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Research Article

Exploring Communities of Practice Amongst Medical Surgical Nurses at King Khalid Hospital in Jeddah, Saudi Arabia

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Abstract

Background: Communities of practice (COPs) are a process in which workers interact and acquire knowledge from each other at the workplace. This informal knowledge in the workplace can transform professionals into active knowledge builders with sufficient autonomy regarding specific knowledge or skills required. In addition, this approach that supports informal learning is facilitating learning among nurses in the workplace. A cross sectional descriptive design study was conducted to discover facilitators and barriers that affect the implementation of a COPs approach. The results show that CoPs seemingly provides a forum for sharing on the job, allowing for successful transition and retention. This and other findings can help in improving and facilitating the approach in order to use it widely among nurses at workplace.

Purpose: This study explores communities of practice amongst medical and surgical nurses at King Khalid Hospital in Jeddah, Saudi Arabia. It also presents the facilitators and barriers that face them in implementing COPs approach.

Study Design: A cross sectional descriptive design was used. Sixty-seven medical surgical nurses were conveniently sampled at a military hospital in Jeddah, Saudi Arabia. Data was collected using a structured validated questionnaire.

Method: Descriptive and inferential statistics was used for data analysis and was presented in frequencies, percentages and P values.

Findings: A total of 62 nurses, mostly female participated in this study. The mean age of respondents were 30.95 years and N=52 (83.9%) had a bachelor's degree in nursing, with N= 26 (41.9%) having between 5- 10 years of experience in nursing. Most respondents (82.3%), had a clear understanding of what a community of practice is. Most respondents N= 40 (64.5%) agreed that they wished to share their knowledge within the community. The top facilitators of a community of practice as expressed by respondents were: to deliver solutions for daily problems N= 49 (79%) followed by N= 41 (66.1%) of respondents agreeing that communities of practice transfer best practices and results in development of new knowledge N= 30(48.4%). The most common barrier to a community of practice identified within this study was lack of time as expressed by most participants N=46 (74.2%), followed by a lack of confidence, N= 36 (58.1%) and a fear of not sharing correct information N= 31 (50%).

Conclusion: This study described the facilitators and barriers of CoPs. In addition, the study highlighted the critique of CoP from the literature. Despite this critique, CoPs seemingly found to provide forum for sharing on the job, allowing for successful transition and retention.

Clinical Relevance: The significance of community of practice in nursing is to facilitate learning process among nurses by enhancing skills, socialization and knowledge transfer. However, there are some difficulties and barriers facing nurses during the implementation of CoPs at this context and some measures have to be developed to help nurses become more involved in Cops.

Keywords: Communities of practice, learning on the job, shared learning, transfer of knowledge.

Background

Wenger., *et al*. [1] define a COP as a group of people informally bound together by shared expertise and/or passion for a joint enterprise. The most important feature of COPs is that they emerge more or less spontaneously from informal networking among groups of individuals who share similar interests or passions [2]. Recently, however, COPs have been mostly initiated by senior management, instead of emerging spontaneously from workers [3].

Previously, sharing of knowledge amongst professionals has typically occurred within the context of traditional learning ap-

proaches such as formal training workshops or seminars. However these approaches have come under immense criticism as such sharing of knowledge has been divorced from the place of where knowledge is to be applied [4]. Learning can occur in the workplace, which is a process in which workers interact and acquire knowledge from each other [5]. This informal knowledge in the workplace can transform professionals into active knowledge builders with sufficient autonomy regarding specific knowledge or skills required [4]. An approach that supports informal learning in the workplace is communities of practice (CoPs).

The concept of CoPs was developed more than 27 years ago, with a specific focus on apprenticeship by Lave and Wenger [2] through their exploration of situated learning theory, and the ensuing work of Wenger [1,6]. Lave and Wenger [2] define learning as "a situated activity [that] has its central defining characteristic, a process called legitimate peripheral participation" which explored how " a person's intentions to learn are engaged and the meaning of learning is configured through the process of becoming a full participant in a sociocultural practice". Later Wenger, McDermott and Snyder (2002:4) defined CoPs as "groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in the area by interacting on an ongoing basis".

In addition CoPs allow for members to share, learn or create explicit knowledge in a joint effort for the purpose of the same field of interest. CoPs have three fundamental elements: knowledge, community and practice. Knowledge: creates common ground and common knowledge with the community; community: creates the social fabric of learning [7]. Further to this, Couros (2003), expresses that a CoPs is defined along three dimensions namely mutual engagement (CoPs reside around people engaged in certain common interests), joint enterprise (mutual accountability) and shared repertoire (ways of doing things that the community has developed or followed in the course of its existence).

