



The  
University  
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**Harnessing Informal Learning in a group of Psychiatric Mental Health Nurses through  
a Social Media Platform**

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*ii. Abstract*

Learning is an active process, continuously developing throughout one's lifetime. Social media platforms offer a unique opportunity for learning to occur, bringing forth independent and collective learning opportunities for individuals of all ages. This study employed an online social media platform to harness informal learning and cultivate a community of practice within a group of psychiatric mental health nurses. The aims were twofold. It was envisioned that by using a social media platform, the participants could access informal learning opportunities. The second aim anticipated that a community of practice could be cultivated as the social media platform would offer a medium for support.

I sought to explore the experiences of this group of psychiatric mental health nurses by understanding the social processes they encountered in forming part of the study. Thus, I adopted a constructivist grounded theory approach to understand their experience. A total of 28 psychiatric mental health nurses opted to take part and it was agreed that Facebook would be the medium for this study.

The participants had a positive experience when adopting a Facebook page for informal learning. However, an unexpected finding was that a community of practice failed to form. It transpired that the study was performed within the organisation where the participants were employed despite the initial intention to conduct the study independently of any institution. A multitude of organisational issues arose which impacted the cohesiveness of the group, leaving all the participants of this study demotivated. These factors together with perceptions of lack of professionalism amongst nurses hindered staff from cultivating a community of practice.

It was concluded that emphasis needs to be placed on raising the profile of psychiatric mental health nurses. This can be achieved by emphasizing continuous professional education. It is also suggested that organisations focus on adopting contemporary leadership styles to enhance working relationships whilst further research is carried out in this area.

*iii. List of Abbreviations*

A4MH	Alliance for Mental Health Malta
ARPANET	Advance Research Projects Agency Network
BBS	Bulletin Board System
DARPA	Defence Advance Research Project Agency
EU	European Union
MAPN	Maltese Association of Psychiatric Nurses
MCAST	Malta College of Arts, Science and Technology
NAO	National Audit Office
NSO	National Statistics Office
UoM	University of Malta
NMC	Nursing and Midwifery Council, United Kingdom
WHO	World Health Organisation
Wi-Fi	Wireless Fidelity
ZPD	Zone of Proximal Development

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# **1. Introduction**

### **1.1. Using a storyline approach to present the research method**

I was inspired by Birks and Mills' (2015) account of using storylines to describe the study. Storylines, as the term implies, are commonly used to present the journey one embarks upon, using sources of data, thoughts and facts to tell a story. Incorporating this approach here has given me the opportunity to explain my journey from its conception to its conclusion and here I shall start my account.

### **1.2. Stimulus for the research project**

The inspiration for this study lies within an editorial I read by Moorley and Chinn (2015) in which the authors adopted the use of social media as a means for continuous professional development for nurses. The authors argued that lifelong learning for nurses has become essential for nurses to keep abreast of current trends and practices. They used a freely accessible social media platform as a medium, in this case Twitter, and adopted the hashtag '#wenurses', providing users with the opportunity to access evidence-based information whilst permitting debate and support amongst themselves. The benefits of this community as discussed by Moorley and Chinn (2015) was that it allowed various nurses from different parts of the world to share their opinions, experiences, cultural differences and knowledge through social media. Using the Twitter page in this manner led to the creation of a support system amongst nurses where nurses could further their knowledge and support each other. Most importantly, this page facilitated continuous professional development in an informal manner.

Personally, I feel that learning requires a comprehensive and dynamic approach which progresses and continues throughout our lives. It should not be restricted to classroom-based

learning. Learning is reflective of the multiple situations we encounter and can be achieved by attending training and also learning from our own experiences.

Focusing on a psychiatric mental health perspective, I feel that locally there is limited opportunity for continuous professional development, especially in the psychiatric mental health nursing arena. Formal training courses to receive a psychiatric mental health nursing qualification have been offered through the University of Malta. These are offered as a Bachelor's Degree level course, or as a Master's Degree in Mental Health Nursing. The latter is not recognised as being qualified as a psychiatric mental health nurse but recognised as a person who holds a masters in this area. Hence is acknowledged as an enhancement within the field of mental health nursing.

There are limited opportunities for continuous professional development in mental health nursing. I can only cite one accredited recognised programme whereby nurses who are interested in furthering their knowledge within the mental health field can do so: the state office of the Mental Health Commissioner together with the University of Malta launched a course which addressed the rights and responsibilities of service users (personal communication, Dr J. Cachia, September 20, 2018). Otherwise there are no accredited continuous professional development courses available locally. Some unaccredited courses are offered by the state mental health services, yet these are somewhat limited. I could only identify one course linked to mental health: a de-escalation training programme in which nurses who are employed within the state mental health settings, together with other healthcare professionals, participate in a two-day training programme which addresses de-escalation techniques, the effective management of physical aggression and working in a multi-disciplinary team. This training is mandatory. Other courses that are offered by the state mental health services are fire-awareness and safety management, first aid training and basic life-saving, but these are offered sporadically and as the titles of the courses imply, are

not related to the mental health field. Meanwhile, the local association of psychiatric mental health nurses has tried to offer continuous professional development training. Here efforts were made for nurses to learn more about the ten standards issued by the association and recognised by the state (Maltese Association of Psychiatric Nurses, MAPN, 2017). However, their effort was futile as there was limited response. This has created a lacuna and this thesis will aim at employing a method to fill this gap.

Psychiatric mental health nurse training does provide room to enhance one's knowledge. Through the training to receive a qualification in psychiatric mental health nursing, students are required to carry out a critical review of literature on a specific topic or a research project. The studies produced are often shelved for consideration at a later date, as there is little encouragement to implement results in practice. The student may opt to present at a conference or publish in a journal, but there is little encouragement for doing this. Here, I identified a lacuna as there seemed to be limited opportunities for nurses to access continuous professional development and this has led me to look into using a social media platform to share knowledge informally and possibly create a supportive network amongst nurses.

### **1.3. Background to the study**

#### **1.3.1. Setting the scene: Malta at a glance**

The Maltese archipelago comprises three inhabited islands, Malta, Gozo and Comino, with an area of just over 316 square kilometres. Malta is the smallest state within the European Union (EU), even smaller than Luxembourg and Cyprus. According to the National Statistics Office (NSO) (2016) the Maltese archipelago hosted a population of approximately 434,403 residents, but this number has increased since the publication of the document. This makes Malta the most densely populated countries in the EU.

Malta has quite a colourful history. Situated in the centre of the Mediterranean, it has attracted and been dominated by many rulers due to its geographic and strategic position between Europe and North Africa. Of particular interest, rulers such as the Phoenicians, Romans, Knights of the Order of St. John, and Great Britain have influenced and enriched its cultural background. Malta became an independent state in 1964 (Frendo, 1993). The Queen remained Head of State until Malta became a republic on 13<sup>th</sup> December 1974, when she was replaced by a Maltese president. With its own government, Malta has formed part of the Commonwealth of Nations and the United Nations since its independence and in 2004 Malta became part of the European Union.

The archipelago is considered to be of Roman Catholic faith as stated in the Constitution of Malta (1964). Roman Catholicism is therefore taught in state schools. However, since there is a growing number of faiths within the archipelago, Roman Catholic teaching is now being substituted by Ethics teaching for those who request it (Debono, 2019). This implies that Malta houses a multicultural mixture of individuals with various backgrounds, who come seeking asylum, migration or employment.

Malta is a parliamentary democracy with two main political parties. Smaller parties are not currently represented in parliament, due to the population's strong, almost 'tribal' ties to the two main parties that practically excludes representatives of tiny parties from winning seats.

### **1.3.2. A historical snapshot of psychiatric mental health nursing in Malta**

Historically, psychiatric mental health nursing was not considered a career of choice. Boling (2003) noted that until the late 1800s and the early 1900s there was little nursing carried out in mental institutions and the people who worked there were considered to be 'jailers' rather than carers. This approach arose from the fact that mental illness was seen to be a punishment from God, a result of evil doing; consequently, people suffering from mental illness were



incarcerated and physically abused. Those who ‘cared’ for this vulnerable group were referred to as orderlies or attendants. They themselves often had challenging personalities and were often employed for their physical appearance or were ex-offenders. The main scope of mental health care was to maintain order and employing such individuals prevented patients from escaping from hospital, hence keeping society safe (Boiling, 2003). There was no distinction between mental illness, learning disabilities, neurogenerative disorders and dementias, hyperactivity and criminals. Thus, when society could no longer cope with these individuals, they would be sent to far-away institutions to spend the rest of their days there. This closely resembled the prevailing practice in Malta. Cassar (1995), in his notes on the medical landscape of psychiatry in Malta, described the tainted history of mental health care in the archipelago. In his seminal works, Cassar (1995, p. 483) noted that the first documentation of mental health care was in 1519 when reports were received of a madman being transferred to Malta from the neighbouring island Sicily, but there was no elaboration as to why this person was being transferred. The first documented hospital was that of the Knights of Malta in the Holy Infirmary in Valletta, which also offered mental health care to those who required it (Cassar, 1995; Savona-Ventura, 2004). Opening its doors in the 1570s, care was considered of high standards and could cater for over 900 patients, who were often cared for by the Knights themselves.

Cassar (1995) noted that in 1779 there was an influx of patients suffering from mental disorders, thus forcing the Knights to use underground facilities to restrain and care for these individuals. Care was then provided by attendants or wardens. These carers had no educational background, were often themselves stigmatised by society or ex-criminals and usually employed for their physical stature and appearance (well-built and/or inspiring fear). Due to severe overcrowding at the Holy Infirmary, those who were deemed incurable (what was referred to at the time as having an incurable mind), were transferred to the Ospizio or

Casa di Carità in Floriana in 1816. It appears that care was still offered by wardens and attendants (Savona-Ventura, 2005). By 1835, the Ospizio was deemed unsustainable and a commission was set up for the planning of a dedicated asylum. Villa Franconi in Floriana became the new asylum, opening its doors later that year (Cassar, 1995; Savona-Ventura, 2005). With very poor care and no proper specialists, the number of individuals making use of this facility continued to increase. This resulted in overpopulation, which became of great concern in August 1854 following an outbreak of cholera (Cassar, 1995). A proposal for a new hospital – an ‘asylum for imbeciles’ or ‘lunatic asylum’ - was put forward and accepted. The asylum was situated in Attard, Malta and received its first patients in 1853 (Cassar, 1995; Savona-Ventura, 2004). This facility is still operational under the current name of Mount Carmel Hospital and is still considered to be the central hub for mental health services in the archipelago.

When the asylum was opened, nursing care was offered under the supervision of nuns, the Sisters of Charity (Savona-Ventura, 2004). However, the stigma associated with mental health hindered the employment of nuns and also made it difficult to attract nurses to work within the asylum. It was often the case that people were summoned from surrounding villages to work as attendants at the hospital (Savona-Ventura, 2004). Akin to the attendants who worked in the Holy Infirmary and Villa Franconi, these individuals were often poorly educated as the only requirement was elementary school education. Cassar (1995) noted that although the Medical Superintendent at that time tried to offer training, the majority of attendants were illiterate, and it was only in the 1930s that the nursing situation improved slightly. In 1947, another attempt to raise the profile of the attendants working within the hospital was made by the medical superintendent Dr Paul Cassar, the medical doctor and psychiatrist of the asylum (Cassar, 1995, Savona-Ventura, 2004).

Savona-Ventura (2004) commented that training in psychiatric mental health nursing in Malta commenced with the introduction of Ms Evelyn Zimmerman in 1967, who had completed some work for the Department of Health (Malta) through the World Health Organisation. She introduced a 'Teaching guide for Mental Health and Psychiatric Nursing'. This book was later translated into Maltese. It was only when the University of Malta reformed the Nursing School and the Institute of Health Care was established that psychiatric mental health nurse training was offered.

#### **1.4. Nomenclature in nursing practice**

Sammut (2017) argued that the nomenclature of nursing qualifications in Malta is rather extensive and complex. The following outline provides a brief description of the process of becoming a nurse and working within the local public services.

##### **1.4.1. Qualifications**

Until recently, the University of Malta was the main institution which provided training and awarded certification locally and was the major contributor to the local nursing pool.

The exact history of how nurse training and nursing was developed in Malta is unclear and unobtainable (Sharples, 2017). However, formerly being part of the British empire, nursing qualifications and progression in Malta closely resembled the British model (Sharples, 2017).

According to Axiak (2018b) the nursing school started to operate in the 1960s. However, Cassar (1995) in his writing had observed that in 1938 there was a significant lack of state registered nurses who completed their training locally. It seemed that at that time, most nurses had to go abroad to qualify while some nurses were being trained locally. This may suggest that formal nursing training was offered at an earlier date than that suggested by Axiak (2018b). It may also suggest that the Sisters of Charity were considered to have

received training as nurses as they would care for patients during their duties as nuns working in hospital.

Nevertheless, some 70 years ago, the state nursing school offered three courses, the pupil nursing and student nursing courses and the traditional midwifery course (Sammut, 2017). At the time, students used to live in the nursing school throughout their training. This changed in 1987 when the nursing school fell under the remit of the University of Malta, where nurse training was offered at the Institute of Health Care (University of Malta [UoM], n.d.).

Nursing programmes were offered and qualifications awarded through the university at three levels. Here one could receive Certification in Nursing, a Diploma in Nursing/Midwifery and/or a Degree in Nursing. Soon after the University of Malta's involvement in establishing nursing as a degree-level course, the introduction of the Diploma in Psychiatric Nursing was offered which was ran for 6 years, between 1992 and 1998 (Axiak, 2018b). The Institute of Health Care was given the status of Faculty of Health Sciences in 2010 (UoM, n.d.), offering a Diploma in Nursing and Degrees in Nursing, Midwifery and Mental Health Nursing, as well as a Master's level programme in the same disciplines. In the meantime, the Certificate in Nursing was discontinued. All nursing courses and training were standardised with reference to programmes offered elsewhere in the European Union (EU), with a minimum of three-year training for each course at Diploma and Degree levels and three years' training to be awarded a Master's Degree on a part-time basis.

In 2017, the Malta College of Arts, Science and Technology (MCAST) together with the government, Malta Enterprise and the Maltese Union for Nurses and Midwives contracted Northumbria University, Newcastle to offer nurse training at degree level (Northumbria University Newcastle, 2017). The University of Malta and the University of Derby, through Domain Academy (Malta) offers further academic progress to nurses awarded a diploma

qualification in nursing: a nurse holding a diploma may opt to further their studies by pursuing a degree.

#### **1.4.2. Registration and Grade**

Regardless of where a qualified nurse received her/his qualification, for a nurse to be employed within the Maltese archipelago one has to be registered with the Maltese Nurses and Midwives Council (health.gov.mt, n.d.). Once accepted, the nurse will either be enrolled as a first-level Staff Nurse (SN, for those nurses who have completed a Diploma or Degree in Nursing programme), a first-level Midwife (for those who have complete their Degree in Midwifery), or a first-level Registered Mental Nurse (RMN, for those having completed their Diploma [pre-1998 courses] or Degree in Mental Health Nursing), or a second-level nurse if awarded a Certificate in Nursing.

#### **1.4.3. Addendum to nomenclature**

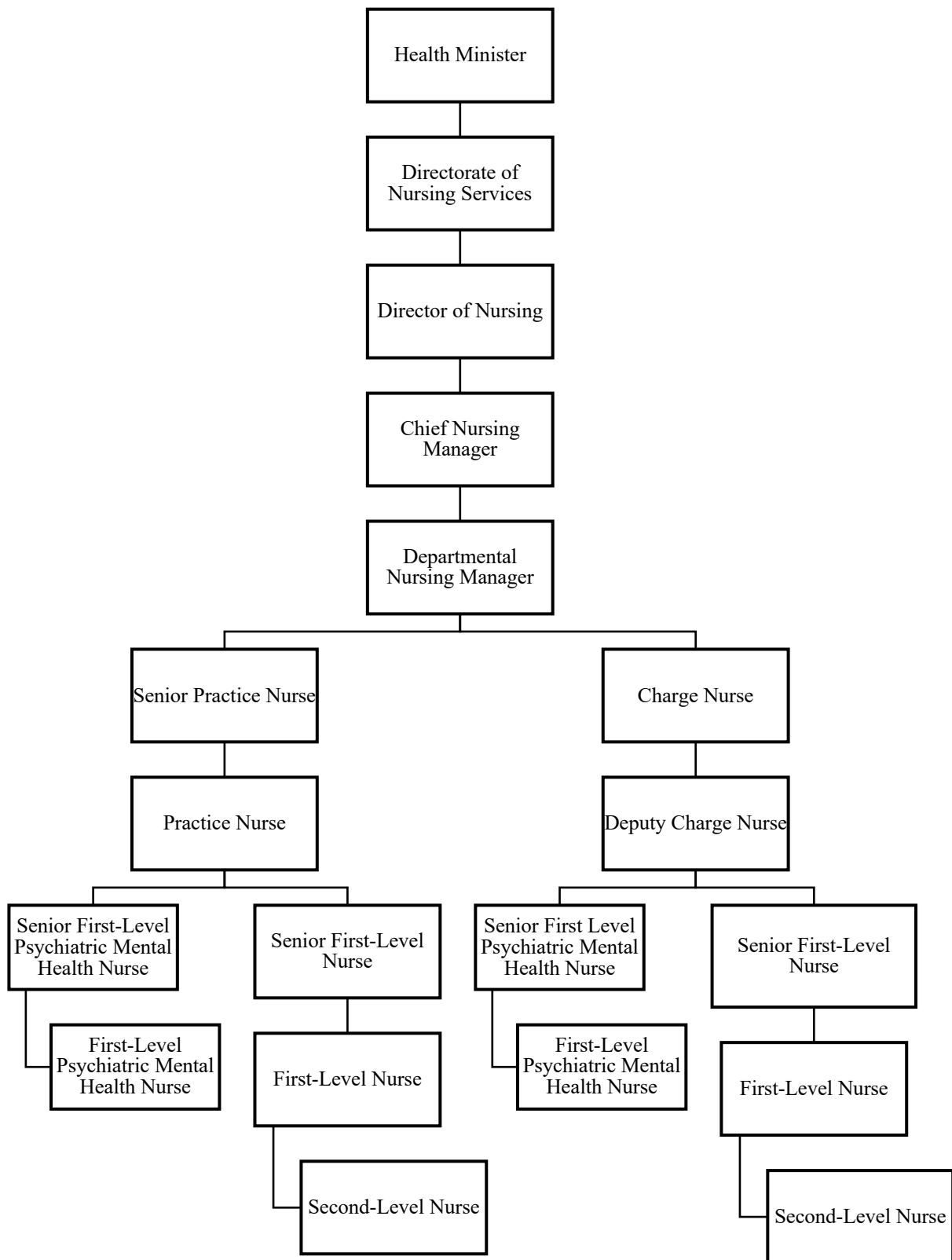
I am here presenting some additional information about the complex nursing hierarchy within the Maltese healthcare system.

- A Master's Degree in Nursing, Psychiatric Mental Health Nursing or Midwifery is awarded once the student completes the course successfully. It is recognised by the Nursing and Midwifery Council as additional training for first-level nurses, but does not result in a higher grade in the hierarchy. Only a promotion to a Senior Nurse position results in an increase in responsibilities and salary.
- Those nurses who had received a Certificate in Nursing were enrolled with the Nursing and Midwifery Council as second-level nurses. The majority of this cohort of nurses were offered additional training. Upon completion, nurses who completed that training were registered as first-level nurses (Sammut, 2017).

- Grades in nursing within public healthcare are awarded based on years of experience for a Senior Nurse position. For a first-level nurse to be promoted to a managerial post or a practice nurse position, a call for applications is issued where the nurse would have to complete a competency framework booklet and might have to undergo an interview (Nursing Directorate Service, 2016). Factors in the assessment include the nurse's qualifications, knowledge and experience. Evidence related to continuous professional development are also included in the booklet to establish personal progression.
- Those individuals who completed their first-level training in a speciality such as psychiatric mental health nursing are registered on a special section of the registry, yet still referred to as first-level nurses (Council of Nursing and Midwives, 2006).

Figure 1.1 provides the hierarchy of grades available locally within the health care system.

Figure 1-1.: Representation of grades within the public nursing system



### **1.5. Personal reflection/Situatedness**

Understanding my situatedness through my positionality

I embarked upon this journey understanding that “research is a process, not just a product” (England, 1994, p. 85). This process is an epistemological continual experience. The end product will essentially be shaped by my own personal experiences, those that I have gathered throughout my journey, readings, data collection and my understanding.

Takacs (2003) advocated that those who carry out any form of research should understand their positionality, otherwise referred to as situatedness within this study, as this may bias one’s epistemology. As Takacs (2003) pointed out, our past shapes our understanding of the world. This may not always be representative of the truth, but rather is representative of the researcher’s own truth. Understanding one’s situatedness throughout the whole research process, from the conception of the study to its completion, provides an indication as to how the researcher is influenced by the richness of her/his personal development and experience. Essentially, the researcher’s positionality must be examined to be better able to listen to the research, challenge and interpret the literature and collect data with a more balanced and holistic approach.

Positionality theory has two main assumptions. It assumes that individuals have multiple overlapping orientations. These orientations are related to various aspects such as political, policy and practice development whilst being shaped by a personal schema of values and morals (Bourke, 2014; Clough & Nutbrown, 2012). The other assumption is that due to multiple overlapping orientations, relationships with each other can change and evolve, therefore making positionality a fluid and dynamic concept (Kezar, 2002, p. 96). This comes from the understanding that the researcher and the researched are in a shared space, within which both parties impact each other and impact the research process (Bourke, 2014;



England 1994). Thus, positionality is constructed throughout the process of the research, continuously changing to represent the researcher's orientation throughout the process. To expand on my positionality, I have included the local scene and my background to shed light on situatedness in this research project.

It is imperative to provide a brief description of my professional self. I regard myself a generic psychiatric mental health nurse with hospital-based roots. As a student nurse, I had always considered bed-side nursing to lack the creation of a therapeutic relationship, however this was not the case when I was introduced to my first placement in a mental health setting. I instantly fell in love with the continuity of care offered in this setting, even though within an outdated, stigmatised hospital, and decided to switch courses and complete my training to be awarded a psychiatric mental health nursing diploma qualification.

Having worked in the field for nearly two decades I feel that I have contributed to patient care and hopefully left a positive imprint in their lives. I can easily recall instances where patients sought my assistance and where I have had the opportunity to work with families through their most difficult times and others where I experienced untoward psychiatric incidents. I know of patients who were admitted to hospital and are now either leading fulfilling lives in the community or have decided that dying was their only choice. Over the years, I established my career and held various positions within the hierarchy; most recently I was a charge nurse, also known as a nursing officer, in one of the admission wards. In addition to my clinical role, I acted in the capacity of a mentor, clinical supervisor, assessor and as an occasional lecturer for students pursuing a psychiatric mental health nursing career. My professional career also extended outside of my work remit. I had the opportunity to act as a board member of the Maltese Association of Psychiatric Nurses (MAPN). I was also offered the opportunity to represent MAPN on an international platform. I was nominated to be a board member on Horatio, an international association for psychiatric mental health

nurses. I have now changed my trajectory and work as a lecturer at MCAST where I have the opportunity to share my expertise with nursing students who will one day work with a similar population of patients to the one I was exposed to.

It seems to me that nurses view themselves as having very little power to create change, therefore rely on their superiors for decision-making. This is impacted by the hierarchy of management within the local mental health setting whereby doctors have the highest authority. Thus, nurses perceive themselves as being of a lesser status or value than other professionals and do not always voice their opinions in fear of either being ridiculed or not being heard.

Nevertheless, most nurses do their utmost to provide the best possible level of care. A number of nurses now undertake courses leading to degrees in mental health nursing. However, I feel that nurses, in particular psychiatric mental health nurses are struggling and stumbling when trying to transfer their knowledge into practice. Though educated, this cohort of nurses continues to conform with the norms practised in their workplace. This gave me the impetus for this study.

