difference in how we nurse”* (Hospital A)

*“I can say there is more unity in us as nurses we are using all our efforts together”* (Hospital A)

In this study, the CoP was seen as a platform where collaborative efforts towards a unified goal were initiated and supported. Through critical reflection, which was fostered by working together in the CoP, the participants matured in their thinking and found a deeper purpose and a renewed way of nursing. As noted by Seibert (2015, 74), CoPs create the added advantage of fostering collaborative bonding and promote practice development. She further asserts that through the socially situated practice of learning in the CoP, individuals reach a state of coherence with a pursuit of shared expertise and participation.

## A space that fosters self-determination and self-reliance

It emerged that participants saw the CoP as a space which fostered a transformed way of nursing, through the culture of learning and support which underpinned the CoP, and gave rise to a new self-determined way for HIV nursing management and care.

*“I can say I have taken charge of my nursing again, I used to feel so overwhelmed now I feel confident because as I was growing”* (Hospital B)

Participants also conceptualised the learning that the CoP cultivated as leading to self-actualisation of learning in new areas of nursing, which re-ignited self-worth in terms of their identities as a nurse and in their professional development.

*“Learning new things like how to use the computer and even my thinking it has changed, I can now see the value in learning and it makes me more confident in my nursing care” (Hospital A)*

This is aligned with Gilbert’s explorations of identity development (2013, 62) which revealed that the social co-participation of learning within CoP refocuses the nurse practitioner into seeing a new way of nursing through the lenses of other members of the group.

## CONCLUSION

In this study, CoP was seen as a space which cultivated a new identity among the nurses. This was evident in the emergence of core nursing values such as assuming advocacy and advisory roles in nursing. Further to this, the peer support learning derived from the CoP facilitated competence in critical reflective clinical practice in HIV nursing care. The CoP was also conceptualised as a source of promoting self-actualisation among the nurses, as it enabled learning of various skills through collaborative learning. The findings of this study enhance the understanding of workplace learning strategies that can support nurses working in various settings through ongoing learning embedded in evidence-based practice through critical reflection and CoPs.

## Limitations of the study

The nature of the study required sustained time by the participants to engage in the CoP. This commitment of prolonged engagement required by the participants limited the number of participants who were willing to be part of the study. This was especially noted in the rural group where two members of the group had to leave due to work commitments.

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