While the concept of CoPs has become widespread, it is significant to note that it has its roots in theories based on the idea of learning as social participation such as the social learning theory which is linked to Bandura's (1977) and Vygotsky and Cole's (1978) theories associated with social interaction in learning. Both Bandura and Vygotsky posit that social interaction plays a fundamental role in the development of cognition. In addition, Wenger (1998: 3; Couros, 2003: 6) discussed that learning within the social learning theory is displaced. "Learning becomes fundamentally, a social phenomenon and is placed in the context of our lived experience and participation in the world".

CoPs are common in the business sector for improving organizational performance and are promoted as drivers of knowledge management, for the sharing of knowledge and as a means for creating social capital. In addition, increased interest in Cops is due to organisations needing to be competitive due to the evolving advances in knowledge and technology. Hence, organizations have to review and renew organizational capabilities requiring knowledge creation, acquisition and sharing [8].

CoPs are featured considerably in the literature since its inception commonly in the discipline of education, business economics, psychology, computer sciences and health care sciences. However, the first substantial discussion of CoPs in nursing was in 2000 in discussions of situated learning in clinical education [9]. Throughout the years, the literature on CoPs in nursing has increased substantially [7,10-15].

According to Gitell, Godfrey and Thistlewaite [16], the is a need to provide higher quality and cost effective patient care due to the increase in health care costs as a result of increased chronic illness and the aging population. In addition, health care systems are challenged to provide accessible, relevant and integrated services. The impact of changes and challenges within the health care systems, is associated with various pressures, which increase the need for an effective, dynamic and innovative approach in nursing, one with a holistic approach to care that is embedded in evidence based practice. The changes in health, which is associated with the changes in care and managements, demands a paradigm shift in nursing, one that moves away from the traditions of the biomedical model and approach to nursing towards a transformed collaborative way of nursing. In order to meet these challenges health care systems and nurses must find effective ways to " increase inter- professional and inter regional collaboration so that expertise can be enhanced, disseminated, and more effectively translated into practice" [17].

Sim and Radloff [18] also highlighted that to promote accountability and improve on professional skills and expertise; nurses need to continually update their knowledge within their specialized area of training and work. Although ongoing formal training for nurses is widely available, time and lack of financial resources are all too often barriers to nurses making use of such opportunities to up skill themselves through this route. The workplace, where nurses spend most of their time engaging in clinical practice and care, therefore, should become the field of ongoing learning [18]. Hence without CoPs, organizational capabilities, learning and organizational change and innovation cannot be met which impacts on quality patient care [19].

Despite all of these benefits of CoPs and the work of Lave and Wenger that 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 [20]. Further critique by Brown and Duguid [21] suggested that the legitimate process of social learning in a group as presented by Lave and Wenger's Legitimate Peripheral Participation theory, which highlights that newcomers to the group start at the periphery and migrate to the core in terms of support from the expert core group, did not address issues of how the complete network of apprentices dealt with new knowledge and learning in light of their theory.

Most of the literature on Cops discussed in this article has been around work completed within the western world. Very few, if any, studies are available in Saudi Arabia. It is within this backdrop, that this research aims to explore CoPs within a Saudi context.

Aim of the study

The aim of the study was to explore communities of practice (CoPs) amongst medical surgical nurses at King Khalid Hospital in Jeddah, Saudi Arabia. The main objectives for this study which are; (1) to describe the understanding of COPs by amongst medical surgical nurses at King Khalid Hospital in Jeddah, Saudi Arabia, (2) to describe factors that facilitate COPs amongst medical surgical nurses at King Khalid Hospital in Jeddah, Saudi Arabia, (3) and to describe factors that hinder COPs amongst medical surgical nurses at King Khalid Hospital in Jeddah, Saudi Arabia.

Methodology

Research design

The data for this study was collected through a descriptive cross sectional quantitative approach.

Setting

The setting for the study was medical surgical units at King Khalid Hospital, Jeddah. King Khalid Hospital is 531-bed military hospital located in the Western Region of Saudi Arabia, which consists of a variety of surgical and medical units.

Population, Sampling and sample size

The study included expatriate and Saudi medical surgical nurses. At the time of the study there were a total of 267 nurses. The researchers followed a convenience sampling technique and aimed to sample all the nurses, as the population size was small, however, despite numerous data collection attempts, over a period of six months, only a sample of 62 nurses was realized.