## **1.6. The study**

Using the previously cited work by Moorley and Chinn (2015), I discovered my interest in the possibility of using social media for learning. Social media platforms provide an opportunity for people to communicate between themselves, learn from each other and offer support. As previously described, the stimulus for my study comes from the desire to share knowledge with nurses to continue to further their learning in an informal manner, providing them with the opportunity to converse with and support one another.

This study recognises two main significant aspects: the importance of providing a forum for a group of people to communicate freely to be able to reflect, share knowledge and support one

another whilst recognising that learning is a continuous journey. This led to using a similar approach to that implemented by Moorley and Chinn (2015), that is, creating a virtual means to initiate and engage in a community of practice through the use of social media, whilst sharing evidence-based knowledge and reflecting on workplaces. This understanding lay within my personal assumption that learning does not necessarily occur within a formal structured context but occurs throughout our lives. This study thus aspired to create a collaborative approach between a homogeneous group of professionals to share evidence-based practice through an established social media platform to create a medium for informal learning, whilst encouraging a sense of teamwork between the collaborators to share knowledge amongst themselves. This resulted in using an established social media platform (in this case, Facebook was the selected platform) to create a supportive community known as a community of practice in a group of psychiatric mental health nurses.

### **1.7. Scope and Aim**

The scope of this study was the use of a free social media platform to assist in broadening a professional's wealth of knowledge through sharing of evidence-based information and reflective accounts. The study also sought to cultivate a supportive culture between the participants by providing clinical expertise, encouragement of reflective practice and support between professionals. The use of a homogeneous group of nurses ensured better understanding of the topic of discussion and for the purpose of this research study a group of psychiatric mental health nurses was used. It was hoped that this group of nurses would inspire a collaborative process of informal learning, whilst cultivating an environment that promotes informal learning. Unlike formal learning which can be measurable through examinations and assessments, informal learning cannot be formally assessed, thus for this research study, the participants were asked to reflect and share their experiences.

Ultimately, the research study had two aims. It aimed to use a social media platform to create a space for psychiatric mental health nurses to be able to share and provoke critical thinking amongst themselves through the sharing of evidence-based practices and policies and sharing of experiences amongst themselves to create an environment of informal learning. It also aimed to create a culture of support by creating a community of practice, which was independent from the organisation they worked in. To evaluate these aims, I aimed to gather the participants' experiences of this new approach towards learning and support.

### **1.8. Research questions**

The main research questions represent the aim of the study. The research questions are located to the local context in which the study was carried out. For the purpose of this study, the research was carried out with psychiatric mental health nurses who were employed with the Ministry of Health and were registered with the local Nursing and Midwifery Council of Malta.

1. How can a social media platform be used to sustain informal learning in a psychiatric mental health services in Malta?
2. How can a social media platform be used to create and cultivate a community of practice within these same services?

### **1.9. The structure of the thesis**

Following this introduction, the next chapter addresses relevant literature with the aim to inform and locate the research study. It structured by dividing it into two sections. The first section looks at informal learning and learning theories, followed by a description of a community of practice where I related this to activity theory. Then I looked into social media and how social media platforms can be applied to learning and cultivation of a community of

practice. In the second section of the literature review, I look into organisational learning, organisational culture and leadership.

The methodology and method chapter follows. Here I discuss the theoretical underpinnings, which are embedded in social constructivism and the application of the constructivist grounded theory approach to the selected research project. I also describe the process of using a constructivist grounded theory approach in detail. I describe the phases of the study in the method section.

In the fourth chapter, I present my findings. Through the implementation of the constructivist grounded theory approach, I delineate the creation of codes and categories and present my findings through the three conceptual categories and a theoretical category. The findings addressed an array of topics which included issues related to oneself with respect to the use of social media and professionalism; organisational issues; and the implementation of formal to informal learning amongst other aspects.

In the fifth chapter, I discuss the findings by creating links and by nesting the discussion within a broader context and the local scene. By placing this chapter in the local setting and through the application of the constructivist grounded theory approach, I continue to discuss the success and failure of the research project. Thus, I look into the limited success the study had in creating a place for informal learning to occur. However, I also identified the essential role the organisation played in promoting and inhibiting a community of practice, which influenced the expansion of informal learning.

My model of understanding is presented in the sixth chapter. Here, I incorporate the conceptual and theoretical categories to explain the effects these had on the study. My model is that the organisation and the psychiatric mental health nurses working within it cannot be regarded separately, thus are interdependent on each other. Taking this into account may

prevent failures in promoting changes in practices which are embedded within organisational culture.

The end of my storyline is presented in the final chapter. Here, I summarise the study by outlining each chapter. I then provide recommendations and look into the strengths and limitations of the study. I finally conclude by looking at my contribution to knowledge and my own reflections.

## **2. Literature Review and Theoretical Framework**

## **2.1. Setting the scene through literature and a theoretical framework**

It is a common assumption that learning occurs within a structured organisation, such as that of school, university or any other institution (Illeris, 2007). However, Albert Einstein questioned this with the statement “*Do we ever stop learning?*” Einstein argued that learning does not cease with time and age but rather postulated that learning is a continuous process throughout one’s life, a life-long journey of acquiring and innovating information, knowledge and skill from a multitude of sources. Eraut’s (2000, p.114) description of learning reflected Einstein’s understanding, referring to it as “a process whereby knowledge is acquired”. This meant that learning is accumulated over a period of time. Additionally, Pardjono (2002) defined learning as an active process of acquiring information, therefore proposing that learning is an ongoing process that continues throughout the course of our life. Illeris (2007, p. 3) maintained the same tenet by referring to learning as being “broadly defined as any process that in living organisms leads to permanent capacity change and which is not solely due to biological maturation or ageing.”

## **2.2. Locating the study**

I found these depictions of learning thought-provoking. I agree that it is commonly assumed that learning is frequently thought to occur within structured organisations, while we often ignore learning that occurs outside of structured environments, for instance all activities that are acquired before schooling are unfortunately not considered as being activities of learning and knowledge acquisition. Recently, I encountered a similar scenario through my own practice where I would often reflect on incidents which occurred at work. For example, I would often find myself appreciating my colleagues’ ability to discuss and effectively interact with challenging people. Their ability to interact with a person was not related to



their schooling, but rather in adapting to the person's needs which lay in their ability to learn from their work. This spurred me to try to understand whether learning is an accumulation of knowledge from formal institutions, experiences obtained through life and work or a combination of both. Another intriguing aspect that helped conceptualise the focus of my study was when I used to have informal discussions with my family, friends and colleagues where we would seek information through social media applications to be better able to describe, understand and debate. This often resulted in blending old ideas with new ideas, reflecting the description of learning as described by Eraut (2000) and Illeris (2007). It instigated the notion of using a social media platform to inspire opportunities for learning.

Learning cannot occur in isolation – there is an interplay of learning concepts, theories and approaches which play a significant role in designing the study here. Petraglia (1998, p. 53) argued [that we should make] “the attempt to make learning materials and environments correspond to the real world prior to the learner's interaction with them”. Engeström (1987) and in his later work Engeström (2014) assumed that an individual's activities are directed at real, constructed and emergent events and react towards an object and an outcome. Therefore, this necessitates that opportunities are created in specific arenas to be better able to access opportunities to acquire informal learning material that is designed in a manner that corresponds to current practices and reflects the current requirements of the learner.

Engeström (1987) and later in Engeström (2014) consider that activities are interwoven with contradictions and it seems that these contradictions allow room for further development and adaptation to change. Contradictions refer to tension, conflict, discrepancies, problems and dilemmas that are present, bringing about critical thinking (Simeonova, 2017). These can be solved through supportive networks within the community to seek innovative ways to deal with challenges (Wenger, McDermott & Snyder 2002).

Meaningful learning can be achieved by adopting systems to accommodate the needs of learners, facilitating construction of deeper and richer knowledge-creating interactions. Nowadays, Web 2.0 technologies, especially social media platforms, have granted further access to instant information. These technologies offer new opportunities for one to access learning, offering direct and indirect occasions to learn through individual or multiple interactions (Dron & Anderson, 2014). The concepts of learning and social media platforms will be addressed in the following sections.

I have divided this literature review into two main sections. The first section of the literature review looks at literature about learning, the selected theoretical assumption, and the employment of social media in the context of learning. Here, I employed a scoping approach towards understanding the research available. This helped me understand how to employ a social media platform for informal learning and to cultivate a community of practice. In the second section of this literature review, I look at the organisational learning, culture and management which were a prominent feature in findings and discussion chapters.

To apply the literature review to the current study, I have inserted a number of reflective boxes. These boxes indicate how links were created between the presented literature and my findings, prompting further understanding and questioning my present findings.

## **2.3. Employing a scoping approach: Understanding the concept of learning and social media**

### **2.3.1. Understanding the concept of learning**

Illeris (2007) pointed out that learning is an unrecognised experience where we find ourselves acquiring a wealth of information. There are various forms of learning, all associated with some form of change. In this chapter, I will be focusing mainly on informal learning. Here, I will be adopting the definition of learning as understood by Livingstone (2001), who suggested that learning is best understood through the term ‘education’. Livingstone (2001, pp. 2-4) noted that the term *education* stemmed out of the Latin verb *educere* meaning to *lead forth*. He classified learning into four categories: formal learning, non-formal learning, informal learning and self-directed learning (Livingstone, 2001). Below is a brief description of these categories.

*Formal learning* is the first category of learning identified by Livingstone (2001). This type of learning is typical of learning that occurs in a pre-established body of knowledge (Marsick & Watkins, 2001). Foley (2004) characterised this form of learning as the most familiar, carried out in a formal recognised institution such as a school or university, defined by a curriculum and often resulting in a form of qualification. It has been referred to as being institutionally sponsored, highly structured and set with certain perspectives and views (Eraut, 2000), propaedeutic (Schugurensky, 2000) or considered to be learning that occurs through the concept of a classroom (Wenger, 2009). Here, students are typically allocated into a class with a pre-existing curriculum to guide the teaching. It requires that the student has to pay attention to the teacher/lecturer and be given information. When working towards the attainment of formal certification or qualification, the credibility and robustness of formal

education is taken into consideration (Cedefop, 2014; Cedefop, 2008). Formal education and formal learning are often perceived as boring, arduous and tedious (Wenger, 2009).

Nevertheless, they are required and are widely acknowledged through certification or qualification.

Closely related to formal learning is *non-formal learning*. Non-formal learning refers to the type of learning in which the student further acquires knowledge or skill by voluntarily seeking it, yet still basing the knowledge and skill on a pre-established body of knowledge. Cedefop (2014) and Cedefop (2008) acknowledged that non-formal learning appears to be predominantly in conjunction with formal structures of learning and consists of activities which assist in formal learning. It is therefore considered to be intentional such as participating in independent learning activities, extra-curricular activities or projects based within a school program. Foley (2004), who discussed the concept of learning within adulthood, considered that non-formal learning includes learning that occurs within industries, when an employee works on a project related to the area of employment.

*Informal learning* was the third category identified by Livingstone (2001). Livingstone (2001) referred to this as “any activity involving the pursuit of understanding, knowledge or skill which occurs without the presence of externally imposed curricular criteria” (Livingstone, 2001, p.5). Marsick and Watkins (2001, p. 36) believed that informal learning “rests primarily within the hands of the learner”. It is therefore a concept which is caught not taught (Selwyn, 2007). These references concurred with Foley’s (2004) understanding of informal learning, where the author depicts it as reflection from experience; may occur unconsciously and unintentionally and may result from encounters such as meeting people, accessing virtual media sites, reading a book or just by walking down a street. Le Clus (2011) agreed with Foley (2004) and continued that informal learning is an unconscious activity

which occurs through a need, a motivation to know more about the topic, or provided by an opportunity to learn. Therefore, it tends to be an invisible activity as it is a type of learning that is taken for granted. Informal learning has also been considered to be opportunist. This type of learning occurs through informally learning a new task. Due to the informality, informal learning lacks recognition and it often happens that the individual is unaware that learning has occurred. According to Eraut (2004), informal learning is inherently difficult to measure and unlike its counterparts, there are no exams or assessments to quantify knowledge accumulated. Additionally, it is often the case that informal learning may be generated through numerous interests the individual has or derives out of necessity to be better able to counteract problems faced through daily activities (Gu, Churchill & Lu, 2014). Hence, it permits learners to have the freedom to learn at their own pace, is self-directed, and accumulates into their own wealth of knowledge. Informal learning therefore implies that learning occurs from one's own personal experience or the experience of others, thus learning from a social context one is drawn into, such as work. Additionally, Cedefop (2008) extended upon this, regarding informal learning and education as occurring outside of formal institutions, usually resulting from daily activities related to one's work, family or leisure. Livingstone (2001) and Foley (2004) maintain that informal learning takes place incidentally, the learner gaining skill through performance. To further complicate the debate on informal learning, Livingstone (2001) identified the fourth category of learning, which resembles informal learning quite closely. *Self-directed informal learning* or *collective informal learning* happens when intentional learning is undertaken without reliance on a teacher or organised curriculum (Livingstone, 2001). This type of learning includes job-specific learning done in one's own time, learning from colleagues as collective informal learning and learning by doing and reflecting. This closely resembles Foley's (2004) understanding of non-formal learning, whereby the learner seeks out information related to their area of work.

Schugurensky (2000) illustrated self-directed learning as learning that is undertaken at the person's own initiative, therefore implying that self-directed learning is in fact informal learning. Here the individual is conscious that learning is required to achieve a newer or better understanding, such as learning how to ride a bike or learning how to use a particular computer programme. To further understand self-directed learning, reference may be made to Schön's (1983) understanding of reflection. Schön (1983) understood that there are two types of reflective practices that occur. The first is reflection on action where learning occurs following a task whilst reflection in action occurs whilst carrying out the task, drawing upon experiences that occur either during or following an action. Both of these types of reflection are considered within the informal aspect of learning and are intended to improve the outcome of the practice. Therefore, this type of learning supports the concept that learning is a continuous process, occurring in any environment including unlikely learning spaces like those found at home or at work, or by participation in online training such as massive open online courses offered by universities. Ultimately, as Livingstone (2001) concluded, self-directed learning and education is still considered an extension of informal learning as no one instructs the person, which would be the case in formal learning. Informal learning and self-directed learning comprise many different aspects of the learning curve and occur continuously.

I find these descriptions of learning somewhat controversial, because they portray informal learning and self-directed learning as purely self-serving, with a positive or constructive impact or influence on the individual.

Foley (2004) concurred that informal learning is often perceived as being constructive in nature, therefore of benefit to the individual, improving one's understanding. Yet, he also argued that where there is constructive learning, there is an opportunity for non-learning to occur. 'Non-learning' implies learning perceived as being deconstructive in nature or cases

where no learning occurs. Here, Foley (2004) remarked that there are individuals who actively refuse to learn or fail to learn. This would be considered non-learning. Nevertheless, Wenger (2009) argued that failing to learn does not result in failing to learn. Wenger (2009) argued that failure to learn still resulted in *some* learning, even though the learning may be considered destructive in nature.

Wenger (2009) continued that learning, especially informal learning, needs to be perceived as a personal process because learning does not occur in a vacuum. It needs to be reflective of the context of the person's life, which is not static but in continuous motion. Since learning is a process, one's learning may change to be more reflective of the current context of one's life. Thus, informal learning and self-directed learning need to be considered on a continuum and not as static moments.

### **2.3.2. Informal learning as an inclusive term**

Eraut (2004) noted that informal learning is often used interchangeably with other terms such as adult learning and incidental learning. Merriam (2008) described adult learning as a multidimensional phenomenon which includes knowledge construction. This process is inclusive of a reflective process, dialogue, critical thinking and decision-making which occur both independently and within a group. It encompasses a cognitive process that leads to understanding a more complex socio-cultural context, therefore may not be limited to one's knowledge but reflects personal experiences influenced by others (Merriam, 2008). Learning here is not premeditated, therefore is informal in nature.

Incidental learning has been recognised to be a subcategory of informal learning (Marsick & Watkins, 2001). It is regarded as a by-product of other activities that take place in everyday life and very often people are not aware of it occurring; it is only following reflection that the individual becomes aware that learning has occurred (Schugurensky, 2000). Marsick and

Watkins (2001, p. 37) described this as learning that occurs following a mistake, learning by trial and error, and learning through a series of covert impersonal experiments such as testing someone's boundaries. Incidental learning can therefore be considered as reflection following action as already described by Schön (1983). Both these terms describe instances which extend upon the concept of informal and self-directed learning.

For the purpose of this study, I have decided to use the term informal learning to encapsulate the terms informal learning, self-directed learning, adult learning and incidental learning. As Eraut (2004) stated, these terms are often used interchangeably within the cited literature. I concur with the definitions proposed for informal learning and self-directed learning. The scope of this study was to create an informal learning environment by using a social network platform to share information related to evidence-based practice and standard operational procedures and reflect on experiences. I did not wish to impose learning on the participants, but rather offer a medium through which learning can occur. Through the use of a social media platform, I envisioned that this study would be independent from the organisation, therefore offered an alternative approach to the traditionally offered methods of learning.



## 2.4. Connecting the literature to the study

*Lave (2009) observed that learning is an ambiguous concept to understand. Meanwhile, Livingstone (2001, p.3.) argued that “no human learning is devoid of the influence of other people”, therefore is centred around a multitude of factors, influencing other people’s feelings, current perceptions held by formal and informal institutions, beliefs and culture. Understanding the concept of learning has given me the insight to understand how learning is implemented in the local mental health setting. Appreciating the various opportunities where learning occurs, I was able to capture how the participants who participated in my study approached learning opportunities. Here I came across psychiatric mental health nurses who seemed to be dependent on formal learning opportunities to increase their breadth of knowledge and could not appreciate informal learning as another learning method. I recalled Fenwick and Tennant (2004) who had pointed out that learning does not occur within a vacuum. This reflection supported my own stance: that learning can occur through a social media platform. Introducing the participants to unconventional avenues for the promotion of learning assisted them in employing different means to obtain further knowledge and increase their amplitude. It may have also given them greater appreciation of the concept of informal learning through a social media platform, where access to learning opportunities and support can occur anywhere, in any situation and through any experience.*

*It is essential to recognise and value the educator’s role in learning, as the learner is not inseparable from the educator (Fenwick and Tennant, 2004). The learner is influenced by the positionality of the educator and vice versa. Therefore, the educator is similar to a light rod, guiding the learner’s ability to learn new things or further their understanding. This approach summarises how the learner will respond and interact with the educator which too was reflected in this study. Thus, learning is inclusive of the educator’s perception of the learner which inevitably impacts the input and interaction between the educator and the learner.*

*Learning is perceived through a collective lens whereby input from others helps the community grow (Fenwick & Tennant 2004). This stance was of great relevance as I shall discuss later on in the write-up of this study. I intended to create a platform free from any institutional input to harness informal learning and cultivate a supportive community. I had not fully appreciated what Fenwick and Tennant (2004) claimed when arguing that learning is dependent on several factors, including the educator. During the process of reflexivity, I soon realised that the educator, in this case the organisation, had a huge influence on learning and on the cultivation of a supportive network within the community of psychiatric mental health nurses.*

## **2.5. A theoretical understanding of informal learning**

I encountered a mosaic of theories when I tried to understand how learning occurs. Each theory I have presented here has been recognised as being relevant to learning. Needless to say, theories must be interpreted with caution as each theory does not occur in a vacuum, hence it is common for theories to overlap. In addition, it is important to note that this list is not inclusive of all learning theories available in the literature. I referred to instrumental learning theories - behaviourist and collaborative learning theories to guide me in my understanding of learning. The latter is subdivided into constructivist learning theory and social collaborative learning – social constructivism. I opted to delve deeper into these theories as I have drawn on their relevance to understand learning by the group of participants.

### **2.5.1. Instrumental learning theories – Behaviouralist**

The predominant theories of learning are the instrumental learning theories. The main tenet of these theories is that they regard the mind as a blank slate or '*tabula rasa*' (in Latin). This means that a human being is born without any knowledge, like a blank sheet of paper, therefore the acquisition of knowledge through learning was consequently an acquisition of taught experiences (Androne, 2014; Merriam, 2008; Taylor & Hamdy, 2013, Kay & Kibble, 2016). Learning, through instrumental learning theories, is primarily characterised by acquisition of taught behaviour as individuals are thought to acquire and store new information through an instructional model in teaching. Therefore, learning occurs through modelling, demonstration and reinforcement (Fenwick, 2008; Palincsar, 1998, Taylor & Hamdy, 2013). Champions of instrumental learning theories are the approaches from the behaviourist camp, such as Skinner's theory of operational conditioning. Here, it is claimed

that one learns through conditioning, modelling and repetition, commonly referred to as learnt behaviour.

Overall, instrumental learning theories have been regarded to be limiting in nature.

Essentially, instrumental learning theories omit cognitive input and the socio-cultural context, as there is no reference to the mechanisms where learning occurs through reflection. Nor do these theories ascribe learning to cultural traditions nor do they account for adapting knowledge and transferring this into different situations. However, the effectiveness of instrumental learning theories is still relevant to practice, as these theories focus on developing practices and competency in performing tasks (Yardley, Teunissen & Dornan, 2012). This is also the preferred approach in formal education (Yardley et al., 2012) as the teacher provides necessary information to the students, which is expected to be relayed back to the teacher during assessment.

### **2.5.2. Collaborative learning theories:**

Fenwick (2008) remarked that a collaborative approach entailed the concept of learning through a series of schemas, heuristics and cognitive thinking. A collaborative approach assumes that learning is considered in cognitive and social environmental contexts, where reflective practice, constructivism, self-directed and transformative learning are relevant (Fenwick, 2008; Palincsar, 1998). Here I will use the examples of constructivist learning and social collaborative learning – social constructivism.

### **2.5.3. Constructivist learning theories**

Constructivist learning theorists assume that learning is a process of attaining new knowledge (Taylor & Hamdy, 2013; Kay & Kibble, 2016). Theorists such as Dewey, Piaget and Vygotsky all believed that learning requires collaboration with other individuals. Learning is

perceived as a personal construction of meaning which happens through experiences, interactions and active participation.

In 1938, Dewey rejected the behaviourist approach towards learning, believing that learning is an active process, where pupils become active participants within the classroom (as cited in Pardjono, 2002, p. 164). Dewey believed that active learning comprises three aspects: knowledge, learning and teaching. Knowledge was formulated through experience and constructed through learning. Learning meant the acquisition of knowledge that was achieved through skill and individual experiences, such as those described through instrumental learning theories where modelling and schemas were designed to animate learning. Teaching was facilitated through an active learning environment, hence included physical and mental activity, such as play.

Similarly, Piaget rejected notions associated with the behaviourist camp of learning. Pardjono (2002) observed that Piaget identified with Dewey's understanding that learning does not occur through the process of a teacher teaching a student, but rather through a process of assimilation and accommodation. Here, Piaget (as cited in Shayer, 1997, p.35) argued that what the student interprets does not necessarily reflect what the teacher is saying. Piaget noted that a child reasons and builds an argument based on preconceived notions. Thus, children try to prove their point through the formation of an argument. This changes as one ages: the child starts perceiving and questioning its thoughts. It is this checking and confirmation of thoughts that is a characteristic of adult thought (Shayer, 1997). Adapting and accommodating according to the environment one is surrounded by forms part of learning. For Piaget, assimilation is an intellectual process whereby the individual understands the environment through their cognitive structure, known as schemas. Accommodation happens when an individual adapts to accommodate the environment, he or she is in. According to Piaget, adaptation occurs when the person has reached equilibrium, a

state where there is a balance between at least two factors. The person may find that there may be a need to reconstruct the balance, thus learning is then considered a constructive process (Shayer, 1997). A similar situation occurs in adult learning. Piaget noted that learning is primitive in young children, but the application and adaptation of what is learnt can easily occur over the course of time.

A downside of constructivist theories is that they seem to place much focus on the individual, and on how the individual is able to learn. Constructivist learning theory focuses on what occurs in one's mind. There seems to be little emphasis on the social and cultural influences which often impact learning. This may be better explained through a more inclusive learning approach, social collaborative learning.

### **2.3.3. Social collaborative learning - Social constructivism**

As described above, most learning theories place emphasis on the individual learner.

Learning cannot be depicted as either a behavioural or constructivist processes; these are not separate and are all employed in the attainment of learning. To fully understand learning, one requires the recognition of multiple factors, which are influenced by behaviour, cognition, situational, cultural and historical aspects (Lave, 2009; Livingstone, 2001). For example, one cannot learn how to operate machinery without modelling techniques, whilst one cannot learn the sociocultural aspects of a particular organisation without being exposed to working in that environment and independently or in conjunction with a team, learning the norms of the trade.

A pioneer in this field of social collaborative learning is Vygotsky. Vygotsky (1978) agreed with Piaget's notion that learning is an active organisation of one's experiences (Pardjono, 2002). However, he believed that formal or traditional teaching provided a structured and organised environment where the person is in a safe environment to learn. He also argued

that learning should be seen in the light of the social and cultural context of the individual, thereby understanding what is happening in the collective minds of the group. An important aspect of Vygotsky's work is the concept of Zone of Proximal Development [ZPD] (Vygotsky, 1978). Through the ZPD, Vygotsky wanted to determine whether the level of psychological development and instruction are socially embedded. This prompted the understanding that learning is not only a collaborative approach but also socially constructed on values and norms (Hedegaard, 1996). Vygotsky (1978) described the ZPD as "the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers" (Vygotsky, 1978, pg. 86). Whilst this is directed towards understanding formal learning, which is inclusive of the cultural and social underlying factors that impact a child, the ZPD can also be used to understand how informal learning occurs at work and through work. In his description, Vygotsky identified that learning occurs through the assistance, mentoring or collaboration of a peer. This situation is typical when learning a new skill or technique where a peer or a mentor assists in another person's learning. It also includes reflection, such as debriefing sessions and general discussions about a particular incident. The ZPD provides a safe haven to understand the multitude of issues that arise in a particular situation, appreciating and valuing the generic history and social norms that are embedded in the situation. Problem solving occurs when, under the guidance of others, one is able to discuss and reflect, offer observations and thoughts whilst coming up with possible solutions to the problem (Vygotsky, 1978). As a result of the ZPD, learning may be better understood through the joint activity of practice, which occurs through a continuous process (Engeström, 1996) whilst addressing the social practices (Arnseth, 2008). Learning through social collaboration considers several fundamental assumptions based on the person, the world, social relationships and cultural

assumptions, which are achieved through a social collaborative approach. Theories using a social collaborative approach which will be adopted here are the theory of community of practice and activity theory, which both depict the mechanisms of learning within a group of people. Learning through social collaboration encompasses cognitive constructivism by addressing the dynamic interplay that occurs through one's work and practice (Arnseth, 2008) that is not exclusively academic (Wenger, 2009). Both theories recognise that learning is social, therefore situated within historical and cultural aspects (Engeström, 2014; Farnsworth, Kleanthous & Wenger-Trayner, 2016); therefore, these approaches seem to fit in well with informal learning through a system of support and collaboration.

## **2.6. Community of Practice**

The concept of community of practice was created by a failing company seeking new avenues to promote its product (Wenger et al., 2002), yet communities of practice form naturally and have been in existence ever since individuals started collaborating with each other. According to Wenger-Trayner and Wenger-Trayner (2015) and Wenger et al. (2002) a community of practice refers to a group of people who may share a concern, a set of problems, or a passion for a topic, and who deepen their knowledge and expertise in this area by interacting with one another on an ongoing basis. A community of practice therefore assumes that when individuals spend time together, they usually tend to share information and give advice and insight into certain problems and circumstances. People who meet ponder on commonalities, may explore ideas, form relationships and interactions whilst sharing information or documents to help someone else deal with their situation whilst sharing a common domain (Wenger-Trayner & Wenger-Trayner, 2015). Wenger et al. (2002, p.5) referred to this as an accumulation of knowledge where “they become informally bound

by the value that they are learning together”. Similarly, Agrifoglio (2015) defined a community of practice as a group of people who are informally connected by a desire to share a common expertise of interest in a particular domain.

Wenger et al. (2002) insisted that a community of practice focuses on knowledge based on collegial relationships. Thus, everyone who partakes becomes a peer regardless of their position in the hierarchy of the organisation; within the community, everyone is viewed as a collaborator. Furthermore, Agrifoglio (2015) claimed that the best communities of practice exist in those communities where one can voice one’s opinion, where individuals have stronger personalities and challenge the status quo, so that the community of practice itself encourages controversy and provokes debates. However, for a community of practice to succeed, it needs to be cultivated in a systematic manner to prosper. Communities need to become part of an organisation and the organisation must recognise the impact the community of practice has on the progression of individuals, which will in turn impact the overall success of the organisation (Cox, 2005; Wenger et al., 2002). Success also seems to be dependent upon the time and energy individuals devote to formation and maintenance of the community of practice.

The concept of community of practice stemmed from the work by Lave and Wenger (1991) on situated learning. Here, the authors postulated that learning is situated in the context of the social practice, providing an opportunity for the learner to connect theory to practice in a realistic scenario. Situated learning emphasized the dynamics of everyday practice and interactions, focusing on the interactive relationship between the co-workers and their work context. It is based on the construction of knowledge within the social and cultural circumstances, where participants take an active role in challenging traditional assumptions through critical thinking. As the approach suggests, learning is situated within the here and now, based on the relationships people have with their surroundings and their artefacts whilst



considering informal learning, which constitutes tacit and explicit knowledge. Whilst both Wenger et al. (2002) and Agrifoglio (2015) regard a community of practice to be created independently from management, Cox (2005, p. 538) referred to a community of practice as an “informal, intra-organizational group specifically facilitated by management to increase learning or creativity”. The author continued that community of practice takes place in the workplace and interactions achieve a motivated learning approach (Cox, 2005), hence offering an alternative and simpler approach to collaborative learning which is meshed with organisational beliefs.

### **2.6.1. Model of Community of Practice**

Communities of practice should not assume intentionality but are naturally formed (Wenger-Trayner & Wenger-Trayner, 2015). The reason for this is that anything can be a community, however not every community can be a community of practice. According to the work by Wenger-Trayner and Wenger-Trayner (2015) and Wenger et al. (2002), community of practice requires three fundamental elements: the domain of knowledge, community of people and practice. When these three elements are present, they result in an ideal knowledge structure which assumes the responsibility of sharing knowledge. To further understand the successfulness of the community of practice, individuals forming part of the community cannot be distinguished from their own knowledge and practice. This may be best explained through activity theory which shall be presented in the following section.

### 2.6.2. The three pillars of a Community of Practice

A community of practice is constructed upon three pillars which include the domain of knowledge, the community of people and the practice in which the community exists. These shall be discussed further.

The *domain of knowledge* is what Wenger et al. (2002) described as creating a common ground and cultivating a common domain for the members to participate in their own learning and find meaningfulness. The acquisition of knowledge is dependent on the group's preferences, which may be discussions surrounding common themes. A community of practice has more to do with the working environment rather than production goals.

Therefore, the domain of knowledge concerns the scope that defines the identity of the community. The achievement of this domain depends on whether the community of practice is able to evolve along with the demands of the organisation and of the real world, tackling problems or issues which can be an abstract area of interest. According to Wenger et al. (2002) a community of practice is successful when the goals and needs of an organisation intersect with the passions and aspirations of the participants. A community of practice flounders where there is lack of inspiration. Henceforth, employing a domain of knowledge allows for the domain of knowledge to grow. Hence, the community becomes a powerful source of knowledge where the organisation may turn to the members of the community of practice for advice should major changes be implemented, solidifying the collective voice of the group.

A *community of people* is where a community of practice fosters interactions and relationships to encourage the willingness to listen and share ideas, expose limitations and ignorance. According to Wenger et al. (2002) learning is a matter of belonging as well as an intellectual process, thus it involves the heart and the head. The community aspect is crucial to the effectiveness of the knowledge in a community of practice and for it to prosper. The

community is the basis for enticing people to interact, learn, share and build relationships between themselves. This ultimately creates a sense of belonging, mutual commitment and interpersonal relationships. To build a community of practice, one must interact regularly on issues which are considered important. Each individual develops their own unique identity, which is shaped through the community where their interactions are based on the commonality and diversity the domain brings about. Trust is an important key element (Wenger et al., 2002). Effective communication in cases of conflict helps the community further enhance the skills of understanding and handling dissension.

The final pillar is the *practice*; this is where information exchange occurs. Wenger et al. (2002) advised that communities of practice start off heterogeneously investing in trusting relationships, shared ideas, shared knowledge and shared background. Practice becomes specific knowledge that the community of practice creates, which is often culturally based. The community becomes and has a living curriculum (Wenger et al., 2002). It establishes a baseline for common knowledge through individualised expertise and explores both the existing body of knowledge and other aspects pertaining to the field. Dissonance may be negatively affecting the workplace. Through a community of people, the practice aspect will address this issue, reflecting on past experience to apply a range of assorted solutions in future practice to deal with organisational difficulties. According to Wenger et al. (2002) practice here includes aspects drawn from tacit and explicit knowledge, creating a collective product. It is here that practice becomes validated in an action.

Successful practice is entwined with community building. If the practice fails to be fruitful, the community will disintegrate. Thus, the goal of the community of practice is twofold: interacting with peers to create knowledge products whilst codifying the group activities.

## 2.7. Activity theory

Activity theory (also referred to as the cultural-historical activity theory) assumes that the human mind cannot be seen as an independent entity, but rather needs to take into consideration the cultural and historical context, therefore is a theoretical approach that places culture and activity at the centre of attempts to understand human nature (Engeström, 1987; Engeström, 2014). Similar to the theory of a community of practice (Wenger et al., 2002), activity theory focuses on the interactions between an individual, systems of artefacts and other individuals, therefore elicits a collaborative learning approach. It is pertinent to note that activity theory does not describe activity per se, yet facilitates the reflection of particular activities. This reflectivity is inclusive of a collaborative approach amongst key persons (Gronn, 2000).

Conceived in the Soviet Union, notably by Lev Vygotsky, activity theory has a general conceptual system with basic principles: the hierarchical structure of activity, object-oriented, internalization/externalization, tool mediation and development. As already noted, Vygotsky's social development theory held that learning and development are inclusive of social, cultural and historical activities. In his theory, Vygotsky regarded learning as involving solo learners, thus remaining individually focused. Leont'ev, a student of Vygotsky (Engeström, 1987; Engeström, 2014) noted this discrepancy and detected a difference between the individual action and the collective activity. Engeström (2001) continued to further design the theory and remarked that the acquisition of knowledge is unstable within learning through an organisation, thus cannot be defined nor understood ahead of time. The attainment of learning is learning something which needs to be created in the present. This resulted in Engeström (2001, pp. 136-137) developing the third generation of the activity theory that can be summarised by using the five principles as depicted in table 2.1.

Table 2-1: Principles of the third generation Activity Theory

	Principle	Constituents
1.	Collective, artefact-mediated and object-oriented activity system	This is the prime unit in which the individual is driven by goal-direction and the group actions, in addition to the automatic operations, are relatively independent, but often understood as subordinate units when interpreted against the entire activity system. Here the activity system is generated through actions and operations.
2.	Multi-voiced(ness)	Understanding that the individual forms part of the community, the activity system holds various perspectives which pertain to different views, traditions and interests. The division of labour, according to Engeström (2009) creates different positions for the participants, whereby each participant brings to the table their own diverse histories, creating a multiple layer of activities ingrained in different histories, traditions, artefacts, rules and conventions. This is a source of innovation and negations and is sometimes seen as a source of trouble due to disagreement.
3.	Historical perspective	An activity system takes place over a length of time, thus problems and potentials can only be understood through the history created over the length of time. Here one needs to consider the history, the assumptions, ideas and global concepts which have shaped the current understanding.
4.	The role of contradictions	Engeström (2009, p. 57) stated that contradictions are not the same as problems or conflicts but are “historically accumulating structural tensions within and between activity systems.” As activities are considered to be open systems, when adopting a new element for the system, contradictions may occur as there is a disruption of labour. This generates a disturbance and conflict but also provides an opportunity to innovate in order to resolve the disturbance and conflict.
5.	Expansive transformative learning occurs	When the previous principle is in place and innovations are occurring in the system, some participants begin to question and deviate from the set norms identified in the first three principles. This escalates to a collaborative expansion for transformation and reconceptualises to embrace new horizons.

## **2.8. Using community of practice and activity theory to design the study**

“Knowledgeability is routinely in a state of change rather than stasis, in the medium of socially, culturally, and historically ongoing systems of activity...” (Lave, 2009, p. 207). It seems that knowledge that has flourished through learning is not a sole enterprise, but rather is evolving with the sociocultural influences. As Lave (2009) observed, learning is an everyday activity that includes a process from which knowledge is derived. It permits the person to improvise and possibly influence future practice, therefore learning cannot be removed from the real world. Meanwhile, Wagner (2009) described learning as a situation of assumption thus implying that learning may be an informal activity. He continued to validate this point by arguing that learning is a result of situations not necessarily a result of propaedeutic learning. These situations may not necessarily be the ones where most learning occurs, however situations still impact and shape our knowledge. Social collaborative learning theories, in particular those discussed here, welcome this and note that learning is a socio-cultural process which does not limit itself to formal learning, but the informal knowledge that comes from the explicit and tacit aspects of informal learning are essential to individuals who are included within the group (Kuutti, 1996). By employing these theoretical assumptions, I felt that I would be better able to understand how informal learning can be applied within a community and also anticipate how individuals would want to share their experiences and thoughts, following the principles of activity theory. Thus, I would be able to establish a collaborative network for them to communicate between themselves. However, I then needed to understand the concepts and literature surrounding social media platforms and learning. This shall be discussed after connecting the literature to the findings and discussion.

## 2.9. Connecting the literature to the study

*I deemed it necessary to understand the learning theories as these assisted me in identifying the underlying learning trends in my study. Had I not looked into the learning theories, I would not have identified that instrumental learning, which is predominantly used in formal learning, was a predominant feature in the study. In the findings, I encountered a number of apprehensions where the participants stated that they were not comfortable raising posts or waited for me to raise the post for them. This resembles the taught process of formal learning where students wait for their teacher to provide necessary information. I rarely encountered a situation in my study where constructivist or social collaborative learning processes were present. This developed into a gap in critical thinking.*

*Due to the influence of the organisation, the participants seemed to have learnt from the environment to practise oppression and conformity, thus keeping their thoughts to themselves. They opted to keep information for themselves as they were not in synergy with their environment, nor did they believe that interacting with each other would improve their own learning. The organisation, which can be perceived as acting as mentor, may have precipitated this situation as it did not encourage an environment conducive to learning and collaboration, therefore restricting learning opportunities and support. As described by Vygotsky (1978) learning is seen as relearning and learning from a peer. If learning does not encourage one to challenge one's own beliefs and assumptions, one may opt to refute learning and accept current ill-informed practices, therefore relearning to go with the flow as like their predecessors.*

*As discussed elsewhere, a community of practice failed to thrive in this study. The participants did not employ a social collaborative approach among themselves and barely collaborated with me. The participants did not have a trusting relationship with each other, therefore feared expressing their opinions and thoughts. As most of their learning had previously focused on instrumental learning, they opposed critical thinking as this was not instigated by the organisation. I found that participants, although they shared a common domain of knowledge and the same community of people, did not seem to share the same practices as they believed that they worked as separate constituents, independent from each other, not understanding that social collaboration is required to improve themselves and service-delivery. Reflection, which is a primary facet of activity learning, could not be attained as the community of practice did not prosper within the group of participants.*

## **2.10. Web 2.0, social media and Facebook**

To understand how learning is influenced through a social media platform, I needed to understand how Web 2.0 was created. Here I will briefly outline the timeline of social media platforms.

### **2.10.1. Social media: The creation of social media platforms, Web 1.0 to Web 2.0**

Social media is a popular term associated with a wide range of applications such as Wikipedia, Facebook, Twitter, Pinterest, YouTube, Instagram, Snapchat, Livescore just to mention a few. However, it is important to understand the historical developments that facilitated the development of social media.

Non-physical connections between individuals were first made through the creation of the telegraph in 1832 and later by the telephone in 1876 (Ling, 2010, Lukasik, 2011). The radio, which was created in the 1900-1920s, also played a distinguished role in the disruption and dissemination of information (Leiner et al., 2009). These inventions played a major role in many people's lives, providing them with news and updates. Their application also played a major role during wars as a means to acquire knowledge and share information. However, Katz, Brewer and McCanne (n/a) noted that these forms of communication were often limited to one-way communication, with very little interaction between the person sending and the person receiving the information.

During the late 1930s, computer technology began to establish itself when the first programmable computer, the Z1 was created by Konrad Zuse (Leiner et al., 2009). Not long after, the invention of the Turing Machine and the Colossus brought further advancements in computer technology (Leiner et al., 2009). Major progress in computer technology was made during the cold war between the ex-Soviet Union and the USA (Lukasik, 2011). Initially, the computer's intended purpose was to perform complex mathematical calculations for



prospects of space exploration in the 1960s. This paved the way to an influx in the development and design of computer technology together with connectivity. With the investment of the US government in national security, the Defence Advanced Research Project Agency (DARPA), later renamed Advanced Research Projects Agency Network (ARPANET) made computer connectivity a reality and the first email was sent in 1971 by Tomlinson (Leiner et al., 2009, Lukasik, 2011). In addition, the 1970s saw the creation of the Bulletin Board System or BBS (Kaplan & Haenlein, 2010) which allowed users to correspond via the same computer network. BBS allowed its users, referred to as hobbyists, to share information such as files and programs and communicate between themselves through a central portal system (Kaplan & Haenlein, 2010). However, the drawback of this system was that everything was stored on a single control unit. Therefore, all material had to be accessed from a particular place, generally the place of work, and one had to search for one's communications as they were not individually addressed.

Further advancements were made in computer technology during the following years, where one-way communication remained a predominant feature, through the introduction of the transmission control protocol/internet protocol (TCP/IP) (Leiner et al., 2009). As ARPANET transited into the internet in the 1990s, the internet was described as “anything that runs the TCP/IP protocol stack” (Katz et al., n.d., p. 1) and was designed as a series of static pages. However, one must note that at that time (circa 1990-2004) the internet was dependent on a dial-up framework and on wiring (Katz et al., n.d.) and for reference purposes, was considered Web 1.0 (Leiner et al., 2009). A dial-up framework meant that accessing the internet had a lag-time, as modem connection was through a dial-up telephone system. Due to the lag, users of the internet found it difficult to interact with one another, although some sites were able to provide a basic form of interaction. These sites or programs that allowed interactions between users were for example the company CompuServe which provided users

the opportunity to store and access files. Multi-user Internet Relay Chat or MiRC allowed users to interact through messaging (Leiner et al., 2009). AOL (America Online) gave its users the opportunity to create online communities and create and edit member profiles. It is interesting to note that sites such as Amazon and eBay provided room for users to interact but according to Kaplan and Haenlien (2012) and Kaplan and Haenlien (2010) these did not receive much attention until the 'dot com bubble' burst in the 2000s and were somewhat difficult to depict within the Web 1.0 setting due to their futuristic design (Katz et al., n.d.). Another way to access the internet was through emails, but this was not as popular, especially since Web 1.0 was considered to be a private internet service as few people had access to it (Aghaei, Newatbaskhsh & Farsani, 2012; Katz et al., n.d.).

The term Web 2.0 was coined around 2004 (Cormode & Krishnamurthy, 2008) when the internet began to be viewed as a platform rather than a series of static pages. The internet began to be understood through an infrastructure of networks that permit world-wide connectivity, information dissemination and interaction without geographical location (Leiner et al., 2009). This implied that anyone can access information from any connectivity device such as a computer, laptop or smartphone from any geographical location. This accessibility was a direct result of the technical and physical changes being made in connectivity such as the use of fibreoptic cables. This resulted in the creation of a broadband network for connectivity which meant that accessing the internet was no longer done through a dial-up framework, making the system more stable and faster to access, and being able to access a new generation of technology which included wireless fidelity (Wi-Fi). This allowed for websites to no longer be controlled by an individual, but rather be modified by various individuals (Kaplan & Haenlien, 2010). Although there were no specific technological updates with the internet per se, Web 2.0 through the broadband system allowed for Adobe Flash, Asynchroweb Java Script (AJAX) and Really Simple Syndication (RSS) to be applied

within webpages (Aghaei et al., 2012; Cormode & Krishnamurthy, 2008; Kaplan & Haenlein, 2010). This permitted websites and webpages to have a strong social component, henceforth creating and strengthening user-generated content. Kaplan and Haenlein (2010, p. 61) described user-generated content as content generated by users for users, which followed three main principles:

1. It shows a certain amount of creativity on a socially accessible website; a post can be reposted, deleted, modified or commented upon;
2. It can be publicly accessible by a group of people; therefore, this excludes emails and instant messages;
3. It needs to be created outside professional routes, which means that it should have some form of commercial marketing for exposure.

The concept of user-generated content through the freedom of Web 2.0 permitted the creation of social media where users interacted through the principles of applying a user-generated content approach (Aghaei et al., 2012). The term social media referred to “a group of internet-based applications that built on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of user-generated content” (Kaplan & Haenlein, 2010, p. 61). It is a platform which facilitates information exchange between users (Kaplan & Haenlein, 2012). Kaplan and Haenlein (2010) have identified six different types of social media. These include:

1. Collaborative projects: This user-generated content allows for the creation, editing and deleting of text-based information such as that presented on Wikipedia, music sharing page Spotify and bookmarking site Delicious.
2. Blogs: Though usually managed by a single individual, blogs allow for the user to create a sort of personal diary which can be commented upon by several visitors who access the page. In addition to personal information, blogs can help in maintaining the

transparency of a particular company. An example of a blog is the mini-blog site Twitter which allows users to post comments of up to 140 characters in length and add a link to the actual blog page.

3. Content communities: These communities such as YouTube, Flickr and SlideShare allow users to share different forms of media between themselves.
4. Social networking sites: This inexpensive way of allowing individuals to share profiles, comment on status and exchange documents and messages between themselves makes social networking sites very attractive. Social networking sites include Facebook and MySpace.
5. Virtual game worlds: A replication of a three-dimensional environment appears in the form of personalised avatars which interact together. These massively multiplayer online role-playing games have strict rules one has to adhere to. Examples are World of Warcraft, SMITE and Sony's EverQuest.
6. Virtual social worlds: Unlike the former, virtual social worlds allows the users more flexibility and life in these virtual communities may resemble one's personal life. An example is Second Life.

In their mapping of the development of studies supporting social media, Zhang et al. (2014) noted that portable electronic devices such as smartphones and tablets have gained in popularity and social media have adapted to them. Therefore, the authors felt that Kaplan and Haenlein's (2010) list was restricted and added another type of social media - mobile social media - to reflect the changing nature of the portable electronic devices in use, such as smartphones and tablets.