Data collection

Data collection started after approval from the Research Unit at the College of Nursing- Jeddah. Thereafter permission was sought from the Institutional Review Board (IRB number SP16/019/J), at King Khalid Hospital. Once permission was obtained from the necessary authorities, the researcher made appointments with the unit managers of the respective wards to discuss the aim of the research and to set up a convenient time for data collection. Once this was established, the researcher met with the nurses that are willing to partake in the study. Data was collected through semi structured questionnaire named "The impact Of Community of Practice On Knowledge Sharing" and it consists of 2 sections; section A focuses on the demographic details of nurses and which consists of 5 items, and section B focuses on the factors that facilitate and hinder CoPs and it consists of 17 items comprises two subscales namely: with seven items for each subscale. Responses will be measured on a 7-point Likert-type scale that ranges from 1 to 5;(1=strongly disagree, 5=strongly agree). The score will range between 0-90, the cut of point will be 45.The questionnaire was developed by Zhang [22] and aimed to explore the impact of CoPs in knowledge sharing. This is an online survey that does not have any copyright.

Validity and reliability

The study instruments were tested for internal reliability using Cronbach's alpha correlation coefficient. Internal consistency reliability has been done for the questionnaire. The subscales were assessed using Cronbach's alpha coefficients. The Cronbach's alpha values ranged from 0.83 to 0.87, indicating good internal consistency across the subscales. In addition, a pilot study was conducted on 5% of nurses and was excluded from the study subjects to ensure the clarity and applicability of tools, and to identify obstacles that may be encountered during data collection and estimate the time required to complete the study questionnaire.

In addition, the questionnaire has content validity as the questions were directly linked to the objectives of the study.

Data analysis

Data was analyzed by using Excel database. Statistical Package for the Social Sciences computer software (SPSS for Mac, Version 21.0) was used to analyze the data. Different types of analysis were used for this study. First, in order to provide a description of the sample from which data will be collected, descriptive information on age, gender, level of nursing education, area of experience, and number of years of experience have been described, as well as the means, range, and standard deviations for the dimension. Second, to determine any differences in the scale item scores, chi-square, t-tests, and analysis of variance will be used to investigate any significant differences among the scores. Pearson correlation coefficient analysis (r) was used to test the nature of the relationship between study variables. The study hypotheses will be tested in null form at a minimum of the .05 level of significance.

Findings

Demographic details of respondents

A total of 62 nurses participated in this study. Most respondents were female. Most respondents (56.5%) were between the ages of 25-35 years with the mean age being 30.95 years. Most respondents (83.9%) had a bachelor's degree in nursing, with N= 26 (41.9%) having between 5- 10 years of experience in nursing.

	No.	%
Gender		
Male	38	61.3
Female	24	38.7
Age (years)		
<25	11	17.7
25 – 35	35	56.5
≥35	16	25.8
Min. – Max.	21.0 – 46.0	
Mean ± SD.	30.95 ± 7.11	
Highest level of nursing education		
Diploma in Nursing	8	12.9
Bachelor's degree	52	83.9
Master's degree	2	3.2
Doctorate	0	0.0
How many years of experience do you have working in at this unit		
>5	25	40.03
5 – 10	26	41.9
>10	11	17.7
Min. – Max.	0.17 – 20.0	
Mean ± SD.	6.11 ± 4.69	

Table 1: Demographic information.

Understanding and members of CoPs

Most respondents (82.3%), had a clear understanding of CoPs. It was noted that older nurses, greater than 35 years of age (31.3%) were not sure what a CoP was. In addition, N= 57 (91.9%) thought that they were members of CoPs. Interestingly, even though a significant percentage of the older nurses were not sure of the understanding of a CoP, majority of them (87.5%) thought they belonged to a CoP (Table 2).

Knowledge sharing within a CoP

With references to Table 3 below, the majority of respondents agreed with statements relating to the sharing of knowledge within CoP. Most respondents (64.5%) agreed that they wished to share their knowledge within the community, and knowledge was shared because they trusted members with whom it was shared. However it was noted that some respondents (32.3%), disagreed that they preferred to share knowledge with people who had a high reputation in the field of nursing.