### **2.11. Applying informal learning through Web 2.0 apps**

Informal learning as previously opined is unplanned, unspecific and unstructured. Emergent literature in the area of informal learning through the use of the internet has acknowledged that Web 2.0 applications and mobile media offer individuals the ease to access information which is readily available. This can counteract problems encountered when accessing formal structures of learning (Gu et al., 2014), such as library material and documented facts. Web 2.0 permits flexibility in the acquisition of knowledge, which has afforded an influx of possibilities to enhance one's learning (Gu, 2016). There are multiple means through which learning can be accessed through Web 2.0 applications such as those highlighted by Kaplan and Haenlien (2010) and Zhang et al. (2014) with regard to social media platforms, and other access to learning opportunities through web searches and rich site summary. The ability that most applications have to provide push notifications allows the user to gain instant information, sometimes which is not directly sought (Gu, 2016; Gu & Churchill, 2014). Meanwhile, Web 2.0 applications through social media allow for various types of exchange and interactions which may be either one-to-one where the person engages with another person, one to many through a single person's broadcasting of their own 'post' (which is considered to be a thought, observation, stance, feeling or status) to many people, and many to multi-way, a multi-way interaction between a group of people (Dron & Anderson, 2014). Quirdi, Quirdi, Segers and Henderickx (2014) furthered that social media platforms may allow for creative thinking and the analysis of information which is enriched by a broader cultural perspective than is typically achieved through the use of information found in one's immediate environment, therefore enhancing informal learning opportunities.

Gu (2016) noted that there is a prevalence of applications for one to acquire learning. These include but are not limited to applications such as the research and note taking application

Evernote, Scribd, mind mapping applications and cognitive material applications. However, these applications only provide the user with limited information which is often based on the developer's choice to attract usage of the app rather than creating a room for learning (Dron & Anderson, 2014). This is usually a sequence of algorithms with limited updating abilities, thus leading to the demise of the application once it has reached its potential. This is not the case when using social media platforms as social media use algorithms, which reflect on people's interactions (Dron & Anderson, 2014).

Social media have grown in popularity. Eurostat (2018) figures show an increase in the use of social media platforms. While noting that social media in this context are not specific to educational use but focusing more on the marketing aspect, one can still infer an increase in use. According to Eurostat (2018) Malta has one of the highest rates of access to social media for various activities in comparison to other countries such as Denmark and Hungary. Thus, social media are widely used locally for accessing information about the local scene. This supports the idea that social media can be used to assist in accessing information and knowledge, henceforth harnessing opportunities for informal learning (Garcia, Elbeltagi, Dungay, Hardaker, 2015; Pimmer, Linxen & Gröhbiel, 2012; Tess 2013). Informal learning occurs through interactivity, discussions held within posts, peer support and feedback (Pimmer et al., 2012; Quirdi et al., 2014) as there seems to be greater flexibility in acquiring useful information. As informal learning is opportunistic, it can take place whilst interacting within groups, through browsing a post or discussion and is often considered as complementary to learning through experience (Eraut, 2004).

### **2.12. Inspiring informal learning through a social media platform**

Adults are conscious of their responsibility for their own learning and best learn informally when knowledge is freely available, easily accessible and flexible to fit their own

schedule/adapt to adult needs (Gu, 2016). Adults also seem to learn better when this is within their interest and their line of work (Gu, 2016). Le Clus (2011) claimed that the workplace provides a rich environment for learning whilst remarking that workers are constantly challenged by their performance and participation in their daily activities and are constantly reminded to keep abreast of current trends in the field (Le Clus, 2011; Selwyn, 2007). Selwyn (2007) noted that adults benefit from navigating through information independently or by networking and through the access and production of social media platforms. Informal learning can occur through the use of Web 2.0 and it is often the case that participants enjoy the accessibility of online apps and the use of their portable mobile devices to obtain information (Gu, 2016).

In addition, Watkins (2017) remarked that keeping up with the pace of change requires keeping abreast through practising continuous learning. This has evolved as a result of the constantly changing climate in healthcare. Continuous learning within the nursing profession has become a reality whereby nurses are required to be in charge of and take responsibility for their own learning in order to implement evidence-based knowledge and skills within their practice (Butcher & Bruce, 2016). The local nursing regulatory body, the Nursing Services Directorate (Malta), in 2016 introduced a competency development framework in order for nurses to obtain a senior staff nurse position (Nursing Services Directorate, 2016). Underlying the introduction of the framework is the premise that it will encourage nurses to apply clinical expertise which is related to evidence-based practice. This evidently entails a culture and attitude for the promotion of learning to improve standards of care and improve personal competency, enhance critical thinking, and to familiarize oneself with information (Dee & Reynolds, 2013; Govranos & Newton, 2014). In addition, such competencies instigate nurses to validate personal current practices through self-reflection and possibly peer supervision, bridge the theory practice gap, engage in alternative learning methods and

practices, whilst at the same time generate a sense of professional satisfaction and identity through the course of their own learning initiatives (Dee & Reynolds, 2013).

A study by Puijenbroek, Poell, Kroont and Timmerman (2014) employed social media platforms for the participants to achieve informal learning. Here the authors wanted to investigate whether social media can act as a medium for informal learning for employees by introducing a culture of dialogue and inquiry. Therefore, it was hoped that this would assist in informal learning through work practice.

Puijenbroek et al. (2014) conceptualised that learning can take place on the job, therefore empowering employees to be 'in control' of their own learning which reflected their own personal interest and their line of work. Using the learning on the job questionnaire in three different companies in the Netherlands, Puijenbroek et al. (2014) wanted to investigate two hypotheses. One hypothesis was that the use of social media platforms would increase the likelihood of learning when compared to systems that did not use social media platforms. The second hypothesis involved the notion that when learning on the job, social media would strengthen learning as employees perceive this as a means for dialogue and inquiry.

The authors found that social media platforms have a positive effect on learning activities taken independently by the employees. Frequency seems to be an important factor in learning through social media means as employees who accessed social media on a daily basis were more aware of their own learning when compared to those who accessed social media less often. Social media assisted in the release of newer information and evidence-based practice when compared to other means of gathering information. Social media also provided an opportunity to collaborate between employees and to generate information and discussion, indicating that social media depend on user-generated content rather than a presentation and enforcement of beliefs by a particular company. It was assumed that learning occurred through various means mainly through interaction and also by applying something new on



the job, although this was not actually confirmed by this study. In addition, it was noted that the companies used an online platform so the employees had easy access to social media platforms which were easily accessible through the companies' networks. This study indicates that social media platforms can assist in acquiring further knowledge to enhance one's breadth of knowledge.

### **2.13. Facebook as a learning environment**

Facebook is one of the most popular social media platform sites (Clement, 2019a). In fact, as discussed in the following chapter, the participants of this study opted to use Facebook as the medium for the group. Therefore, the following discussion will focus on Facebook.

There are a number of studies which address Facebook as a proposed medium for learning.

Lin, Hou, Wang and Chang (2013) noted that students have a positive and open attitude towards Facebook being used in conjunction with learning. Yet, it has also been remarked that Facebook has been primarily used for social interaction and not education (Greenhouse & Lewin, 2016; Lin et al., 2013; Dron & Anderson, 2014). Manca and Ranieri (2016) claimed that there are sparse reviews or studies that aim to understand whether Facebook can be used as an informal learning environment. I found it somewhat challenging to identify studies which focused on using Facebook to promote informal learning opportunities in organisations or in a specific population of individuals. For the following discussion, I have cited literature where Facebook has been used in non-formal learning.

In their critical review of literature, Manca and Ranieri (2016) addressed whether Facebook can be used as a suitable technology for learning. The authors discovered that social network sites including Facebook can enhance informal learning. This is done through accessing hard-to-reach areas, by providing room to access new evidence-based information or accessing information from remote geographical areas. Here the authors reported studies such as that by

Greenhow and Lewin (2016) which show a positive correlation between using a social networking site and allowing room for informal learning, hence favouring the use of Facebook as a platform for partially implementing learning opportunities.

Using social constructivism and connectivism as a model to understand social media as a space for learning, Greenhow and Lewin (2016) established that learning was an individualised process. They also identified that informal learning was either situated in circumstances, activity or culture or in a process of creating connections and articulating relationships, therefore supporting an activity theory approach (Engeström, 1987; Engeström, 2014). It was interesting to note that Greenhow and Lewin (2016) combined the results of two separate studies which indicated that informal learning can be attained through Facebook. The main focus of Greenhow and Lewin (2016) is on a discussion of the findings of a US-based project in which mature students (their age ranging from 16-25 years of age) used a Facebook application entitled Hot Dish to share knowledge regarding environmental science issues and related civic actions. The application Hot Dish, which formed part of the Facebook family, was an expert- and student-driven project that focused on producing sound knowledge statuses on environmental issues for the users to contribute to and share their thoughts. The page allowed users to access a full article or summary of the article, rank and vote on the post, as well as comment and share the post within or outside the social network. According to the Hot Dish site usage statistics, it appeared that the users actively participated in the posts (Greenhouse & Lewin, 2016). However, this may have been achieved due to the fact that the study was incorporated in the students' programme. The study was an extension of formal learning, therefore students' participation may have been based on peer pressure or fear of retribution if no participation was detected. It could also be that students participated so they would not feel excluded from the running discussion which occurred within a virtual world. It was also reported that out of the 1,150 students who were invited to participate, only

346 students actually participated and only 31 commented and posted. These findings must be interpreted with caution. The findings indicate that that the students might have been following part of their course assignment which includes extra-curricular activities, even though the project formed part of their course. On a more positive note, this study did find that students made frequent use of the site when compared to other sites and accessed literature available through this platform. The importance of seeing one's comments being agreed with or provoking a response created incentives for students to further pursue online and offline discussions. In addition, it does indicate that those who accessed the platform increased their knowledge through informal learning (Greenhow & Lewin 2016; Kirschner, 2015; Manca & Ranieri, 2016).

Lin et al. (2013) also sought to understand whether learning can be achieved through Facebook. This study focused on a project-based learning approach. The aims of this study were twofold: understanding what type of knowledge was achieved through the cognitive processes demonstrated by the online learner using Facebook and understanding the behaviour patterns portrayed by the learners and whether there were individual differences in these patterns. The researchers chose to use a qualitative content analysis approach to investigate the frequency of various discussions held on Facebook. They opted for Facebook as the preferred medium because it allowed participants to easily meet as it can be accessed from various geographical locations and allowed the sixty-two participants to access the information at their convenience. The project consisted of five groups with five to six members in each group. It was assumed that smaller numbers would foster a collaborative approach for learning. The participants of this course physically met once during the introductory period and met again during completion of the course to deliver an oral presentation of their assignment which was carried out through Facebook. The participants had to seek out information and collaborate with each other to discuss their comments. Lin et

al. (2013) noted that Facebook provided an interactive environment for professional development. Due to the nature of the course, as the course aimed at teaching post-modern art, professional development was somewhat difficult to achieve. Due to this shortcoming, it resulted that the participants only made simple, restricted comments. This produced inadequate information, therefore hindered the effectiveness of the study (Lin et al., 2013). To overcome this, it was proposed that facilitators should be introduced into the group to urge more complex critique for enhanced cognitive activities. Additionally, the dynamic the participants developed between themselves to share information and co-operate might have differed should the participants have held regular face-to-face meetings. Had they cooperated more, according to Lin et al. (2013), the students might have obtained a deeper understanding of the topic through constructing information, analysing the information available to them, reaching a common consensus and arriving at different conclusions.

Cassaniti, Mwaikambo and Shore (2014) used Facebook to promote access to e-learning environments and courses being carried out by local partners together with medical laboratory scientists. Cassaniti et al. (2014) reported that by inviting members to their Facebook page, members could access instant information regarding recent studies, discuss, and trigger further investigation. The Facebook page grew significantly within 18 months, having invited over 8,500 members, and this allowed for local partners who formed part of the Facebook group to promote additional courses and discuss topics. According to the authors, the decentralisation of the group assisted in knowledge exchange. Therefore, this study indicated that there was a level of engagement between their members which enhanced an informal learning experience. However, one must remark that the Facebook page was used in partnership with other e-learning courses such as Massive Open Online Courses (MOOCs) and other e-learning self-paced courses. As discussed by Greenhow and Lewin (2016) it could be that participation through Facebook helped in keeping abreast of information

released during the e-learning course. Comments were sparse even though there was a substantial number of members with access to the posts.

Informal learning in science education was the theme of a study by Zhang and Gao (2014). Using GuoKr which resembled Facebook but focused on science education, the authors used a case study method to identify whether informal learning can occur within the field of science. Due to the nature of the group, as it was specifically related to science, their sites hosted guest speakers to discuss topics of interest. Zhang and Gao (2014) remarked that the success of this project was due to daily posts containing short segments of information, the ability to add and share documents, and its informal dimension for socialisation purposes as well. The results indicated that informal learning does occur when information is specifically targeted (Zhang & Gao, 2014). Similar to the other studies previously cited, this study indicated that the population of users who accessed GuoKr were still in formal learning structures. Therefore, this implied that accessing posts was related to formal activity to complete training in the subject. In another study Cain and Policastri (2011) created a Facebook page for pharmacy students to discuss amongst themselves contemporary issues that were not discussed within their formal training. With the scope of offering additional information, the Facebook page had a mixture of extended content material that was related to their course. Like Zhang and Gao's (2014) study, guest speakers were invited to discuss business management techniques in pharmaceuticals. The authors here found that participation of students on the Facebook page was rather low yet still created room for the students to be exposed to contemporary and business management issues. It also transpired that students may not debate a post, but still read a post if the topic was interesting. It is important to acknowledge that Cain and Pilicastri (2011) looked at creating an informal learning environment, therefore student participation was low as this was not a requirement to complete the course.

Unlike the previous studies which focused on Facebook usage within a formal structure, Ranieri, Manca and Fini (2012) looked at the effects of lifelong learning in teachers who made use of social media platforms in particular Facebook. In this particular study, Ranieri et al. (2012) approached five Facebook groups which focused on educating professionals through social networking. Their discussion noted that professional Facebooking, a term coined for this project which referred to using Facebook in one's professional career, does have an impact in real life and could possibly sustain lifelong learning and in turn informal learning. Ranieri et al., (2012) found that Facebook offered an opportunity for participants to generate ideas and create projects thus being reflected as an online/offline situation. Meanwhile, Facebook also offered participants the opportunity to share their experiences and difficulties in an environment of similar professionals which allowed for further reflection without constraints, feedback and discussion. The authors also noted that more senior members were more likely to be active participants in the Facebook page. Unfortunately, senior members were not defined by the authors. However, it could be assumed that senior members were those members over a certain age, hence their participation in such Facebook groups might give them the opportunity to keep abreast of current trends in the profession. This reinforced the notion that informal learning is a continuous, lifelong process.

#### **2.14. Using a community of practice to harness learning**

Nowadays, more people are accessing social media platforms. This presents a different scenario in comparison to traditional email or video calling. The Standard Eurobarometer 88 report (2017) pointed out that there is a clear inclination for accessing social networking sites within the European Union. Social media usage has dramatically increased between 2010 and 2017; usage was 24% in 2010 and went up to 42% in 2017. Facebook and Twitter were the main social networking or blogging platforms corresponding to the increase. Facebook

estimated that approximately 2.25 billion active users accessed the application in the third quarter of 2019 (Clement, 2019a). Meanwhile, Twitter reported that 330 million users accessed the application in the first quarter of 2019 (Clement, 2019b). As previously described by Kaplan and Haenli (2010), social networking sites are an inexpensive medium for users to share their profiles, share and articulate their thoughts, and send and receive instant messages. This novel approach has drastically changed how people share and gather information, traverse connections and interact together and overall communicate with each other (boyd<sup>1</sup> & Ellison, 2007). Focusing specifically on Facebook, due to its attractiveness and current number of daily users: it allows people to interact and share information, including texts, photos, news articles, pictures and videos via any digital device including smartphones/wireless connections and computer systems. It is unrestricted, often can be accessed from any geographical location and can be accessed at any time from any place where internet access is available. In addition, Facebook has various adaptations for various devices and operational systems, hence can be easily accessed from portable devices or computers.

With its huge popularity, Facebook can be used as a platform to create a community of practice. A study carried out by Madge, Meek, Wellens and Hooley (2009) identified that Facebook was an important social tool. Facebook gives its users the opportunity to keep in contact with family who might live far away, be used as a social integration method to keep in contact with class colleagues and may be used informally for learning opportunities. Wang et al. (2012) also had similar findings, claiming that Facebook assisted in improving social relationships between people. Facebook, being a relatively free avenue to express thoughts, may be used as non-formal and informal means of extending education, by encouraging users to exchange course material and further discuss class-related topics. It has been suggested

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<sup>1</sup> The author expresses name in a decapitalised format.

that selective questions or controversial topics should be included to promote discussions, time should be allowed for online discussions, structured guidelines should be provided to enhance discussions and to allow students to remain on course, and the supervisor should pay attention to individual differences (Lin et al., 2013). Facebook can be used as a platform to collect and share information, hence may increase the possibility of positively predicting an increase in knowledge performance.

Facebook can be a platform to host discussions within a like-minded community. Dron and Anderson (2014) identified that communities can host a structure to create a dynamic learning system, providing diversity and distributing learning throughout the community. Therefore, there is mutual engagement, joint enterprise and repertoire shared between participants in the group. The success of such groups is dependent on the amount of knowledge the individual and the community are able to generate and the respect the community is able to gather from the organisation that sustains it (Wenger & Snyder, 2000). Therefore, when organisations adopt a community of practice through virtual means such as through email or video calling, organisational groups informally assist businesses to thrive, to progress, to deal with challenges effectively and overcome change.

Basten and Haamann (2018) explained that communities of practice yield tacit knowledge into collective information, supporting technical infrastructure. However, adults tend to procrastinate and have a reduced level of motivation to access learning when pressured by employers. Gu (2016) assumed that for one to further one's knowledge, the person has to seek out the necessary information, which in itself requires a level of motivation. Thus, promoting the use of social media platforms for instant and sound knowledge may be very useful. Gu (2016) also held that successful learning is achieved if the learner has obtained a level of familiarity with the subject, building upon relationships with others whilst holding a sense of attainment in the achievement of learning (Gu, 2016). This does not exclude the



possibility that individuals may not share the necessary information to assist the group to reach their own independent decision.

Applications and sites focusing on scientific discourse and academia such as Academia.edu, ResearchGate.net, ScienceFeed.com and MethodSpace.com offer an opportunity for academics to post a discussion within a focus community (Gruzd, 2012). However, with the popularity of Facebook and with the recently added possibility to add documents such as Word documents and portable document format (PDF) files to posts, this platform is certainly an option for creating and sustaining a community of practice.

Online social network groups offer opportunities for collaborative learning, professional support and growth which is easily accessible, often free, on-going and particularly well-suited to a targeted group. Lantz-Andersson, Lundin and Selwyn (2018) carried out an extensive systematic review to look at communities developed online. The findings were divided into two groups, the formally organized and the informally developed communities. The former group used media which were localised, specifically designed applications, thus cannot be considered a social networking site. The informally developed communities used social networking sites such as Twitter and Facebook. According to Anderson et al. (2018) the communities offered their users a source of information, reduced isolation within the practice (Krutka & Carpenter, 2016) and professional support (Ranieri et al., 2012).

Information was used to keep abreast of newer practices.

Nevertheless, social media usage is dependent on the individual, thus social media are accessed according to the user's desire and need (Gu, 2016). This can best be described by Hsu, Wang, Chih and Lin (2015). Hsu et al. (2015) looked at Facebook fan pages to identify the successfulness of virtual communities and had several distinctive findings. Fans searched Facebook fan pages to obtain information about a particular celebrity. It was of particular interest to note that fans who perceived the information on the page as useful and entertaining

were more likely to share, give or pass information. When information was perceived as restricted, fans found the information useful yet failed to extend the same courtesy as for those posts which were perceived to be more useful. It is possible that fans use Facebook pages to obtain rather than provide information (Hsu et al., 2015). Akin to this was the finding that celebrities used Facebook fan pages to connect with their fans and expand their professional circle of fans, therefore extending their communication effectiveness. Both these findings indicated a ripple effect, as it could be considered that the success of a community depended on the participation of the individuals within the group, the information that was shared between them and whether that information was perceived by users to be useful. This became reflective of my study.

Manca and Ranieri (2017) suggested that communities are developed and maintained by their members rather than by the hierarchy that supports the organisation in which the community has been created. In that manner, individuals have the opportunity to be in a position to express themselves, instigating interest and discussions with other members of the online community.

### **2.15. Facebook was not designed as a platform for learning**

Kirscher (2015, p. 621) considered whether Facebook can be used as a sustainable learning medium. I found this critical review enlightening as Kirscher challenged my own understanding. Kirscher (2015) portrayed a rather negative image of Facebook for the purpose of learning and knowledge construction. Whilst there is little empirical evidence suggesting that learning, in particular informal learning, may be supported or abetted through Facebook (Kelly & Antonio, 2016), Kirscher (2015) pointed out several limiting factors. One example that the author gave was that Facebook is used to depict issues related to oneself. Blachnio, Przepiorka, Boruch and Balakier (2016) and Nadkrani and Hofman (2012)

argued that social network sites may often be used for self-presentation rather than information sharing. Facebook posts are used to express oneself rather than to educate oneself, therefore one may post information about one's life. Inevitably, this may impact on the viability of Facebook for facilitating informal learning. However, this needs to be interpreted with caution. Kirscher (2015) acknowledged that this debate is highly entwined with issues related to narcissism. The studies quoted here look at narcissism through the use of social media and although it is clear that one cannot diagnose narcissism through the use of social media sites, those having narcissistic traits are often exposed to a platform which assists them in achieving their narcissistic goals. To overcome this issue, it could be argued that dedicated platforms which focus more on education may foster more educational debates, with less focus on oneself and more focus on sound knowledge. Kirschner (2015) held that this kind of assumption may be incorrect: information might be filtered, therefore being restrictive rather than broadening one's knowledge; proactive users might fall into the trap of sharing the same information in different contexts, without being exposed to different ideas, critically debating information or producing new knowledge as would happen if the debate occurred in a network of diverse individuals. Ractham and Firpo (2001, p. 1) referred to this as a "hive for collective groupthink(ing)" as individuals influence one another and the group closes upon itself, with a desire for harmony and conformity to be present in the group which may result in conformity of practices and suppression of collective thought. Meanwhile, Kelly and Antonio (2016) argued that discussions on a social network site were seldom in-depth. This may be because social network sites might not be viewed by users as being designed for the scope of sharing and discussing information, but rather containing a strong element of social connectiveness (Manca & Ranieri, 2017). Though portrayed in a social connectiveness context, social network sites could still be used to acquire a quick answer or for basic problem solving (Lantz-Andersson et al., 2018). Online communities

offer room for friendly conversation amongst their members. Within the community, one can discuss the success of certain practices and experiment or challenge one's ways of working (Krutka, Carpenter & Trust, 2016). This becomes suggestive of a supportive community where personal experiences can be shared. Yet, Caine and Policastri (2011), Cassanti et al., (2014) and Hsu et al. (2015) stipulated that being part of a social network community does not necessarily mean that members will actively participate and comment on posts.

Nevertheless, reading other people's posts may still help further oneself. Kelly and Antonio (2016) remarked that invisible participation can still instigate critical reflection within oneself, hence harnessing informal learning. Online communities which are specifically designed for a particular group often conform to professional discourse, thus maintaining a professional level of discussion within the group (Kelly & Antonio, 2016; Lantz-Andersson et al., 2018). Yet, lack of critique through discussion of posts may be a technique used to reduce conflict (Lantz-Andersson et al., 2018).

In relation to sound knowledge and its impact on inspiring learning, Gruzd (2012, p. 28) identified that Facebook may strengthen and assure existing connections and promote one's work in a larger community. However, Kirscher (2015) pointed out that Facebook friends often reflect the network of friends found in real life. Holding discussions for educational purposes within such like-minded groups may or may not involve any form of deliberation between members. Sunstein (2009) referred to this concept as group polarisation. Boyd and Ellison (2007) expanded on this, describing the notion of group polarisation as friendships typically formed to maintain offline social relationships rather than new social contacts. Hence debates, intended to critically discuss a theme, may either support or refute common notions held by the group rather than challenge the perspective of others, therefore limiting the exploration required for knowledge construction.

The study by Cassaniti et al. (2014) highlighted the disadvantages of employing Facebook, as it may limit knowledge construction. As already discussed, Facebook posts and discussions are often rather brief and limited, not always reflecting what may be discussed in general discourse. Kirscher (2015) too highlighted similar limitations to Facebook use for knowledge construction. He also added that not all those who access Facebook are familiar with information technology, limiting themselves to transferring information from other sources such as Word documents and PowerPoint presentations to a Facebook page, therefore severely restricting their input. Brief posts may be a result of social media platform restrictions. Davison, Maraist and Bing (2011), Dron and Anderson (2014) and Puijenbroek et al. (2014) all remarked that social media posts involve restricted communication, thus limiting the option to freely express oneself. Dron and Anderson (2014) and Puijenbroek et al. (2014) also noted that individuals may fear that their posts will be misunderstood. This has two aspects. Firstly, individuals might fear that a post did not come across as intended, while secondly, their comments might indeed be misunderstood, misinterpreted or taken out of context. In addition, Davison et al. (2011) also remarked that the image one portrays on Facebook may impact how the individual is viewed by the general public, possibly compromising employment opportunities; thus, some people might avoid accessing and using social media sites. Other issues that have been identified by Pimmer et al. (2012) and Wang, Woo, Quek, Yang and Liu (2012) included identity theft, stalking, hacking of information which may then be used out of context, and reduced privacy. All in all, social media are not always considered a safe environment for information sharing, which is an additional factor influencing usage of online social networking platforms. Restricted Wi-Fi access or restricted internet access may impact access to social media sites, therefore limiting access to learning opportunities. The inability to follow a thread was also raised by Wang et al. (2012) whereby

students who participated in a supportive Facebook environment claimed that it was difficult to keep up because several threads might be posted within one week.

An underlying issue which may determine the success or failure of Facebook for learning and the construction of knowledge is trust. Ranieri et al. (2012) and Wang et al. (2012) recognised that trust between group members might impact the formulation and sharing of knowledge. Lantz-Andersson et al. (2018) and Lin et al. (2013) too observed that lack of personal and emotional connectiveness, which require trust, are inherent limitations of online activity that may negatively impact the success of an online social media group. The authors suggested that to try to overcome these limitations, one might try to implement non-task interactions, including organising and meeting outside of social media platforms. This may be helpful in improving a sense of community between members and encouraging participation in online discussions. Kreijns, Kirschner, Jochems and Buuren (2011) agreed that social interactions may in effect improve learning as a positive interaction between members could engage students in further discussion. However, issues related to privacy being breached, fake news, bigotry and recycling misinformation are inherited obstacles when using Facebook (Callaghan & Fribbance, 2018).

## 2.16. Connecting the literature to the study

*The research I have presented here allowed me to further conceptualise my study while comparing findings with international literature. I was intrigued when I learnt that there are multiple platforms that are considered social media. I had thought that Facebook and Twitter were the main social media platforms, but soon learnt that Wikipedia and YouTube should be included in the list. This paved a way for me to understand the complex system into which I would launch my study. Together with the learning theories and framework I adopted above, I was able to offer the participants the option to select which social media platform they would prefer to use for this study.*

*Understanding the landscape surrounding social media platforms, together with the concept of a community of practice helped me conceptualise the study further. Ranieri et al., (2012) and Manca and Ranieri (2016) noted that communities should be independent from organisations to allow free flow of communication. Madge et al. (2009) and Wang et al. (2012) supported the flexibility of Facebook for informal learning and to enhance relationships amongst members. I became hopeful that using a social media platform would follow Petraglia (1998) understanding of an environment where learning corresponds to the real world and the learner's interaction with it. This helped me design the study for participants to keep abreast of current practices. This required a culture of unintentional positive motivating influences where learning becomes an intertwined process between the individual and the group and the organisation. Through access to a social networking site, participants would be enabled to sustain innovation and novel approaches to a variety of situations, thus improving overall organisational outcomes which then impact oneself and impact the workplace (Watkins, 2017).*

*A fundamental element is that using approaches such as the community of practice cannot be self-sufficient (Cox, 2005). These are dependent on the individuals' input to sustain the development and nourishment of learning for success. Kaptelinin (1996) made the same assertion when discussing the activity theory. Both community of practice and activity theory approaches are solely dependent on the members and possibly on external support such as that by the organisation. Annihilation of these approaches is determined by both of these factors. Whilst success thrives on individual and organisational achievements, failure could create a sense of exclusiveness both at an individual and at an organisational level, impacting the organisation's success. Success cannot be attained if the individuals are not motivated to change or understand the purpose and need for change (Kaptelinin, 1996). This became evident in my study: a community of practice failed to be cultivated; members were not motivated to change current practices as there was a lack of trust amongst themselves, thus individuals may have opted not to participate in the discussion of posts. Kirscher's (2015) observations were also evident in my study as shall be discussed in later chapters.*

## **2.17. Understanding organisational learning, culture: Learning does not occur in a vacuum**

Gu (2016) remarked that for one to seek information one requires motivation and a willingness to learn. Hence learning is dependent on what an individual is willing to share with the group whilst it is dependent on a community who is willing to support the information which is shared. This argument is congruent with the concepts of knowledge management and organisational learning found within the literature. Having designed this study with the intent to harness individual informal learning and creating an environment where support between members inspires further collaboration and learning, I found that this cannot be viewed separately from the organisation the research group is located in. as it seemed that these are dependent upon one another. In the next section, I will attempt to outline knowledge management, organisational learning and how management and leadership styles impacted the trajectory of this study.

### **2.17.1. Conceptualising knowledge management**

Dron and Anderson (2014) remarked that Web 2.0 has created room for knowledge to be collectively supported through a dynamic array of interactions that can bring about change and novel insights into our own understanding, therefore contributing to further knowledge. Yet, what is knowledge? Nonaka (1994) and Nonaka and Takesuchi (1995, as cited in Bolisani & Bratianu, 2018, p.5) described knowledge as an abstract and intangible concept to define, yet which is often considered to be justified true beliefs. Bolisani and Bratianu (2018) argued that justified truths are based on the knowledge that something is true, on absolute certainty that something is true and that someone has the right to be sure of that truth (Ayer, 2009, as cited by Bolisani & Bratianu, 2018). This means that no knowledge can be justifiably true and knowledge is in continuous motion, always adapting to the changing



world. therefore, it is complicated to define knowledge. Meanwhile, Eraut (2004) looked at knowledge through the formal and informal context of learning and argued that knowledge and its transference is a complex task. Formal and informal learning are key players in the creation of knowledge and its transference to create a justifiable truth (Eraut, 2004). Formal learning, known as evidence-based knowledge, needs to be applied and transformed within a new situation for it to become integrated in practice. When this becomes integrated in practice, it becomes informal learning. Transition of informal learning occurs through a process of interaction between adaptations, conditions and constraints of formal learning, therefore making knowledge a complex phenomenon.

Agrifoglio (2015) tried to discuss knowledge from within an organisational perspective, regarding knowledge within an organisation in the context of knowledge management. In the literature, knowledge management is a central theme for organisations, firms or business entities, pertaining to a company's activity and linked to competitiveness between individuals and companies. Knowledge management is considered to be an embedded system of capturing and sharing learning the ultimate outcome of which is improving knowledge performance (Watkins, 2017). Similar to the definitions of knowledge presented above, Agrifoglio (2015) noted that knowledge management can at times be a tenuous term which lacks the ability to hold a clear definition, especially since it is dependent on competency, skill, value or information. Nonaka (1994, p.15) took a more comprehensive approach to defining knowledge management as a "multifaceted concept with multi-layered meaning", thus dependent on what the organisation perceives as justifiable truth at a particular moment in time. Supporting Nonaka's (1994) view is Wenger et al. (2002): the authors regard knowledge management as involving several aspects of inquiry, craft and interaction. An interesting perspective on the concept of knowledge management was offered by Davenport

and Prusak (1998), who referred to knowledge management as neither data or information but rather as:

... a fluid mix of framed experience, values, contextual information, and expert insight that provides a framework for evaluating and incorporating new experiences and information. It originates and is applied in the minds of knowers. In organizations, it often becomes embedded not only in documents or repositories but also in organizational routines, processes, practices, and norms. (Davenport & Prusak, p.5).

Similarly, Jennex (n/a, as cited in Jennex, Smolnik and Croasdell (2009) provides an account of knowledge management as:

...reusing knowledge to improve organizational effectiveness by providing the appropriate knowledge to those that need it when it is needed. It is assumed that knowledge management is expected to have a positive impact on the organization that improves organizational effectiveness. (Jennex et al., p. 175)

Knowledge management seems to depend a lot on what an individual is willing to share.

Knowledge management has two aspects: knowledge which has been obtained through explicit means such as tools, documents and guidelines, and tactical knowledge that includes unwritten routines and practices (Nonaka, 1994). Knowledge management transference therefore relies solely on what has been acquired by the individual and what the individual is willing to share in that organisation. In his earlier work, Davenport (1994) argued that individuals might be hesitant to share information and might not feel comfortable sharing their knowledge with others. However, if knowledge management is to be successful, one needs to follow a structure for knowledge to be shared by individuals. The concept of organisational learning impacts knowledge management (Basten & Haamann, 2018); knowledge management and organisational learning overlap, thus it is imperative to explain the process of organisational learning to understand further and appreciate knowledge management.

### **2.17.2. Embracing organisational learning for knowledge management**

A concept first coined by Cyert and March (1963, as cited in Watkins, 2017), organisational learning is a term often used to describe adaptive behavioural changes in an organisation. It seems that this definition focuses on learning from experience; organisational learning looks at outcomes from the experience and involves adoption of changes leading to new ways of operating within the organisation. Argyris and Schön (1997) referred to organisational learning as the way the organisation is impacted by the individuals within it. They proposed that learning within an organisation is twofold: it is dependent on individual learning and also on the experience and actions of the individuals who collectively help the organisation learn. It is somewhat bewildering that organisational learning is often referred to as an outcome rather than the processes involved in harnessing a learning environment to evoke change (Prange, 1999; Watkins, 2017). Later definitions of organisational learning encompass the complex process portrayed in the theoretical approaches I have discussed above. For example, Templeton, Lewis and Snyder (2002) carried out a content analysis of literature and concluded that “organisational learning is the set of actions (knowledge acquisition, information distribution, information interpretation and organisational memory) within the organisation that intentionally and unintentionally influences positive organisational change” (Templeton et al., 2002, p. 189). Chiva, Ghauri and Alegre (2014) continued that:

... organizational learning can be defined as the process through which organizations change or modify their mental models, rules, processes or knowledge, maintaining or improving their performance. Organizational learning is a process that develops a new way of seeing things or understanding them within organizations, which implies new organizational knowledge. (Chiva et al., 2014, p. 689)

I regard this as attributable to a supportive culture which promotes and enables informal learning, making it more likely for organisational learning to occur.

### **2.17.3. Culture and embracing organisational learning**

Culture plays a significant role in the embracing of a learning environment to enhance knowledge management. Schein (1996) foresaw that culture was a key player in organisational learning, viewing organisational culture as an essential feature for individuals to engage in learning and for their learning to impact organisation learning. Schein (1996) argued that as a consequence of the organisation, a specific culture is created. Prior experience and understanding determine whether the culture may remain static or change; and if change is more prominent, then understanding the importance of identifying the organisation's educational needs to further learning will be embraced in the culture. Therefore, according to Schein (1996) culture is a fundamental aspect of how organisations operate. Argyris and Schön (1997) also addressed this issue and regard culture as the fundamental principle in organisational learning. Culture helps shape, support or inhibit learning and implementation of that learning in individuals and in groups. Organisational learning occurs when organisations become proactive, taking it upon themselves to challenge their own beliefs, assumptions and work practices to transform in an attempt to improve practices. Jerez-Gómez, Céspedes-Lorente and Valle-Cabrera (2005) included culture in their definition of organisational learning. They stated that organisations need to recognise the various dimensions they hold to implement and support a culture of learning that results in an organisational change. These dimensions are related to managerial commitment, system perspective, openness, experimentation and knowledge transference. Watkins (2017) suggested that rather than looking at organisational learning, one should look at an organisation that fosters, within its culture, an attitude towards its employees which supports learning. Organisations will learn regardless of the systems used to learn (Basten & Haamann, 2018), but for organisations to thrive, they must foster positive systematic approaches to learning. Organisations that support these initiatives have a culture that

supports and encourages leadership, provides the resources and tools for individuals to acquire learning, advocates dialogue between members regardless of their status within the hierarchy, is prepared to take upon itself suggestions to change, and emphasises a culture of team learning and collaboration whilst anticipating possible future learning needs. Thus, it becomes a model for supporting learning through which employee development and collective service are at the forefront of the agenda (Watkins, 2017). “By supporting informal learning, organisations enable learning which is truly continuous, strategically targeting the current problem or need and empowering the very creativity needed to build future capacity” (Watkins, 2017, p. 222). I found this quote to embrace the scope of my study, building upon my understanding of what constitutes informal learning and how creating a community of practice can assist in reflecting on activity (through the application of the activity theory) to create positive change. Basten and Haamann (2018), through their concept-driven, narrative literature review found that communities of practice, when applied appropriately, help the community acquire informal learning experiences. This is achieved through sharing of information via knowledge management, learning from past experiences and triggering joint systematic approaches to problem solving. Watkins (2017) emphasised that learning does not necessarily occur within the context of a structured learning environment, but rather occurs through the process of one’s journey. Nurmala (2014) found an association between enhancing a learning culture and participation in informal learning. It is interesting to note that Nurmala (2014) did not find an association between formal learning and organisational learning, but exposure to informal learning assisted in developing organisational learning. This concurred with Axiak’s (2018b) findings. Axiak (2018b) explored the lived experiences of general nurses who undertook training to upgrade their qualification and acquire a degree in mental health nursing. It is pertinent to note that this study took place within the same organisation where my study was performed. Axiak (2018b) reported that nursing staff were

offered the opportunity to participate in formal learning which could ultimately improve practice. The overall findings of Axiak's study indicated that formal learning opportunities do not contribute towards knowledge management nor organisational learning, claiming that the participants could not identify any positive changes in the nurses' collective work practices and consequently had no tangible impact on patient care (Axiak, 2018b - this study is referenced in the findings and discussion chapters).

## 2.18. Connecting the literature to the study

*Watkins (2017) suggested that employing a community of practice where learning opportunities are informal and supported by the organisation provides room for the individual and the organisation to develop and function productively. The community of practice needs to incorporate an activity theory approach to appreciate the instability which occurs in an organisation (Engeström, 2001), understanding the influxes experienced as the organisation is not static. This requires that harmony exists between individual learning environments, which involves interactions between the individual and the organisational environment (Basten & Haamann, 2018). Through this process, one can promote the collectiveness of a community to enhance informal learning opportunities. I feel that this draws upon three pillars that are related to my study.*

- 1. The individual input: The individual draws upon personal experiences and reflections to understand the matter at hand, be able to articulate this and present it to a group of people. This approach does not necessarily entail the identification of evidence-based practice but often draws from one's own experiences, informed by formal teaching or through discussions held around evidence-based material and not necessarily related to one's work.*
- 2. Shared collective input: Presenting one's reflections and thoughts to the community, therefore the reflections are no longer personal (pertaining to the individual) but become collective (pertaining to the group). The community unconsciously reflects upon this, providing multi-voicedness and other individuals' reflections and experiences. The community may choose to follow a historical perspective reflecting the experiences and situations of its members, while providing room for contradiction. This can be mediated through a social networking channel which is easily accessible, free of charge, easy to manoeuvre that allows room for one to freely express their thoughts.*
- 3. Collective pillar: As the members of the community continue to debate amongst themselves, the organisation will hopefully recognise the impact of their shared collectiveness, creating a safe environment to support change and supporting further informal learning opportunities. The organisation then draws upon the knowledge created and shared amongst the members of the community and implements its suggestions. In this manner, learning is disseminated, and change may occur, through experimentation.*

*Argyris and Schön (1997) proposed that learning is dependent on individual learning and also the experience and collective actions of individuals who collectively help the organisation learn. However, the individuals in my study found it difficult to collectively help the organisation learn as they felt overpowered by poor leadership skills and a medical hierarchy. This may have been one of the many reasons the study was unsuccessful in achieving a community of practice.*

## **2.19. Leadership and management styles**

Leaders and managers play an integral role in guiding staff. In the conceptualisation of management and leadership, Nienaber (2010) found that there is no clarity distinguishing the terms 'management' and 'leadership'. The term 'management' was originally classified into five broad categories by Faylo (1916): planning, organising, command, coordination, and control. Each of these consisted of a host of secondary tasks which included communication, motivation and decision making. In 1978, Burns, amongst other authors, stipulated that leadership differed from management, hence asserting that the role of term management still was reflective of Faylo's (1916) understanding. Nienaber (2010) claimed that Burns (1978) together with other authors suggested that management is mundane, proposing that leadership should be favoured. Yet, there is no clear definition as what leadership. Northouse (2016) defined leadership as process whereby an influence over a group of people is involved. Within an organisation, the definition by Northouse (2016) closely resembles Faylo (1916) classification of management, thus affirming that this definition is still relevant in today's current climate. However, the terms management and leadership have yet to be properly differentiated as these concepts are entwined (Cherry, 2016; Northouse, 2016).

### **2.19.1. Types of leadership and management**

Whilst leadership refers to a person attempting to influence another person's beliefs, opinions and behaviours, management is more concerned with co-ordinating people, time and supplies (Cherry, 2016; Northouse, 2016). Managers are appointed whilst leaders may not be formally appointed to a job. A person who is appointed as a manager might not have leadership skills and vice versa, however, it is important to note that leadership and management skills are complementary, and both can be developed through training and experience (Cherry, 2016). There are various management types, ranging from autocratic, laissez-faire to democratic and



participative styles. Management styles are taught and mastered through guidance.

Meanwhile, leadership focuses on positive challenges and includes a number of technical, human and conceptual practices (Cherry, 2016), described as follows:

1. Technical skills: the ability to keep abreast of current knowledge and clinical skills; whilst acting as an expert, a role-model, a teacher, and contributing to sound practice.
2. Human practice: Being respectful, honest and maintaining integrity in work and the relationships established with others. Through the technical skills developed, one is considered to be a proactive problem solver, where issues can be solved in a non-judgmental and non-threatening environment. This allows for conversation to excel and for a positive outlook, henceforth bring a humanistic touch in leadership.
3. Conceptual practices: The leader making a commitment to support the organisation, accepting the realities encountered through the system and understanding the needs of consumers and staff.

Leadership and management are essential skills for nurses to develop within the local setting. As discussed in the introduction chapter, the nomenclatures strongly suggest that nurses need to have leadership and management skills. Enterkin, Robb and McLaren (2012) remarked that nurses are ill-prepared and receive little training in leadership and managerial skills. The same situation was highlighted by Hughes, Wright and Cassar (2019) where a similar situation was noted locally. Using explorative semi-structured interviews with phenomenological philosophical underpinnings, Hughes et al. (2019) sought to understand meaning attributed to leadership within the local scene. The authors reported that the six participants in the study claimed that there were limited opportunities in the local setting to progress, hence applying for a management and leadership position was deemed a natural pathway to professional progress. Hughes et al. (2019) also remarked that the participants claimed that expectations were uncharted, such that leaders feel isolated. Similarly, Purpora

and Blegen (2015) also noted that leadership was a challenging task, with feelings of isolation and loneliness. Due to the complexity and lack of clarity of nomenclature for leadership and managerial roles in the local setting, Hughes et al. (2019) noted that this prevented the participants from actually practising leadership despite being in a position to do so. Role clarity also affected leadership, where nurses juggled multiple tasks, time restrictions and service-user problems. Parallel to these claims, Olsen, Bjaalid, Mikkelsen (2017) had likewise reported findings where organisational factors which affected support and role clarity affected the leadership style of nurse managers. Interestingly however, Hughes et al. (2019) reported that participants claimed that local nurse leaders were supported by the local health care system. Here the authors observed that training was structured around university courses and there was access to practice nurses, which assisted in defining roles. It is assumed that peer support helps one feel supported within the organisation. Purpora and Blegen (2015) posited that peer relationships help the leader in gaining insight and defining his or her role.

In essence, positive leadership cultivates a harmonious environment that is associated with staff satisfaction, enhanced work relationships and effective communication (Clearly, Horsfall, Deacon & Jackson, 2011). According to Clearly et al. (2011), Northouse (2016) and Hutchinson and Jackson (2013) have noted that positive values and charisma are essential features in effective leadership that draw on the collective approach in performance between leaders and followers. These essential values include respect, inclusivity and authenticity whilst valuing the relationships between professionals. Being flexible, pre-empting problems and drawing on a repertoire of ad hoc approaches to successfully deal with changes in practice are essential key features in leadership (Clearly et al., 2011; Northouse, 2016). When these are lacking, authoritarian management styles become evident. This leads to role conflict and lack of role clarity which in turn affects leadership styles to sustain an authoritarian

management approach (Olsen et al., 2017). Typical to authoritarian management styles is abuse, mainly lateral violence. Clearly et al. (2011) noted that nursing is considered to be a segregated occupation dominated by power issues. All types of managers and leaders may have an issue with power (Cherry, 2016): power being related to their position, power associated with holding knowledge, with being able to reward or punish, as well as positional power to gain obedience. French and Raven (1959) explained this further in their seminal work on describing power taxonomy; Table 2.2. outlines the five types of power.

*Table 2-2: Power taxonomy, as adapted from French and Raven (1959, p. 263-268)*

Types of power	Description
Reward power	This type of power is associated with a leader either explicitly or implicitly rewarding or gifting someone to carry out a task. This type of power seems to increase compliance as there is a promise of receiving acknowledgement.
Coercive power	Similar to reward power, coercive power is manipulating a person to comply with the ramification of punishment should there be no obedience.  Both reward and coercive power operate on a positive-neutral-negative trichotomy, therefore there is an evaluation of a person's behaviour according to the power exerted by the leader.
Legitimate power	This is more complex, because here it is the follower rather than the leader who believes that compliance is necessary and obligatory. There is a feeling of ought-ness as the person believes that the leader needs to be obeyed.
Expert power	Here, it is believed that the leader has special knowledge, therefore other people follow. There may be mutual respect and the information produced will possibly create an environment where leadership practices are endorsed.
Referent power	Compliance is sought as the person admires or identifies with the leaders, therefore seeks the approval or confirmation from the leader through compliance. This type of power could also be a result of wisdom held by the leader, therefore compliance is brought about through mutual respect.

Learning is embodied within the community's behaviour and manner, which in turn affects personal identity and group identity. The more knowledge entered into the community, the greater the change. This requires that professionals remain abreast of current trends to assist in the dynamic dimension of the team (Brown & Duguid, 2001). However, as stipulated earlier, learning and community support are not independent from the organisation. For learning and a community of practice to flourish, leadership and management styles need to support professional growth through partnership. A report which reflects the lack of partnership between the organisation and the staff is that of the Mid Staffordshire National Health System public trust inquiry (Francis, 2013). This report gave an account of the neglected state of hospital trust facilities following an inquiry into a number of deaths and reports of neglect. It was identified that through ineffective leadership and management, staff were too apprehensive to report malpractices, which cultivated a system that tolerated poor standards and disengagement (Francis, 2013). Staff felt discouraged from reporting errors in practice as the system adopted a culture of blame. The report highlighted that this resulted from the often-adopted practice of finger-pointing and placing blame on a particular individual for malpractice (Francis, 2013; Okpala, 2018). Failure to report is often a result of fear of retribution, lack of clear institutional guidelines on reporting and fear of lateral violence arising from fear of retribution (Okpala, 2018). Meanwhile, Okpala (2018) also remarked that nurses may fail to report due to fear of a juridical inquiry, thus not adhering to institutional guidelines and policies. Non-reporting of poor practices often happens when a culture of blame co-exists with bureaucratic management styles, resulting in staff feeling isolated (Enterkin et al., 2012; Purpora & Blegen, 2015) and leading to large staff turnover when staff opt to seek different employment when facing situations in which they do not feel safe voicing their concerns (Purpora & Blegen, 2015; Olsen et al., 2017; Wand, 2017). This happens when individuals are not thought of as being independent and self-regulated enough

as employees to make decisions. Thus, there is strong reliance on constant guidance and supervision. The dismissing of nurses' autonomy, ambiguous role, lack of and incoherent information and lack of involvement in decision-making has an impact on the leadership and managerial styles adopted by an organisation. These then result in power-driven managers who utilise lateral violence and a culture of blame (Olsen et al., 2017).