Facilitatators of CoPs

The top three aims of a CoP as expressed by respondents are: to deliver solutions for daily problems as N= 49 (79%) of respondents expressed this as a main aim, followed by N= 41 (66.1%) of respondents agreeing that the aim of a CoP is to transfer best practices and development of new knowledge (48.4%). However, there was a significant difference noted in terms of gender in relation to this aim. Only N= 7 (29.2%) of male nurses agreed with this aim as opposed to N=23 (60.5%). The third most important aim of a CoP as expressed by male nurses (45.8%) was that CoPs coordinates ward activities and projects. Further to this, the aim of development of new knowledge showed a significant difference in terms of years of experience with the majority of respondents with greater

	Strongly Disagree		Disagree		Neither		Agree		Strongly Agree	
	No.	%	No.	%	No.	%	No.	%	No.	%
I wish to share my knowledge within the community	3	4.8	0	0.0	3	4.8	40	64.5	16	25.8
I share knowledge because I trust the member who I shared with	2	3.2	1	1.6	3	4.8	40	64.5	16	25.8
I have gained help from other members within the community	4	6.5	1	1.6	2	3.2	36	58.1	19	30.6
I believe that the motivation of sharing knowledge can be encourage by reciprocity within community	6	9.7	3	4.8	6	9.7	34	54.8	13	21.0
I believe that the shared knowledge can help other members within community solve problems	5	8.1	0	0.0	0	0.0	28	45.2	29	46.8
I prefer to share knowledge with people who have a high reputation in their field	4	6.5	20	32.3	10	16.1	26	41.9	2	3.2
Do you think a community of practice facilitates knowledge sharing?	No	%								
Yes	61	98.4								
No	1	1.6								

Table 2: Knowledge sharing with a CoP.

than 5 years of experience (68%) and greater than 10 years of age (45.5%) agreed that a CoP develops new knowledge, whilst only 30.8% of respondents with 5-10 years of experience agreed with p = 0.028). A further finding is that older nurses (> 35 years; 50%) expressed that an aim of a CoP is to identify experts as opposed to the younger nurses (<25 years, 9.1%; 25 to 35 years, 11.4%) with p= 0.006. In addition, another significant finding in relation to the aim of independence of organizational and geographic boundaries, highlighted that nurses less than 25 years of age (27.3%) responded more favorable than nurses between 25-25 years of age (11.4%) and greater than 35 years of age (18.8%) with p= 0.034. In addition, Table 2 below highlights benefits of CoPs for members. The most significant benefit for members was that members get access to valuable information as expressed by N= 36 (58%) of respondents. In addition, N= 34(54.8%) added that the benefits of CoPs is that it makes members more efficient whilst N=32 (51.6%), expressed that members are more productive within a CoP. However, a significant difference noted in terms of gender was that 50% of male nurses felt that members learn permanently within a CoP as opposed to only 23.7% of females.

Another significant finding highlighted, is the results of CoP for the organization as a whole. The most important result of a CoP for the organization, was quality improvement as indicated by 64.5% of the respondents. However more male nurses (41.7%) than female nurses (13.2%) p = 0.004, felt that market development was more beneficial for the organizational as a result of a CoP. Further to this, the most important motivator to share knowledge in a CoP was the idea of receiving information which was expressed by 66.1% of the respondents and the least important motivator was anticipated reciprocity which was expressed by only 21% of the respondents. It was noted that majority of the older (> 35 years) participants (93.8%) reported that the idea of receiving information as a motivator to share knowledge within a CoP as opposed to the younger respondents (25-25 years (60%); < 25 years (45.5%) p = 0.017.