## **2.20. Culture, leadership and communities of practice**

It is important to recognise that communities of practice are not stable entities as communities evolve and change over time (Wegner et al., 2002). The success of a community of practice therefore is determined by the individuals who form part of the community, their willingness to grow as a group and their willingness to create novel knowledge within the group. In the case of this study, it also involved operating within a larger organisation. Lave and Wenger (1991) recognised the success or failure of a community of practice lies in power structures and culture of the overarching organisation of which the members form part of. As previously discussed, culture and learning will adjust to any form of knowledge exchange. Roberts (2006) furthered that culture within a power structure of the organisation should be understood through a broader context. Wegner et al. (2002) explained this as organisational culture is impacted by the individual's own understanding of culture which is influenced by status and authority, or politics which is practiced within the wider social community, the way people communicate, the language that is used and access to technology. For community of practice to succeed, the organisation needs to trust the work of the individuals created within the smaller community of practice. Without acknowledgment, both communities (that is the overarching organisation and the smaller community) become interconnected through their knowledge and the ability to develop trust to create new collective knowledge.

Organisational culture and power structure became a very prominent theme in this study. As I

shall explain in the Findings and Discussion chapters, I encountered a situation where organisational structure and the culture greatly impacted the community of practice which I had created for the scope of this study. It transpired that the overarching organisation in which the community of practice was nested in, adopted a reward and coercive power style of management (French and Raven, 1959) which significantly impacted the formation of trust amongst individuals. This resulted from a system which applied crisis and traditional leadership styles rather than focus on distributed or transformational leadership styles. These latter forms of leadership harbour a sense of equality and trust within the members, thus impact the success of a community of practice (Wenger et al., 2002). However, since the organisation in which the community of practice followed a decentralised hierarchy, stringent and chaotic management styles led to a system where staff felt isolated, hence resulting in staff working in silos. As Roberts (2006) and Kerno (2008) noted, this will inevitably impact the learning styles employed in the organisations. In this study this led to an atmosphere of weariness in the community of practice which greater impacted the upkeep of informal learning and failure in forming a community of practice.

## 2.21. Connecting the literature to the study

*The issue of leadership was evident and became a main feature in my study findings and discussion. The identification of relevant literature assisted me in further understanding the inter-relationship between leadership, management, culture of blame and lateral violence. As shall be discussed elsewhere, I found that ineffective leadership affected work practices. This included the way the participants of this study perceived themselves in juxtaposition with other professionals. Ineffective leadership affected communication, thereby resulting in a culture of blame and lateral violence. Exposure to lateral violence may have resulted in staff lowering their expectations, hence accepting lateral violence as normal practice while not adhering to the local code of ethics and scope of practice. The study also found that members of staff, regardless of the position held (staff nurse, charge nurse or nurse manager), were subservient to other individuals who might not have received the necessary training to be in such a position. I soon realised that nested within the context of the organisation were problems with learning, culture and leadership, therefore affecting the study results. This shall be tackled further in the findings and discussion chapter.*

This chapter discussed several issues which were relevant to the study. To facilitate the discussion, I decided to divide the literature review into three sections which addressed the main areas of my research study. In the first section I have provided a comprehensive overview of theories of learning, in particular informal learning. I also focused on collaborative learning theory. By employing the community of practice and activity theories, I structured my research with the aim of launching a study using a social media platform. In the second section, I look into the creation of the Web and the technological advances which paved the way to user-generated content through social media. Here, I became appreciative of the various platforms which are considered to be social media and determined the social networking site of Facebook was ideal for this study. In the final section I took a broader approach and looked into knowledge management and its influences on organisational learning and leadership styles. These shall be discussed further in the discussion chapter.

This chapter allowed me to explore a vast range of material and challenge my own perceptions and assumptions. Furthermore, it helped me locate this study within the broader field. It led me to seek further information, paving a new path for me to experience informal learning opportunities. I have acquired new insight, obtained clearer understanding on employing social networking and virtual communities as a form of community whilst understanding an organisation's capacity to fostering a learning environment.



### **3. Methodology and Method**

### **3.1. Introduction to methodology and method**

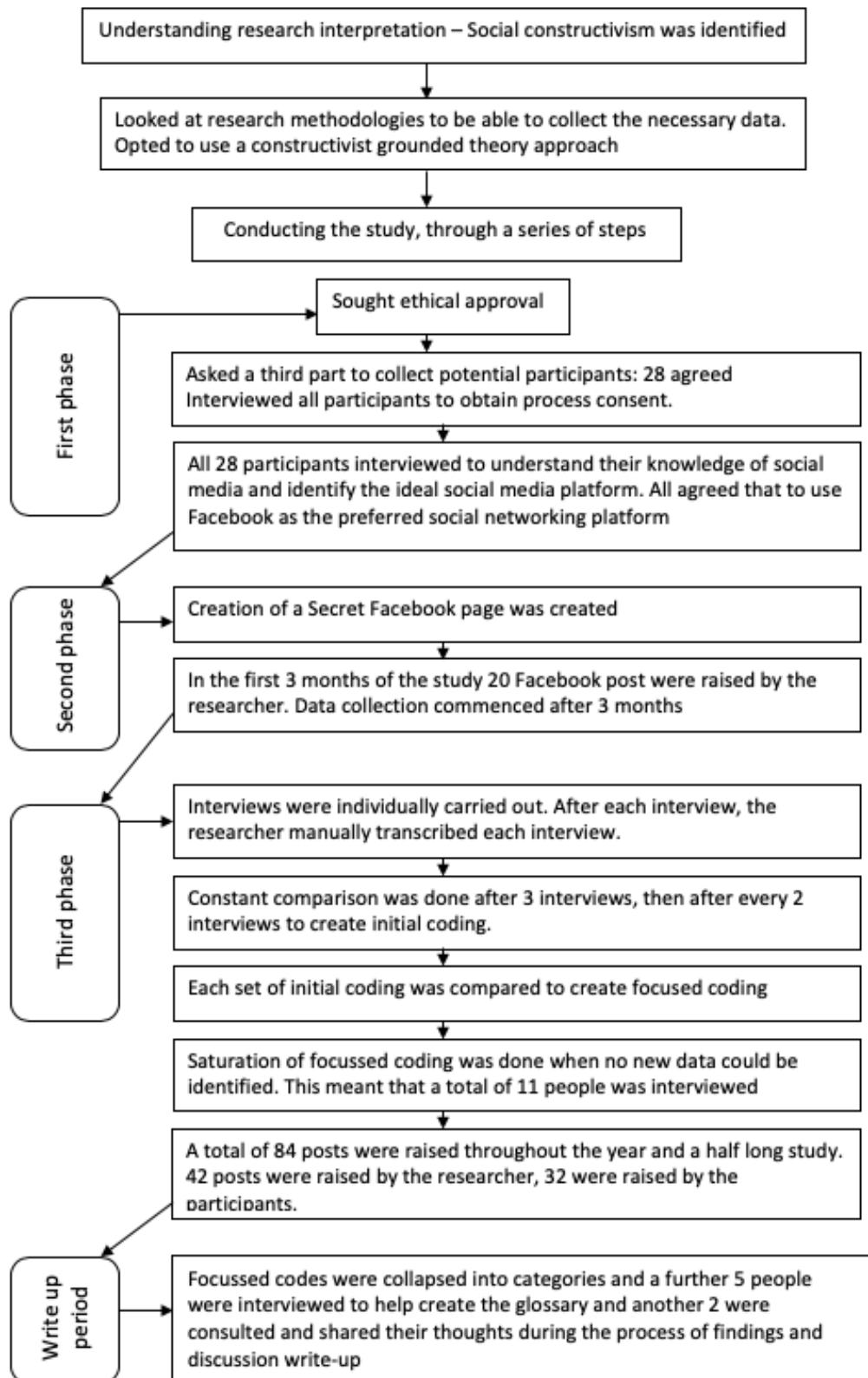
Research consists of an inherent human curiosity to understand a particular phenomenon. This involves using a research paradigm which is diverse and multifactorial, and the application of a particular research paradigm is based on several factors. Essentially, all research aims at answering a research question from which the research design will be derived, thus depending on the nature of the research question. However, other factors such as one own's beliefs, perceptions and personal characteristics also influence the way research is approached.

So far, the previous chapters have broadly addressed the local setting together with informal learning and a community of practice by employing a virtual design. The first section of this chapter will focus on the methodology. Here I provide an overview of the research paradigm I have selected, stating the research question by explaining the systematic method of inquiry. Additionally, I explain why constructivist grounded theory was identified as being the most applicable choice of methodology to extract the data. This will be followed by describing my philosophical interpretations that have been influenced by social constructivism, linking to the profession of psychiatric mental health nursing. This chapter proceeds by discussing the grounded theory methodology, focusing on a constructivist grounded theory approach used to extract the data.

A second section will follow where I shall look into the method I followed to collect data. I will detail the steps I followed to collect the necessary data. Here, I start by explaining how understanding the field where the study took place. This is followed by approaching the participants and understanding their views on applying a social networking platform to create and cultivate this study. I then discuss in detail how the study was designed, including the number of participants and how the data was collected following the constructivist grounded

theory approach. Figure 3.1., I shall provide an outline a summary of the study was carried out.

Figure 3-1. Outline of the study



### 3.2. Research questions

This two-pronged study aimed to understand the experiences of psychiatric mental health nurses who took part in it: primarily, the study investigated whether employing a social media platform would harness informal learning, and secondly, if the use of a social media platform would enable and assist the creation and cultivation of a community of practice among study participants. The main research questions addressed these aims by enquiring:

1. How can a social media platform be used to sustain informal learning in a psychiatric mental health services in Malta?
2. How can a social media platform be used to create and cultivate a community of practice within these same services?

### 3.3. Introduction to research

Research aims to investigate, enquire and explore issues, considering the broad assumptions and decisions needed to reach these aims (Creswell, 2014; Clough & Nutbrown, 2012; Uzun, 2016). The process of social research has been best described by Clough and Nutbrown (2012), who identified four core concepts that distinguish the process. The scientific method “sets out with *specific purpose* from a *particular position* and *aims to persuade* readers of the significance of its claims. These claims are always *broadly political*” (Clough & Nutbrown, 2012, p.4).

The first of the four cores, the purpose of research, is described as a channel to enquire into a phenomenon and explore issues, provided the research is specifically geared to understand the phenomena under consideration. Research aims to adopt a systematic rigorous inquiry into the area of interest, offering insight to attain further knowledge about a concept or phenomenon (Bunniss & Kelly, 2010; Clough & Nutbrown, 2012, p.5; Polit & Beck, 2014).

Within a nursing domain, Polit and Beck (2014, p. 53-54) argued that nurses are required to endorse evidence-based practices to inform nursing practice. This requires that research is carried out in a manner that reflects the demands of the service, represented on a continuum with the producer of research, who is the researcher at one end of the continuum and the consumer, the patient/client/service-user or their carer and society, at the other end of the continuum (Polit & Beck, 2014). The evidence produced by the researcher is intended to enhance the performance of the profession and of nursing practice. Therefore, the research process aims to ‘persuade the reader and the user of the significance of its claims’ (Clough & Nutbrown, 2012, p.5). Such persuasive claims urge the researcher to adopt different approaches and research paradigms, thus becoming notably political (Clough & Nutbrown, 2012). Overall, research aims to push boundaries, aspire to a new understanding which provides information for evidence-based practice, confirming or deterring practice, expanding knowledge and disseminating findings, to produce a sound approach to enhance outcomes of care (Polit & Beck, 2014).

Any research draws from one’s own position, which incorporates the fundamental platform of enquiry that is designed on the researcher’s positionality (Clough & Nutbrown, 2012). “Research is a process, not just a product” (England, 1994, p. 85). This process is an epistemological continual experience, constantly in motion and constantly reforming itself. Positionality is influenced by the multiple overlapping orientations and views a person holds. These are related to various aspects such as political, policy and practice development whilst being shaped by personal schemas of values and morals (Bourke, 2014; Clough & Nutbrown, 2012). Furthermore, it is influenced by relationships we develop with each other that change and evolve, making positionality a fluid and dynamic concept (Kezar, 2002, p. 96). This is represented through the shared understanding that the researcher and the researched represent a shared space, from which both parties impact each other and impact the research process

(Bourke, 2014; England 1994). The end product, which in this case is the findings, the discussion and the conclusion will essentially be shaped through my personal experience, reading, data collection and understanding, that has not only been impacted often by the research process, but by my own past epistemology.

Takacs (2003) advocated that those who carry out any form of research should understand their own situatedness, sometimes referred to as positionality. Understanding one's situatedness requires that the researcher understand their epistemological perspective. Our past shapes our understanding of the world, which may not always be representative of the truth, but rather representative of the researcher's own truth. Understanding positionality through the epistemological lens provides an indication as to how the researcher can appreciate and interpret their understanding, which is constructed on the richness of one's personal growth and development. The essence of this requires that the researcher address their positionality to be better able to 'listen' to the research and challenge and interpret the literature and data with a fairer and more holistic approach. My positionality will be discussed in chapter 3.12.2.

### **3.4. Research Interpretations**

Mills, Bonner and Francis (2006, p.26) advised that a research interpretation congruent 'to their beliefs about the nature of reality' is essential to ensure sound research. The researcher's underlying assumptions are continuously influenced by positionality and in effect are influenced by several factors such as upbringing and the environmental context, cultural and historical aspects. Research "paradigms are patterns of beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and processes through which investigation is accomplished...sets of philosophical underpinnings from which specific

research approaches (for example qualitative or quantitative methods) flow” (Weaver & Olson, 2006, p. 450). There is no one superior paradigm; all paradigms are valid and offer insight into the truth they represent (Bunniss & Kelly, 2010; Cohen, Manion & Morrison, 2011). Research interpretations are developed through the multifaceted infrastructure through which the researcher views the world. Axiology, personal values and beliefs held by the researcher (Cohen et al., 2011) inform the way the researcher views the world. This is based on the ontological and epistemological assumptions which give rise to methodological considerations. Crotty (1998) referred to ontology as the study of being whilst epistemology as the way it is known. In the simplest sense, an assumption that can be studied, experimented upon, observed and measurable falls under the umbrella term of positivism (Cohen et al., 2011; Pilot & Beck, 2014). This type of research permits that generalisations are made which are developed from abstract thought, predicating patterns in the physical world (Weaver & Olsen, 2006). Theory is created through deductive reasoning, where implications of premises are considered empirically true (Given, 2008). Using quantitative measures to collect data, the research is aimed at answering questions in which reality is measurable, static and objective (Bunniss & Kelly, 2010, Tweed & Charmaz, 2012). However, both Bunniss and Kelly (2010) and Cohen et al. (2011) urged caution as these methods fail to recognise the human aspect; it may be difficult to quantify human emotions and experiences and hence be able to measure non-linear changes, such as those pertaining to human emotions, human behaviour, perceptions and feelings.

Cohen et al. (2011) suggested that a naturalistic perspective may offer an alternative solution. I have always sought to understand a person’s journey based on their assumptions, perspectives, experiences and emotions; therefore, I am more inclined to adopt this method of inquiry rather than the former method which focuses more on quantifying experiences.

According to Cohen et al. (2011), a naturalistic understanding rejects the perception that

human behaviour is governed by rules and laws. Individuals form part of the equation and can offer their perspective through their own personal experience. Cohen et al. (2011, p.15) continued by saying “behaviour can only be understood by the researcher sharing their frame of reference; understanding the individuals’ interpretation of the world around them has to come from the inside, not the outside”. Thus, the naturalistic view has a subjective rather than an objective stance. Within the research, influences impact reality, therefore, reality is considered to be multifaceted, fluid and entertaining various diverse meanings. The naturalist approach celebrates the world view from a subjective perspective, validating an individual’s thoughts, emotions, perceptions and assumptions in the first person (Schwandt, 2000). Nevertheless, this approach too comes with its own baggage and poses several limitations. One of the major debates concerns the difficult transition from taking a subjective perspective to describing it in an objective manner; it is somewhat elusive and hard to portray. It is often the case that positivism argues that naturalistic inquiries involve the self, hence maybe a representation of the researcher rather than the group which was studied. Modern post-positivists, such as the interpretivists, advocate methods that contribute to an objective perspective, such as social realism and constructivism, whilst others use a hermeneutical account to justify their argument (Schwandt, 2000).

### **3.5. Interpretive, Constructivist and Social Constructivist Interpretations**

#### **3.5.1. The interpretative and constructivist stance**

Both interpretive and constructivist approaches share a common heritage (Schwandt, 2000) but are diverse and are shaped by distinctive epistemological and methodological commitments. Interpretivism stemmed from the traditions of the German intellectual hermeneutics and sociological Verstehen. Weber, who founded the approach, explained that unlike positivism, an interpretivist approach considers “culturally derived and historically



situated interpretations of the social life-world” (Crotty, 1998, p. 78). It therefore sought to understand that claims cannot be certitude in objectivity itself but are established in human constructs and human interpretations. This also holds true when debating positivistic claims in which findings are interpreted in the context of the research the study sought to answer (Crotty, 1998).

Symbolic interactionism and phenomenology fall within the interpretivist stance (Crotty, 1998; Schwandt, 2000). Phenomenology deals with describing the lived experience. Cohen et al. (2011) referred to it as a field of research that looks into an individual’s own understanding of a lived phenomenon. It assumes that there is an element of importance in the person’s direct lived experience and the phenomenological process becomes an endless task of continuously questioning bequeathed meaning systems which have been established products of our culture to understand the lived experience (Crotty, 1998). This process becomes an intimate one, ending with reinterpretation of a phenomenon. Phenomenology involves objectivity with a sense of critique, where the researcher sets aside all previous thoughts and looks at the phenomena being investigated afresh, questioning how and what the world was like before the assumptions were made, looking into his or her own consciousness and questioning the researcher’s own roots. Unlike phenomenology, which is more concerned with beginnings, being viewed at the starting point of social inquiry, symbolic interactionism is associated with “taking the place of the other” (Crotty, 1998 p. 97). Symbolic interactionism as described in the Blumer-Mead model is pragmatic and based on three assumptions (Crotty, 1998). Firstly, individuals act towards the objects or other persons in their environment based on their meaning to the individual. Thus, an individual’s interaction with a loved one differs significantly from the same individual’s interactions with a stranger. Secondly, communication consists of verbal and non-verbal aspects. This further explains the differences in an individual’s actions towards objects or other individuals,

associated with the non-verbal connotations of the interaction. Finally, the ways the individual acts are established and modified through the relationship, therefore created through an interpretative process. Individuals are regarded as purposive agents (Schwandt, 2000, p. 233), engaging in reflexivity to establish a level of comfort in their acts within the environment. Symbolic interactionism views individuals interacting (Crotty, 1998), or as Blumer (1969) stated “as acting (not responding) organisms who construct social action” (as cited in Schwandt, 1994 p. 233); therefore, looking at the here and now rather than understanding the beginning.

Within the interpretivist stance is constructivism (Given, 2008; Schwandt, 2000). Both stances hold that interpretation of the social world lies in understanding of experiences as they are lived, felt and undergone by the social actors (Schwandt, 1994, p. 222, 236). However, constructivism understands that “knowledge and truth are created not discovered” (Schwandt, 2000, p. 236). There is an emphasis on the pluralistic aspect, as reality is not a singular notion, but rather a variety of acts to fit an intention. Constructivism assumes that individuals interpret their own understanding of the world which is constructed from one’s own knowledge (Fosnot, 2005). Constructivism denies the existence of an objective reality; alternatively, it challenges the objective truth as it considers reality a construction by individuals who assign meaning to the world, thus, creating their own version of reality. Therefore, constructivism holds that the mind is active, constantly constructing its own knowledge and understanding. Crotty (1998) and Creswell (2014) noted that in constructivism, individuals construct meaning as they engage in the world, therefore seek to describe the world as individual “active agents of negotiation of the reality they encounter” (Broom & Willis, 2007, p. 24). These realities may be conflicting, especially amongst individuals, but can change to become more sophisticated, thus less conflicting to that person (Denzin & Lincoln, 2005; Guba & Lincoln, 1994). Charmaz (2014) stated that constructivism

is best understood through in a form of a particular experience and the interpretation associated with that experience, that is in constant motion, therefore changing through time (Charmaz, 2014). Furthermore, Mills et al. (2006) stated that constructivism comes from a relativist ontological position from which the “world consists of multiple individual realities influenced by the context” (Mills et al., 2006, p.26). From an epistemological point of view, constructivism accentuates the subjective interrelationship between the researcher and the researched, achieving a co-constructing meaning. Here, it is understood that the researcher becomes part of the endeavour rather than remaining an objective observer, compared to a positivistic research stance. Therefore, in constructivism the researcher acknowledges their own value and input as an inevitable part of the research process (Mills et al., 2006). To complicate the notion of constructivism further, constructivism is marked by a terrain of constructivist approaches which include radical constructivism, social constructivism and feminist epistemologies (Crotty, 1998).

For the purpose of this research, a social constructivist approach will be utilised. This approach was selected because I am of the opinion that our social surroundings influence the way we interact with each other, therefore impacting our own reality. Crotty (1998) acknowledged that realism and relativism form part of social constructivism. Something which is socially constructed is real. For example, if I had to win the lottery today, that is real. This would be realism. Meanwhile, the way we approach reality is through the sense we make of it. It is dependent on historical and cross-cultural comparison. Hence, what I recognise as real may differ in a different part of the world. This would be relativism (Crotty, 1998). These are both present within the social constructivism realm, which however seems to focus more on the social world. Radical constructivism, on the other hand, holds that knowledge is a result of cognitive processes (Von Glasersfeld, 1990 as cited in Hardly and Taylor, 1997). This builds upon the assumption that we, as human beings, do not know what

reality might be. When our experiences do not match up to previously created experiences, we try to create an alternative construct. According to Von Glasersfeld, this leads to an infinity of alternatives, made viable through social and physical constructs. This, I feel, does not agree with the trajectory I wish to follow. Whilst I wish to understand further how social surroundings influence our interactions and understanding so that I may have a different perspective, thus impacting the findings of the study, radical constructivism suggests that meaning needs to be compatible, especially if all parties agree on the present reality (Hardly & Taylor, 1997). If there is no agreement on the present reality, an illusion of identically shared meaning remain uncontested. This lacks the social context that I would like to understand further in my study.

### **3.5.2. The social constructivist stance**

A social constructivist approach focuses on “the origin of knowledge and meaning and the nature of reality to processes generated within human relationships” (Given, 2008, p. 816). Social constructivism differs from constructivism. Whilst constructivism acknowledges that reality is a creation of the mind, based on an individual assigning meaning, social constructivism additionally holds that assumptions and knowledge are also a creation of social products. These social products are understood as products of human relationships. Social constructivism deals with how the human relationship with social artefacts changes its meaning across time and through historical production of knowledge effect the human relationship with the social artefact (Peters, 2000; Pritchard & Woollard, 2010). For example, constructivism would explain how a person at work makes their own reality based on their job. Meanwhile social constructivism would additionally address the work environment and examine how this impact on the understanding of the reality around them. The latter implies a more collaborative approach, whilst the former is more singular and individual.