Facilitators of CoPs	Gender				p
	Female (n = 38)		Male (n = 24)		
	No.	%	No.	%	
What is/ are the main aim(s) of your community					
Deliver solutions for daily problems	27	71.1	22	91.7	0.052
Transfer of best-practices	26	68.4	15	62.5	0.631
Development of new knowledge	23	60.5	7	29.2	0.016*
Increase knowledge level	16	42.1	10	41.7	0.973
Speed-up learning	12	31.6	5	20.8	0.356
Coordination of ward activities and projects	12	31.6	11	45.8	0.258
Learn and share area of interest	12	31.6	7	29.2	0.841
Stimulate collaboration between experts	11	28.9	8	33.3	0.715
Make new contacts or friends	9	23.7	2	8.3	FEp=0.178
Create synergy between colleagues	7	18.4	3	12.5	FEp=0.727
Independence of organizational and geographic boundaries	6	15.8	1	4.2	FEp=0.232
Identification of experts	5	13.2	8	33.3	0.057
What do you think are the main benefit(s) for the members of your community?					
Members get access to valuable information	22	57.9	14	58.3	0.973
Members will be more productive	19	50.0	13	54.2	0.749
Members work more efficient	18	47.4	16	66.7	0.137
Members have fun	13	34.2	5	20.8	0.258
Members will be better experts	12	31.6	13	54.2	0.077
Members will have better exposure	11	28.9	9	37.5	0.483
Members get access to a large network	9	23.7	10	41.7	0.135
Members learn permanently	9	23.7	12	50.0	0.033*
In what way do your community collaborations contribute to the result of your institution?					
Quality improvement	26	68.4	14	58.3	0.419
Cost reduction	10	26.3	11	45.8	0.114
Process improvement	15	39.5	10	41.7	0.864
Market development	7	18.4	10	41.7	0.046*
Employee satisfaction	17	44.7	10	41.7	0.812
Gives new insight and ideas	13	34.2	10	41.7	0.554
Customer satisfaction	11	28.9	9	37.5	0.483
Innovation of products/ services	9	23.7	7	29.2	0.631
Which of the following factors motivate you to share knowledge in your community?					
The idea of receiving information	23	60.5	18	75.0	0.241
The relationships with others	14	36.8	14	58.3	0.098
Wanting to share information with others	17	44.7	10	41.7	0.812
The incentives (e.g. awards, bonus points, etc.)					
The incentives (e.g. awards, bonus points, etc.)	9	23.7	7	29.2	0.631
Anticipated Reciprocity	7	18.4	6	25.0	0.535
Increased Reputation	10	26.3	6	25.0	0.908

Table 3: Facilitators of a CoP.

Barriers of CoPs

The most common barrier to CoP approach identified in this study was lack of time as expressed by most participants N=46 (74.2%), followed by a lack of confidence, N= 36 (58.1%) and a fear of not sharing correct information N= 31 (50%). One significant findings in terms of barriers to CoPs was that more male nurses N= 11 (45.8%) felt that one of the main barriers for involvement in a CoP was learning tensions within the community, p= 0.004. In addition, most bachelor degree nurses N= 42 (80,8%) and diploma nurses N= 4 (50%) expressed that a barrier to involvement in a CoP is lack of time whilst even though a small proportion, none of the masters prepared nurses agreed with this statement, p= 0.008.

What do you think are the main barriers for you to get involved in community practice	No.	%
Lack of time	46	74.2
Lack of confidence	36	58.1
Fear of not sharing correct information	31	50.0
Difficulty understanding community cultural norms	28	45.2
Not interested in a community	21	33.9
Learning tensions within the community	16	25.8

Table 4: Barriers of COPs.

Discussion

The findings of this study highlights that most nurses thought that they were members of a CoP. This is keeping with the fact that most nurses should share a life long commitment to learning. These sentiments are also shared by the Canadian Nurses Association [23] who posit that registered nurses have a regulatory and ethical obligation to keep abreast with the challenges of an ever evolving health care context. Hence, registered nurses should be constantly engaged in a process of learning throughout their professional lives. According to Risling [24], the nursing profession is "knowledge intensive, fast-paced, ever evolving entity that demands nothing less than life-long learning from it members. Nurses learn most through a variety of social interactions and collaborations such as a CoP. Wenger's social theory of learning specifically emphasizes the process of learning on the extent of social participation. The theory emphasizes a subconscious process of learning through participation with the aim of legitimizing and substantiating individual actions.

Most respondents (82.3%), had a clear understanding of what a CoP is. It was noted that more older nurses, greater than 35 years of age (31.3%) were not sure what a CoP was. In addition, N= 57 (91.9%) thought that they were members of a CoP. Interestingly, even though a significant percentage of the older nurses were not sure of the understanding of a CoP, majority of them (87.5%) thought they belonged to a CoP. This is understandable as the concept of CoPs is progressively becoming popular since 1991 through the seminal of Lave and Wenger [2] and was first discussed in nursing in 2008 by Andrew, Tolson and Ferguson [7]. In addition, Wenger, McDermott and Synder (2002) discussed that belonging to a CoP may take different forms for an individual across different communities which range from full participation to peripheral participation. Hence, being a member of a CoP is not necessarily something that people are aware of.

Based on the findings of this study, most nurses responded positively to the sharing of knowledge within a CoP. 90.3% of respondents agreed that they wanted to share knowledge within a CoP. According to Wenger (2005) learning is a social phenomenon, which involves a "dynamic two way relationship between people and social learning systems in which they participate" [1]. This is also reiterated by John Dewey, who emphasized that learning can occur only in the context of relationships and engaged networks (Dewey, 1963). Further to this, learning as a social phenomenon, can be linked to the concept of thinking together, as conceptualized by Pyrko, Dörfler and Eden [25] who reiterate that learning in CoPs is seen as a social formation of a person rather than simply the acquisition of knowledge. Pyrko., *et al*. [25] have based the concept of thinking together on the work of Polanyi's [25] idea of indwelling related to personal knowledge. People with the same real life issues can guide each other and share knowledge, "thus, thinking together allows for developing and sustaining an invigorating social practice over time" [25]. However is also significant to state that Pyrko., *et al*. [25] also argues that Cops was formed during a postmodern framework that lends to skeptism about the notion of knowledge sharing. It is suggested that CoPs can be associated with self-declared experts that monopolize on having knowledge as their source of power.

The most common facilitators to CoPs as cited in this study was to deliver solutions to daily problems; to transfer best practice and development of new knowledge. Lin and Ringdal [26], highlighted that clinical knowledge could be developed through CoPs. According to Risling nursing is a demanding profession. Membership in a CoP may result in nurses learning from their experiences, group knowledge and other experiential expertise increasing their professional knowledge. An interesting empirical study by Yoo., *et al*. (2002) found that participation could not be enhanced directly by management strategy of virtual communities. But, they found a direct link between participation and sense of community, which in order might be influenced by management approach. This finding explains why many experienced facilitators who have experienced difficulties in encouraging participation in community practice

believe that the cooperative relationship among members is a way to increase sense of community, which in turn might lead to increases in participation.

The most common barriers towards involvement in a CoP, was the lack of time. This could be attributed to the fact that most nurses were busy with direct patient care. This is also reiterated by Hew and Hara [4], who highlighted from the findings within their study, that a lack of time was a barrier that hinders knowledge sharing within a CoP. Nurses shared their knowledge out of their own spare time which would fluctuate depending on how busy the nurses were with their own work caring for patients. Learning tensions was cited as the least common barrier within this study. Learning tensions can be a result of power differences between members within the CoP. Fox S. [27] argued that power is generated through a range of social expressions, or discourses, that circulate through our everyday social practices, investigations, talk, and writing. He proposed that determining how a particular topic is talked about gives a person or persons power over that topic in fact, it brings that topic into being, thus creating the very norms by which it becomes known to others. As social structures that leverage knowledge, communities of practice can be viewed as places where power, discourse, and norms operate [17,27]. Marshall's (34) study highlighted that technicians repeatedly and subconsciously leveraged their authority over by asking them not to query their expertise but to trust it. However, according to Wenger., *et al*. [1], an expert member within a CoP will have more power than a novice member, but this power is related to the contribution of knowledge to the CoP rather than authority. Members develop more power as they become competent, and they can be seen as a threat to old-timers.

Limitations and Recommendations of the Study

This study included a reasonably small sample of nurses and included one setting. In addition, this study used a quantitative approach. It is recommended that further research should include space and method triangulation. Research around the phenomenon of CoPs is relatively new with the context of Saudi Arabia, and more research within this rich cultural background would allow nurse educators, nurse managers and nurses to capitalize on benefits of CoPs.

Conclusion

Community of practice is an approach that fosters knowledge creation and sharing attitude within organizations. To enable the establishment of a COP, it is important for the community to be effectively facilitated and supported. The results of this study have both practical and theoretical implications. Practical implications include the following: (i) organizations should support the COPs approach through policies or rewards; (ii) and (ii) a more purposeful training program for facilitators and could be designed by COP practitioners and researchers. The theoretical implications for this study include: (i) exploring barriers and facilitators of COPs among nurses in medical surgical units; and (ii) further research is needed to address the barriers of facilitator in order to support them, especially from the perspective of the challenges identified in this study, such as lack of time, and lack of confidence to be part of COPs.

This study has described the facilitators and the barriers of COPs among nurses in the research setting. In addition, this study also highlighted the critique of CoP from the literature. Despite this critique, CoPs seemingly provides a forum for sharing on the job, allowing for successful transition and retention in the workplace. In the context of Saudi Arabia, the policy of Saudisation necessitates that the current expatriate nursing workforce, be replaced by Saudi nurses. At present the majority of the nursing workforce is expatriate from different cultural backgrounds to that of Saudi patients. Hence, CoPs can assist in the successful placement and retention of nurses.

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