Schwandt (2000, p. 240) continued that “the focus here is not on the meaning-making activity... but on the collective generation of meaning as shaped by conventions...”.

Pritchard and Woollard (2010, p. 3) described constructivism as being more concerned with the theory of learning while Davis and Cox (1994) described social constructivism as an approach that what is known, what is thought and what is perceived is primarily a result of social invention, which is achieved through social interaction and communal discourse.

Crotty (1998) gave a much more distinct characterisation of social constructivism so that it is not confused with constructivism. Social constructivism emphasises the effect of cultural attributes on the individual. This refers to the way culture allows the person to view situations and circumstances and to how the person may feel things. This understanding of culture may be liberating or limiting. Culture may interfere with the researcher as the culture may not be known to the researcher, hence it may be difficult to establish the meaning of the phenomena being investigated within the context of the situation being addressed. Social constructivism holds that individuals have a subjective understanding of the experience towards objects and characterise those experiences (Creswell, 2014). On the other hand, constructivism is based on the assumption of a unique experience and that each interpretation is valid and worthy of respect (Crotty, 1998, pp. 70-71); yet, the researcher does not establish the meaning of the phenomena, but rather provides assumptions about the phenomena being investigated.

### **3.5.3. Social constructivist interpretation and positionality**

Brunero, Jeon and Foster (2015) argued that the central theme to psychiatric mental health nursing is the “purposeful use of self”. This theme is commonly featured as the main focus of psychiatric mental health nursing models of care. Defined as the mother of psychiatric mental health nursing and the most influential theorist within this field, Hildegard Peplau in 1952 dedicated a chapter in her book to the use of ‘oneself’ within the therapeutic relationship

between the nurse and the patient. Speaking in terms of the development and establishment of the therapeutic relationship, she observed that the “self does not form and then operate once and for all; each recurring problem challenges the view of self that an individual hold.” (Peplau, 1991, p. 205). More modern psychiatric mental health nursing models of care also identify the use of oneself to engage with establishing a therapeutic relationship. The Tidal Model is a recovery model to promote mental health and to achieve independent function despite a condition (Barker, 2001). Here, the focus is more on guiding the person to rediscover themselves from a holistic inclusion of the self, social and cultural aspects (Buchanan-Barker & Barker, 2005). This model of care is philosophical as it encourages the professional to think about what people might need, providing a voice to the person who is experiencing mental distress (The Tidal Model, 2015b). It educes from an empathic approach, urging professionals to use themselves within the care process to help individuals decide what they need at a particular moment in time to help them with their issue or difficulty (Ramage, Ellis & Marks-Marenn, 2015). Here, the use of self is established in building trustworthy relationships amongst professionals to assist in recovery.

A more recent prominent psychiatric mental health nursing model of care which is being used within acute psychiatric mental health settings, is the Safewards model. It is meant to be used within such areas for control and containment, however, this model has been disseminated in other areas of practice. Unlike the Tidal Model, the Safewards model fosters an encouraging safe environment within psychiatric units (Safewards, 2018). The forefather of this model, Professor Len Bowers (2014), described within this model a series of behaviours that may result in aggression. These behaviours may be contained through a series of what is referred to as ‘preventable flashpoints’ pertaining to factors within the clinical setting, such as: the patient’s environment, patient community, patient characteristics, regulatory team, outside community and the staff team. Of particular interest here is the staff team. Bowers (2014)

discussed how the therapeutic relationship established by staff impacts the effective management of aggression. Bowers (2014) stated that staff interactions, through the development of the therapeutic relationship with the patient, can influence control, containment and resolution; and that these interactions are influenced by staff modifiers. These modifiers are designed around external influences such as staff anxieties, staff moral commitment to work, teamwork and psychological understanding of and empathising with patients. Bowers (2014) argued that staff attitudes such as enjoying their work, affording people respect and providing compassion and companionship all assist in the recovery process. This accentuates emphasis on the therapeutic and purposeful use of oneself to assist in effective management of control and containment. He asserted that “staff modifiers are, thus, largely about how the staff support and help patients respond positively to each other” (Bowers, 2014, p. 503). This too indicates the need for the therapeutic and purposeful use of oneself in the process of providing care in psychiatric mental health nursing.

These approaches all have a humanistic theoretical approach, therefore, aim to understand the lived experiences of personally relevant terms, apropos the nursing practice (Bruenero et al., 2015, Khademi, Mohammadi & Vanaki, 2017). Basing this understanding on the purposeful use of ‘oneself’ to build upon constructions has allowed me to identify with an ontological underpinning in social constructivism. To further elaborate my ontological underpinning, I shall use the example of a service user who enters care as a result of experiencing a distorted reality. Taken into the context of a psychiatric mental health nurse and the service user, the constructivist philosophical approach lies within the nurse-patient relationship (Brunero et al., 2015). As previously mentioned, a constructivist approach holds that there is no single reality. The relationship is developed and constructed through the process of listening to one another and it has been argued that it focuses more on the ‘here and now’, allowing the service-user to tell their story so as to feel understood and appreciated

(Brunero et al., 2015). From the service-user's story, a plan is devised which addresses what the service-user needs whilst focusing on several aspects such as the relationship the service-user has with their loved ones, their employment and future plans to live independently in the community. In the scenario detailed here, I would listen to the service-user, be empathic towards their reality and try to get an insight into their distorted reality which is something I am yet to encounter as I do not have their same experience. While I understand that through a constructivist lens there is no single reality, I also understand that there are other aspects which influence my service-user's understanding, thus, I perceive that there are multiple realities in my world which continuously influence and shape my own reality. The care I offer requires that it is collaborative in nature. My understanding is better explained by Kathy Charmaz's reference to social constructivism. Using her personal perspective on the topic, she characterised social constructivism as studying what "people at a particular time and place take as real, how they construct their views and actions, when different constructions arise, whose constructionist perspective becomes definitive and how that process ensues" (Charmaz, 2014, p. 344). Charmaz identifies how social constructivism is in constant motion, inseparable from social existence, not set in time, but continuously changing, focusing more on shared context, interactions and interpretive understanding (Charmaz, 2014, p. 14). This understanding allows me to be in a better position to understand the service-user's distorted reality, how their reality is influencing the therapeutic and purposeful use of myself and how the external factors that help develop the therapeutic relationship are impacted by the relationship the service-user has with their external environment. This urges me to be inclined to collaborate and co-operate with other professionals. It in turn, continues to inform myself and my understanding of the world. This inclination is founded within the principle approach of establishing and sustaining therapeutic and trustworthy relationships, purposefully, adapting my thoughts and behaviour according to the person's needs. This is



also the approach I have taken towards this study. Using partnership to help design this study, I was in constant collaboration and co-operation with my participants to sustain the social media platform to fit the needs of the participants and my needs. It also involved that I continually confirm my findings and discussion to achieve clearer insight which is representative of the group. I return to this point later in the chapter where the phases of the study are discussed.

### **3.6. Selected methodology**

There were various ways in which I could have approached the design of this study. Whilst quantitative inquiry involves the control and manipulation of variables, or measurable outcome predictors, I chose to focus on exploring and interpreting the subjective experience psychiatric mental health nurses encounter when using a social media platform for informal learning. Moreover, I wanted to understand whether a social media platform could be used as a supportive network between professionals. I felt that a qualitative research design was conducive to this purpose. Overall, I intended to understand the social processes that occurred within a social setting (Polit & Beck, 2008). Central to this process was the partnership I had with the participants within their social setting. This partnership led to a collaboration to explain a phenomenon that is grounded in the reality of this research study (Charmaz, 2006; Charmaz, 2014). The study adopted an emergent design (Charmaz, 2008b) as its conceptual foundations were grounded in the data to develop a theory through simultaneous but systematic interplay between data collection and the analysis (Bryant & Charmaz, 2011, Pulla, 2016). For the reasons discussed here, a constructivist grounded theory approach was deemed to be the most suitable approach to tackle this study.

### **3.7. Methodological influences through a historical account**

Amidst the changes from positivistic to post positivist research paradigms, the grounded theory approach has emerged and has continuously transformed itself over the course of time (Higginbottom & Lauridsen, 2014). Morse (2009) noted that the method of grounded theory has evolved over the past generations, whereas Annells (1997a) addressed the importance of appreciating the ‘era’ in which the methodological influences impacted and transformed the grounded theory approach. These observations concur with Glaser and Strauss in which the authors quote “Our principal aim is to stimulate other theorists to codify and publish their own methods for generating theory” (Glaser & Strauss, 1967, p. 8). The original authors advocated for the researcher to keep an open mind around the concept of grounded theory and stimulate a discussion for necessary change rather than collect data for their topic. This requires that the researcher synthesises data to reach theoretical understanding of the phenomena found rather than synthesise the data to match the phenomena under investigation. This appreciation for the datum has evolved throughout the various eras and methodological influences which have influenced the diverse approaches towards grounded theory.

### **3.8. The Grounded Theory Approach**

Glaser and Holton (2004, p.50) proposed that grounded theory is a straightforward methodology. However, as previously pointed out, historical influences have continuously shaped the grounded theory approach. Although there are several versions of grounded theory, Morse (2009, p. 13-14) identified three general principles:

1. The ability to document and understand the core processes that are central to change, especially when using a symbolic interactional lens;

2. The identification and description of the phenomena under investigation, helping the researcher explicate what is going on or what is happening/has happened within a particular event, thus studying the trajectory of change;
3. Provides a tool for synthesising data, developing concepts that lead to mid-range theory that remains linked to the data themselves.

Lindarg, Albert and Levinson (2008) stated that the main trope in grounded theory is that it develops theories generated from social phenomena. This approach differs from other qualitative designs as it is not a deductive design giving accounts of individuals nor does it seek to find an “explanation of the phenomena under investigation” (Harris, 2015, p. 33). Unlike other qualitative methods, grounded theory approach takes upon itself an inductive design. Charmaz (2006) referred to the inductive method as “a type of reasoning that begins with study of a range of individual cases and extrapolates patterns from them to form a conceptual category” Charmaz (2006, p. 188). As a method, grounded theory uses the inductive process to understand an individual case and through the accumulation of various individual cases the researcher finds common grounds to develop a collective understanding, referred to as theoretical saturation. In simpler terms, an inductive process begins by understanding a number of concepts that are then collapsed or condensed (Birks & Mills, 2012). However, a concern with this type of approach is that there is a “leap from the particular to the general” (Bryant & Charmaz, 2011, p. 16). Bryant and Charmaz (2011) postulated that the term induction or inductive does not fit the purpose of the data collection process nor how the study is created from the data. The authors argued that the term induction only refers to part of the story. The term induction was first used within the first generation of grounded theory and continually supported by Glaser who suggested that the researcher should be free from foreknowledge of the topic to avoid contamination by preconceived concepts and ideas (Thornberg, 2011). This approach fails to recognise the

“historical, ideological and socio-cultural context” of the researcher, which is embedded in the idea of carrying out a particular study (Thornberg, 2011, p. 246). The term abduction is better suited to describe the process of developing code, categories and ultimately a theory. Abduction can be traced back to influence by Strauss’s work and by the work of Charles S. Peirce. Charmaz referred to the term as:

...denotes a type of reasoning that begins by examining data and after scrutiny of these data, entertains all possible explanations for the observed data, and then forms hypotheses to confirm or disconfirm until the researcher arrives at the most plausible interpretation of the observed data. (Charmaz, 2006, p.186)

This considers the fact that the researcher enters the research field with pre-conceived notions and assumptions, therefore combining the rational and imaginative aspects of research (Bryant & Charmaz, 2011). The researcher here, goes beyond the findings and pre-conceived theories and gathers new ways of exploring old ideas and creating new means of understanding (Thornberg, 2011). Throughout the process of abduction, the researcher is sensitive to current theories, using this understanding as a source of inspiration in order to design new understanding significant to a particular arena.

### **3.9. Core concepts**

Three core concepts which persisted throughout the transformation and the various types of the grounded theory approach are:

1. Constant comparison;
2. Theoretical sampling, theoretical sensitivity and theoretical saturation; and
3. Reflexivity through memo writing for the formulation of either a substantive or formal theory (Kenny & Fourie, 2015; Tweed & Charmaz, 2011).

These core concepts will be further addressed.

### **3.9.1. Constant comparison**

The method of constant comparison has been referred to as “a strategic method for generating theory” Glaser and Strauss (1967, p. 21). Holton (2008) added that constant comparison suggested a plausible proposition and acted as a hypothesis to a general problem. A more pragmatic explanation is provided by Taylor, Bogdan and DeVault (2016). The authors here described constant comparison as simultaneously identifying incidents and analysing their codes in order to develop or explain concepts. The simultaneous identification includes describing incidents and seeking out similarities found in the data in order to explore their relationship with one another (Corbin & Strauss, 2008). Charmaz (2014), Charmaz (2006) and Tweed and Charmaz (2011) concurred, yet urge the researcher to include all data, codes and categories to be continuously compared to establish the relationship with one another and between each other. The process with which the constructivists’ grounded theory approach becomes more holistic is through the identification of nuances, similarities and differences. This produces a more intellectual or abstract understanding of the data, therefore becoming a non-linear process of shifting back and forth between data, codes, categories and participants (Charmaz, 2006; Charmaz 2014; Tweed & Charmaz, 2011).

### **3.9.2. Theoretical sampling**

The constant comparison process forms the foundation for the next concept. Theoretical sampling, sensitivity and saturation have been described as a “process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides on what data to collect next and where to find them, in order to develop his theory as it emerges” (Glaser & Strauss (1967, p. 45). Breckenridge and Jones (2009) noted that this understanding has remained largely undisrupted and consistent throughout the different versions of the grounded theory approach. Glaser and Strauss’s (1967) understanding

pertained to a process of induction, where sampling, sensitivity and saturation are theoretically oriented (Breckenridge & Jones, 2009). It draws upon the previous process of constant comparison to help the researcher create and refine a formal or substantial theory. It therefore meant that the research area is continuously refining to create a theory. Charmaz also agrees with this understanding, however, cautioned that “theoretical sampling pertains only to conceptual and theoretical development...., it is not about representing population or the increasing statistical generalisation...” (Charmaz, 2014, p.198). This relates firmly to the epistemological stance of the social constructivist, pragmatic and relativist perspectives taken by the author, through which meaning is not created in the mind, but meaning is rather a collaboration between the mind and the person’s environment.

### **3.9.3. Memo-writing and reflexivity**

In the literature, the process of memo writing has been assumed to be a simplistic task. However, Boeije (2002) noted the vagueness in describing the constant comparison method as this has not been described clearly and it is often left to the researcher to decide on the most appropriate codes and categories to produce a theme. It is an intensive, laborious task, requiring constant reflexivity (Boeije, 2002), in which an audit trail is created to identify where queries were noted. All versions of the grounded theory approach advocate for the use of memo writing as an audit trail for reflexivity on one’s work. Glaser and Strauss (1967) proposed memo-writing as an instrument to provide an illustration for an idea. Memos and memo writing act as a medium for an internal dialogue as an audit trail between the researcher and their work that becomes a method to support constant comparison (Corbin & Strauss, 2008). It therefore acts as an intermediate stage between the data and the write-up, capturing any thoughts, hunches, interpretations and decisions made during the constant comparison and decision-making process (Charmaz, 2006; Charmaz 2014; Tweed &

Charmaz, 2011). This ensures flexibility, to be able to draw on the next best source of information. Memo writing has also been referred to as a guiding tool (Charmaz, 2014) allowing the researcher to produce new insights that arise from writing the codes (Thornberg, 2011). Ultimately, each grounded theory approach aims at developing a substantive and or formal theory which can be transferrable to other situations and scenarios (Kenny & Fourie, 2015).

The constructivist grounded theory approach harnesses doubt in its analyses, therefore urging the use of critical questioning (Charmaz, 2017). However, the stimulation of critical questions throughout the process of data collection and analysis is often practised through reflexivity. Both the classical and the constructivist grounded theory approaches endorse this practice, yet due to their ontological and epistemological foundations, they view the practice differently. While the constructivist grounded theory approach encourages the researcher to practice reflexivity by perusing different dimensions to the theoretical evaluation of the data whilst revealing nascent critique (Charmaz 2017), the classical grounded theory approach encourages reflexivity to become a form of data source, therefore giving a stronger voice to the researcher's analytical capabilities. This contrasts greatly with the former approach as it is a process that requires the researcher to be able to detect and dissect multiple world-views, thus, examining oneself as a researcher throughout the research process. It also requires that the researcher understand the meaning that is being drawn from the data, the actions taken along the way; therefore scrutinises one's position, privileges and priorities whilst assessing how their position could impede the research process and their relationship with the research participants (Charmaz, 2017). Ultimately the scope of constructivist grounded theory is fashioning a theory based on human interaction and social phenomena, understanding the differences through the location in time, place, culture and society and the conditions for inquiry (Charmaz, 2017).

Personally, I did not find memo writing to be a linear process. It involved much thought, reflexivity and constant sieving through the initial codes to further understand how these relate to one another. It allowed me to be open to different interpretations which differed significantly from my initial thoughts on the research study. I was able to formulate new understanding and gain insights into the complexity of instances described within the findings chapter. Some of the memo writing in this chapter has been included to describe the categories and focused codes, yet these are written within the text and I found it difficult to extract them as individual memos.

### **3.10. The birth of constructivist grounded theory approach**

I shall start the following by citing the work by Stern (2009), who provides a brief description of the evolution of the grounded theory approach. Stern (2009) noted that in the 1960s, Anselm Strauss was a renowned sociologist working at the school of nursing at the University of California. The dean of the university at that time, Ms Helen Nahn, deemed it necessary to employ a sociologist for nurses as it would “strengthen the scientific base of the nursing program” (Stern, 2009, p. 24). With Strauss’s recruitment, Nahn saw an opportunity to create a doctoral program for nurses. During that time, at an unspecified gathering, Strauss met Barney Glaser and invited Glaser to work with him as a research scientist in a grant project that explored dying, which later resulted in their joint publication of the “Awareness of Dying” in 1965. The topic of dying had personal connotations for both Glaser and Strauss, who had both experienced bereavement of a close family member (Bryant & Charmaz, 2011; Stern 2009). Their professional working relationship created an atmosphere where both authors conveyed a desire to understand death and dying (Bryant & Charmaz, 2011). It was towards the end of this grant that Glaser and Strauss noted that they had adopted various approaches towards data gathering that differed from the positivistic norms previously



established. Having different backgrounds in research paradigms, as Strauss was inclined towards symbolic interactionism founded on the work of Blumer and Mead whilst Glaser had been a student of Lazarsfeld and Merton in descriptive statistics, both authors noted that their approach to data differed from the previous positivistic norms, yet still contained an ordered, systematic and rigorous approach (Stern, 2009). This resulted in the creation and the publication of the book 'The Discovery of Grounded Theory' in 1967 and ultimately the birth of grounded theory. Grounded theory approach urged a shift from positivistic and grand theory verification with the intention to offer an alternative approach to data collection (Bryant & Charmaz, 2011). Whilst the positivistic approach used a deductive reasoning towards the data, grounded theory advocated for an inductive approach towards data through an iterative design that was carried out by a series of coding and theory constructions (Charmaz, 2006; Charmaz, 2014; Higginbottom & Lauridsen, 2014). It also involved a rigorous approach towards manually coding, categorising and comparing data. What I find of particular interest is that Nahn believed that nurses would be more receptive towards the topic of sociology (Stern, 2009). Nursing programmes install a holistic and humanistic approach (Bruenero et al., 2015), therefore nurses are more often inclined to be interpretivist and constructivist in nature (Benoliel, 1996). This premise allowed for grounded theory to be developed.

Employment of the grounded theory approach remained quite constant for the first twenty years or so. However, following a rift between Glaser and Strauss, both authors shifted their perceived understanding of grounded theory (Morse, 2009). In 1978 Glaser published a book on theoretical sensitivity, in which the author continued to stipulate the use of grounded theory as the application of quantitative and qualitative methods. His work is considered to hold a positivistic theoretical underpinning and has been criticised for lacking epistemological and ontological accounts (Bryant & Charmaz, 2006; Higginbottom &

Laurdisen, 2014). On the other hand, Strauss became more pragmatic with the grounded theory approach. Working closely with a student of his, Juliet Corbin, they later published their book explaining their understanding of grounded theory approach (Strauss & Corbin, 1997). Unlike the classical grounded theory, the Straussian grounded theory approach seemed inclined to assist the researcher in extracting data. Grounded theory here was more prescriptive. This grounded theory approach was criticised as hindering the flexibility which was offered by the previous method and similarly to Glaser's, the Straussian approach failed in identifying an ontological and epistemological account (Annells, 1997a; Benoliel, 1996; Bryant & Charmaz 2011; Kenny & Fourie, 2015; Morse, 2009). It was only in their recent account of grounded theory that the Straussian approach was described in detail with its epistemological and ontological underpinnings; in their fourth edition of the book Corbin and Strauss dedicated a chapter to affirm their theoretical underpinnings (Corbin & Strauss, 2008). Yet, there still remains a debate regarding the unclarity of the theoretical underpinnings of the Straussian grounded theory approach. For example, Mills et al. (2006) argued that Corbin and Strauss (2008) held a post-positivistic stance whilst Kenny and Fourie (2015) remarked that since the death of Strauss, Corbin has continued to refine the Straussian approach and in effect seems to have become more reflective of the constructivist grounded theory approach. Annells (1997a) remarked that the Straussian grounded theory approach has a mixed ontological approach, therefore leading to confusion regarding its theoretical underpinnings.

Methodological spirals continued to shape the grounded theory approach (Mills et al., 2006). In the 1990s, influenced by the constructivist period, Charmaz adopted a constructivist stance towards the grounded theory approach. Adopting the same principles as those held by classical grounded theory (Charmaz, 2014), a constructivist grounded theory differs through its general understanding; therefore, holding that there is no single reality, so that data is not

discovered but is constructed by the researcher together with the participants (Annells, 1997b; Charmaz, 2006; Charmaz, 2014). It is ontologically relativist and epistemologically subjectivist, reshaping the interaction between researcher and participants in the research process and in doing so brings to the forefront the notion of the researcher as author and the use of knowledge that is held by the researcher (Mill et al., 2006). Unlike the classical grounded theory approach, the constructivist grounded theory approach regards the researcher as holding assumptions related to the concept and design of the study, therefore bringing into the research their own perspective and assumptions.

### **3.10.1. Using a constructivist Grounded theory approach**

I feel that the unique design of this study seems to better fit a constructivist grounded theory approach as described by the works of Charmaz. Whilst all versions of the grounded theory approach aims to “construct meaning out of intersubjective experience” (Suddaby, 2006, p. 634), I feel that a constructivist grounded theory approach is better suited as “(it) is a method for understanding research participants’ social construction but also is a method that researchers construct throughout the inquiry’ (Charmaz, 2008, p. 397). It therefore appreciates that there are multiple realities which are processual and constructed, therefore the research process emerges from collaboration between the researcher and the participants, through interactions and accounts. Furthermore, constructivist grounded theory approach is interpretative, acknowledging that co-construction of the data attends to language, meaning and actions. The data produced are a product of all those involved in the research, (Charmaz, 2008, p. 402; Charmaz, 2017, p. 299), adhering to a social constructivist understanding of which situations are co-constructed between individuals therefore becoming an interactive method with emphasis on interaction throughout the analytical process as well as through data collection (Charmaz, 2009).

### **3.10.2. Ontological and epistemological shift of constructivist grounded theory approach**

There are various forms of grounded theory, however Belgrave and Charmaz (2012, pp.349-350) argued that these can be divided into three general categories: a constructivist, objectivist and post positivist grounded theory. Constructivist grounded theory resembles a journey through interactions with the participants and learning from them. This differs greatly from other qualitative designs as these approaches are more interpretative in nature, focused on understanding the participants' experiences rather than interacting with them to find meaning (Charmaz, 2009). Constructivist grounded theory also acknowledges the greater picture the study is located in, thus looking at the data, time, place, culture, context, social, epistemological and research location (Charmaz, 2009; Charmaz & Belgrave, 2012). This understanding is defined by the epistemological and ontological theoretical underpinnings. Charmaz referred to the work by Strauss and Corbin (1994), and remarked how grounded theory is considered a general method as it could be applicable in varied substantive areas whilst providing a means to conceptualise data, through a constellation of methods used to create and produce the data (Bryant & Charmaz, 2007; Charmaz 2014; Charmaz 2009; Charmaz, 2006). It should not be seen as a unitary method "but as a useful nodal point around which researchers discuss contemporary debates in qualitative inquiry – and I believe by extension, the production of knowledge and scientific theorising" (Charmaz 2009, p. 128). Remaining rooted within the classical grounded theory approach as proposed by Glaser and Strauss (1967) and later by Glaser (1978), Charmaz agreed that that data is generated from the field of study. In the classical grounded theory approach, the theory is discovered, emerging from the data that is separate from the researcher. Charmaz opposed this understanding and affirmed that within a constructivist grounded theory approach, data is the product of collaboration between the participants and the researcher, allowing the researcher

the opportunity to incorporate first-hand experiences, collaborating these into data so as to further understand and to create a theory. This major distinction brings to the forefront the ontological and epistemological shift from the classical to the constructivist grounded theory approach. Bearing in mind that the classical grounded theory approach was established in the 1960s, known as the golden moment, the ontological and epistemological have shifted from the positivistic and pragmatic stance (Charmaz 2014; Charmaz 2009; Charmaz, 2006). Believing that subjectivity cannot be erased from the research process, Charmaz found herself juxtaposed to the epistemological underpinnings of former grounded theory approaches, founded by the classical and the Straussian approaches (Charmaz, 2009; Charmaz, 2014). Ascribing to the work of the social constructivists Vygotsky and Lincoln, Charmaz (2014) acknowledged:

1. Subjectivity forms part of the research process, which is fashioned through the interactions, the sharing of perspectives;
2. Interpretations are understood by the researcher's knowledge and influences of the current literature which has formed the proposed study; and
3. The relationship the researcher develops with the participants and the data is located through the journey of the research study which is in constant motion. Thus, it is founded within pragmatism and social constructivism influences.

The constructivist grounded theory approach becomes a journey of interaction with the participants and the world; understanding not interpreting the journey, thus locating itself in historical, social and situational conditions, referring to construction of data between the researcher and the participants (Charmaz, 2009). This aligns with social constructivist influences that have already been discussed here within. It is with this understanding that data are constructed and not discovered as proposed in the classical grounded theory approach,

which differs from other forms of grounded theory. As the researcher forms part of the scene, reflexivity is highly recommended through the whole process as a means to challenge the researcher's own assumptions and understanding. The reflexivity process allows for the researcher to elicit the multiple meanings the researcher may encounter, encouraging that one looks beneath the surface to seek meaning and question tacit understanding about the participants' beliefs, values and ideologies. Data are produced together, therefore the researcher is a co-producer of the research, working continuously in collaboration with the participants and the data.

It is of particular interest to note how a split exists between the classical and constructivist grounded theory approaches. Classical grounded theory is located within positivistic roots. Designing the constructivist grounded theory approach on the classical grounded theory approach, Charmaz assigned herself to the social constructivist roots. Charmaz (2009) regarded her approach to be set in epistemological and ontological influences of pragmatism and relativistic stance. Adopting the core components of the classical grounded theory approach, constructivist grounded theory is based on the logic of inductive reasoning discussed by Glaser and Strauss in 1967 and Glaser in 1978 (Charmaz, 2008b). Charmaz (2017, p.35) considered constructivist grounded theory as an emergent method, as it is inductive, indeterminate and open ended. As an emergent theory, constructivist grounded theory approach "begins with the empirical world and builds an inductive understanding as events unfold and knowledge accrues" (Charmaz, 2008b, p. 155). Charmaz (2017) differentiated the constructivist grounded theory approach from other forms of grounded theory approach by referring to the former versions as methods that require researchers to ask probing questions about the data whilst scrutinise the data themselves rather than working in collaboration with the participants to understand the data.

Inductive logic or reasoning produces what Charmaz refers to as abductive logic (Charmaz, 2009). Abductive logic is a method to account for surprises, anomalies, or puzzles in the collected data and pre-conceived notions. It is the type of logic within the qualitative camp that invokes imaginative interpretations (Charmaz, 2008b). This is because it draws upon experience and creativity as it considers theoretical ideas to account for the findings, referring back to the field to gather further information and “subsequently adopts the most plausible theoretical interpretation” (Charmaz, 2009, p. 137). The process of abductive logic is conceived from the iterative process that is central to the grounded theory approach as it urges the researcher to move back and forth between the data and conceptualisation (Charmaz, 2009). It advocates that the writer be liberal when being analytical to elicit and give voice to the experiences of the participants (Charmaz, 2014). This differs significantly from the classical grounded theory approach where Glaser (1978) encouraged the researcher to practice objectivity and be scientific. Glaser has criticised Charmaz for her design of the constructivist grounded theory approach, sustaining that grounded theory should not tell the stories of its participants, but rather identify conceptual and ongoing behaviour to discover an incident (Breckenridge, Jones, Elliott & Nicol, 2012; Glaser, 2002). However, Breckenridge et al. (2012) further identified that co-construction is a significant approach within the constructivist grounded theory approach as it understands and acknowledges the multiple realities and shared interactions between the participant and the researcher. Charmaz (2009, p.138) described co-construction as “representation of data - and by extension the analysis - as problematic, relativistic, situational and partial” (Charmaz, 2009, p.138). The focus on co-construction in turn implies that the researcher’s values, priorities, positions and actions are affected and questioned, therefore stemming from the social constructivist (Charmaz, 2014) and pragmatic (Charmaz, 2009) influences.

There are many debates regarding the ontological and epistemological influences on the constructivism grounded theory method. Charmaz has maintained her work in pragmatism and relativism, thus, lending herself to a social constructivist influence. This has remained true in her publications. For example, in her chapter ‘The shifting ground: constructivist grounded theory method’ Charmaz (2009) discussed at length that her ontological and epistemological foundations are embedded within pragmatism and relativism stances. Similarly, Mills et al. (2006) referred to constructivist grounded theory approach as relativism. Kenny and Fourie claimed that the approach “is unambiguously underlined by a relativist ontology, which presupposes the existence of manifold social realities” (Kenny & Fourie, 2015, p. 1283). Charmaz elaborated further on her ontological and epistemological stances in her second edition of ‘Constructing Grounded Theory’ (Charmaz, 2014) and assigned herself to a social constructivist influence. As in social constructivism, a relativist ontology refers to reality as being socially constructed. Crotty (1998) addressed relativism and realism as being socially constructed, establishing that events that are socially constructed are real, even if individuals are different and have different understanding. However, Kenny and Fourie (2015) claimed that this understanding seems to fall into post-positivist influences, where the authors cited the work of Frame (2008) who noted that there is no absolute truth, and that reality is what the person thinks it is, therefore allowing itself to be lent into pragmatic and social constructivist stances. Creswell (2014) referred to pragmatic impetus for freedom of choice to peruse any procedure or technique necessary to obtain the best data, as pragmatism does not assign itself to one philosophical stance. While this understanding seems to be evident in the classical grounded theory approach as Glaser (1978) and Glaser and Strauss (1967) encourage the researcher to use both quantitative and qualitative methods to collect data, the philosophical stance remained closely related to positivism where the researcher remains objective and dissociated



from the research (Charmaz 2017; Charmaz, 2014; Charmaz, 2009; Charmaz, 2006). Meanwhile, Kenny and Fourie (2015) stated that the classical grounded theory method has never addressed its epistemological and ontological roots but imply that the approach adheres to positivistic influences. Urquhart (2002) and Annells (1997b) have noted that due to its origins in symbolic interactionism, classical grounded theory method is situated in a critical realism stance, a stance originating from post positivism. However, Kenny and Fourie (2015) remarked that Glaser has denoted this and has affirmed that classical grounded theory approach aims to generate a theory that is objective, classifying the approach in positivistic or post positivistic influences (Glaser, 2002).

### **3.10.3. Justification for a constructivist grounded theory approach**

Creswell (2014) has identified that there are five approaches to qualitative inquiry, these being grounded theory, ethnography, phenomenology, narrative research and case study. These approaches have general features that begin with the identification of a research question; the data collection process which generally involves observation and interviewing; and the reporting of the findings. However, while these approaches may seem similar, their focus differs significantly as does the type of data collected which ultimately impacts the presentation of the results. Comparing the general structure of the study, I shall justify my selected approach as the most appropriate approach for this study in terms of addressing the research questions and dealing with the type of data I have generated.

I feel that the emphasis on use of a constructivist grounded theory approach needs to be addressed through understanding the quantitative and qualitative approaches. The former approach, also referred to as the positivistic stance, is often referred to as the scientific method aimed at explaining prediction and control (Cohen et al., 2011; Guba & Lincoln, 2005). Its assumption is that reality exists and that it is believed to be true (Pilot & Beck,

2014). The nature of knowledge is based on the verification of hypotheses or ‘non-falsified hypotheses’ (Guba & Lincoln, 2005). Meanwhile, historical or structural insights are considered within a critical theory paradigm. This differs when assuming that reality is not fixed but is fluid and is constantly changing therefore research focuses on actions rather than behaviour (Cohen et al., 2011; Polit & Beck, 2014). The research questions presented within this study reflect the complex actions that interplay within the use of a social media platform to create a medium for informal learning. Furthermore, I seek to examine the participants’ experiences of interacting within a community of practice. I perceived this process as inconsistent, continuously developing and adapting to the needs of the participants through collaboration between the researcher, the researched and the research medium. The latter is also influenced by the historical, political and rapidly changing cultural influences in which the study is located. It does not assume that there is a singular reality that is to be believed in, nor does it seek to verify a hypothesis based on behaviour. Thus, this research appeared to lend itself towards an approach which is qualitatively founded within social constructivist methodological influences.

Different approaches towards a study using a qualitative design are accounted for within the research design. A constructivist grounded theory approach holds social constructivist influences which fall under an interpretative influence. Phenomenology draws more on the philosophical influence, while ethnography draws from anthropological and sociological influences. Both of these approaches could have been employed for this study as the former would seek to find meaning for the lived experiences of the individuals who formed part of the group, whereas using an ethnographic design would have given me the opportunity to describe the shared relationship formed within the group. I assume that both of these approaches would provide an in-depth perspective of the lived experience, the shared experiences and dynamics which exist within the group. However, the findings would not

address the research question, thus, presenting fragmented results, which could render the study incomplete. In addition, the interplay of the historical and cultural aspects would not be addressed thoroughly. Furthermore, if a phenomenological approach were to be used, the historical and cultural aspects may not be fully addressed as this may not be perceived as an ethos of the lived experience. Meanwhile, using ethnography could result in overstating the historical and cultural influences that affect how informal learning is achieved but may miss the interplay between the use of a social media platform and the promotion of a culture of learning. I am of the opinion that constructivist grounded theory gives me the opportunity to collaborate with the participants of the study and construct reality through data. It renders a shared experience, created between the participants and I to explain possible scenarios (Thornberg & Charmaz, 2012).

### **3.11. Concluding the methodology section**

The first part of this chapter has provided an account of the storyline which has significantly influenced the research study area and its design. It addressed the initial phase of designing the research question that later led to discussing the scientific method, focusing on social constructivism as my primary philosophical interpretation. It later looked at the inductive design that is proposed within the grounded theory approach. A constructive grounded theory approach was selected as the main focus of the study as I felt that this approach to research design fit best with the research area and research design, noting that the study was based on collaboration between the participants and the researcher to discuss evidence-based practice and provide support or share experience through a social media platform. The constructivist grounded theory approach was chosen over other grounded theory approaches and a justification was provided.

### **3.12. An introduction to the method section**

Constructivist grounded theory focuses on seeking meaning through understanding social processes. Murphy, Klotz and Kreiner (2016) postulated that grounded theory is ideal for use in human resources as it is well suited to respond to specific organisational changes. It lends itself to the research questions of this study. In addition, the advantages of using a constructivist grounded theory approach include better understanding of the context of a person's real world as it allows for various perspectives to understand the underlying social processes that are occurring at the time of the research (Murphy et al., 2016). In this chapter I shall discuss in detail the steps I took in designing the study, which include the ethical issues I encountered, the launching of the social media platform and the research participants. This will be followed by the design of the interviews and how data was gathered and analysed. I will then discuss issues pertaining to rigour and trustworthiness.

#### **3.12.1. Background work and ethical considerations**

Prior designing the study, I sought to look at the benefits of adopting online learning, especially when opting to employ a social media platform. Dron and Anderson (2014) noted that there are various benefits and of particular note is that of accessibility. Boyd and Ellison (2008) noted that accessibility can be subdivided into three categories. The first category is that one can access online learning by having continuous access at any time during the day or night, which can be accessible from any geographical location where internet services are available. Therefore, this does not restrict the person from accessing learning opportunities. In addition, anyone can communicate and express their thoughts which makes accessibility quite attractive to promote online learning (Dron & Anderson, 2012). This allows for instant information instant learning opportunity whilst encourages the prospect to connect and communicate with experts. Through accessibility, one has the advantage of flexibility.

Kaplan and Haenlién (2010) noted that social media provides the opportunity for the person to learn at their own pace, providing the opportunity to access other sources of information from reliable sources which in turn provide an in-depth understanding of the concept under investigation. This provides room for limitless possibilities to make and maintain connections with certain groups. In addition, it creates the chance to interaction therefore, offering room to generate different forms of knowledge (Dron & Anderson, 2012) whilst it ultimately can widen a person's group, therefore accessing different sources of knowledge.

Research ethics involves ensuring sound research where the participants are protected. Breen (2018) noted that there is no single approach to sound research, and it is up to the researcher to identify the silent issues pertaining to ethical considerations. There were several aspects I had to consider prior to seeking approval from the ethics board of the University of Sheffield (appendix 1). I eventually sought the board's permission via email by attaching a letter requesting approval from the Chairperson of Psychiatry and Nursing Management of the Mental Health Service, Malta and the Directorate of Nursing and Midwifery of Malta (appendices 2, 3, 4 and 5 respectively). Firstly, I had to understand my situation as a researcher carrying out research within my organisation and secondly, I had to obtain the informed consent of those who participated in the study. I had to ensure non-maleficence and beneficence especially through the use of a social media platform. These issues shall be discussed in detail.

### **3.12.2. Positionality through situatedness, an insider researcher's story**

Prior to commencing and during the journey of this research study, I became very conscious of the fact that I was an insider researcher. I felt that I needed to understand my positionality, by considering what Lave and Wenger (1991) referred to as 'situatedness', a term which described the insider researcher as having developed knowledge or intelligence that is

influenced through the multiple perspectives that have been forged through the context of work. Mercer (2007) remarked that insider researchers hold a level of intimacy which is drawn from the relationships and understanding that have developed throughout the course of employment and through the formation of relationship with other colleagues. My understanding of the organisation and relationships was built upon my years of experience working in the organisation, the colleagues I work or have worked with and the role I held at the time (the nurse in charge of a ward, therefore held a position of power through my role as a manager). Since the commencement of the journey to become a nurse in 1996 and later given the option to specialise in the field of psychiatric mental health nursing in 1997, I have always worked with the remit of the mental health institution. Numerous life events took place within this institution. This is the place where I spent the last of my teenage years training, met my husband, started my employment, formed many therapeutic, professional and personal relationships and later took onboard more roles and responsibilities as a psychiatric mental health nurse. I can recall colleagues as novice members of staff and some individuals availing from mental health services for the very first time. I feel that this created an interplay between myself as the agent, the situation and my position as an insider researcher that could affect the context and outlook of my study (Lave & Wenger, 1991). As part of my situatedness, I also took into consideration the fact that I had lent my expertise and experience in the academic field. During my time when I was studying for my undergrad and later entered for my Degree training, my psychiatric mental health nurse training had been surrounded by controversy. It seemed to me that the course, though recognised as a university course, was highly stigmatised. Collectively as a group of students, we had to argue our way to accomplish the same set of standards as those offered to generally taught nurses. This I believed allowed me to be to connect with students. Upon attainment of my Degree in Mental Health Nursing, I was approached by the university to teach aspects of psychiatric

mental health nursing. I also took it upon myself to become a mentor, thus mentored a number of psychiatric mental health nurses. These are accomplishments that I thought could never been achieved had I not embarked on this path. This engagement I had created through my professional and career role hence, influenced my understanding of my situatedness. As described in the following section, my situatedness heavily impacted the way I sought out the participants for this study, taking precautions as not to impact the authenticity of the study (Atkins & Wallace, 2012).

Considering my situatedness as an insider researcher, possibly creating researcher bias: Shenton (2004) argued that in any type of research, bias is inevitable. Understanding my own predispositions through keeping a reflexivity account, even prior to commencement of the study, I was able to minimise researcher bias. To initiate the process, I did not want the participants to feel obliged to partake in the study (Atkins & Wallace, 2012). To minimise the feeling of obligation as much as possible, I used a person working in the practice unit of the mental health service as a third party to recruit my sample and obtained their permission to avail of their service (Appendix 6). The practice unit holds various functions within the mental health services such as organising continuous professional educational activities and acting as support for psychiatric mental health nurses. In addition, this unit has a database of all the nurses who work in the hospital which included their qualifications. Recruitment through this unit minimised feelings of obligation participants might have had, had I invited them myself to participate in the study (McDermid, Peters, Jackson & Daly, 2014).

Nevertheless, I am of the opinion that an element of bias still remained in this approach. As discussed by Atkins and Wallace (2012) an element of tension may have existed as the staff members may have been too embarrassed to decline the invitation to participate from a member of the practice unit. Also, staff may have felt that participating in this project was the right thing or did not wish to be left out of the study, thus, possibly creating an element of

bias that was inevitable. To assist the person recruiting the sample, I offered an information letter, detailing the study (Appendix 7).

### **3.12.3. Sampling**

This study used a homogeneous group of nurses, in this case, a group of psychiatric mental health nurses, to create a community of practice through the use of a social network platform. It was designed around the recommendation of Wegner et al. (2002) which I have discussed in the literature review chapter. I required a very specific population. Described as purposive sampling, Morse (2004) regarded this as a particular group of participants, often with similar characteristics to assist in developing the analysis and the emerging theory. This type of sampling allowed me to engage a very specific group of nurses in the study. Nevertheless, the selection may represent an excellent cohort of individuals who can give rich data (Morse, 2015). Purposive sampling also granted me access to an initial sampling which Charmaz (2014) referred to as a sample that starts the process of collecting emerging data. The initial sampling in this group would assist me to obtain insight into the topic and seek further information through the emergence of codes. Following initial sampling, I required that the participants were able to respond to deeper and more profound explicit questions to confirm or disconfirm codes. This is known as theoretical sampling. Charmaz (2014, pp. 179-180) described this process as guiding the researcher to gain conceptual and theoretical insight into the data. As a result of purposive sampling, I was able to access a group of nurses who formed part of the initial and theoretical sampling required within a constructivist grounded theory approach. This was achieved as the social media platform used was specific to this group and had never been used before, hence allowing the participants the opportunity to start afresh in a new group. This made their experience unique. Within my inclusion criteria, I included all those psychiatric mental health nurses who made use of a social media platform.



For the purpose of this study, all the participants were preferably able to independently navigate a social network site and know how to access and links if necessary; held a qualification in psychiatric mental health nursing (regardless of whether it was their first or second qualification) and had various levels of experience and various organisational positions within the mental health organisation.

#### **3.12.4. Informed consent through process consent**

The scope of informed consent was for the participants to avail themselves of the opportunity to obtain as much information as possible about the study (Fouka & Mantzorou, 2011; Polit & Beck, 2008). Offering information to obtain informed consent in qualitative research-based studies often necessitates prolonged contact, as it is designed around the constant dynamic and changing process of the study (Cutcliff & Ramcharan, 2002; Munhall, 1991). This dictated that informed consent is not a singular event, but rather carried out over the course of the research process and is referred to by Munhall (1991) as ‘process consent’. This term essentially urges a collaborative dialogue to foster consent from the participant throughout the whole duration of the research process. It entails that as a researcher, one delivers one’s ‘best’ verbal and non-verbal assessment to encourage mutual participation, minimise emergent risks, highlighting benefits whilst offering reassurance throughout the study (Cutcliff & Ramcharan, 2002). A process consent approach was adapted within this study. The design of the study involved the creation of a social media platform and required that the participants involve themselves in the study. Through process consent, I took the opportunity to collaborate throughout the process of the study whilst bearing in mind that the research occurred over a period of time; it was an emergent process. Process consent helped deal with any emergent situations that arose during the study.

During the initial phase of collecting potential participants, the member of the practice unit approached potential staff members with an invitation letter. This letter was the same as the letter I used to obtain permission for the study from Nursing Management of the Mental Health Service, Malta and the Directorate of Nursing and Midwifery of Malta (Appendix 2). This invitation letter gave an overview of the proposed study and also provided details for them to become potential participants should they wish to form part of this study. A total of twenty-eight members of staff were approached and expressed their interest in participating. I was reassured by the practice unit that a total of twenty-eight participants were approached to form part of this study. The unit may have felt that pointing out the number of members who declined information could have resulted in bias if I were to know who these individuals were.

Participants were asked to contact me themselves to reduce any issues related to a feeling of obligation. However, the participants preferred to ask the representative of the practice unit to inform me of their interest. Possibly the latter option was selected to ease the process of initial contact for themselves. I then personally met with each participant to obtain a written informed consent. The informed consent form (Appendix 8), was orally explained to each participant in detail. Here, I took the opportunity to discuss the information letter already given to them, discussing issues related to the nature of the study and explaining their commitment to contribute to the social media platform and to create an online community of practice. The invitation letter also highlighted issues pertaining to confidentiality and autonomy. Each member was informed that their participation would be known to the other members of the group. Each participant was therefore asked to respect the others and not share posts in order to maintain confidentiality for those who may have shared their thoughts or experience. To ensure anonymity, I stated in the informed consent sheet that their place of work, the position they held and their location (for instance, whether they worked in an in-

patient setting or within an out-patient service) would not be mentioned to ensure that they were not identified in any way. I also informed them that the material used on the social network platform would be used to generate a discussion and no identifiable features would appear during the writing up process. Having allowed them time to read through the informed consent sheet and offered them the opportunity to ask any questions, all the psychiatric mental health nurses seemed content with the information, found no concerns with confidentiality and anonymity and signed the informed consent. Process consent continued throughout the study. Participants we asked to subscribe to the Facebook page specifically designed for the study and were later asked where they would be willing to sit for an interview. This shall be described here within this chapter.

### **3.12.5. Confidentiality and anonymity**

Ensuring confidentiality and anonymity was a challenge and it is essential to understand that both are inextricably linked. Baez, (2002, p. 55) defined these concepts as follows: “confidentiality involves the disclosure of personal information and entails the right to privacy; anonymity involves the disclosure of a person’s identity and entails the right to remain unidentified”. This guidance helped me develop, by becoming competent in addressing these concepts.

Ensuring confidentiality through a social media platform was the first challenge I encountered. I addressed this through the process consent whereby each participant was expected to respect the others and not share posts or take screenshots of the platform. However, each participant was informed that hacking and breaching of the social media platform might occur, therefore, it was impossible for me to categorically guarantee the protection of data generated through a social media platform. As discussed further on within this chapter, the participants selected Facebook as the social media platform. Facebook had

the option to create a secret Facebook page, therefore limiting access by the general public by permitting the page to be hidden from the general public, and invites were sent by the administrator, in this case myself (Facebook Help Desk, n.d.).

I had to anonymise the organisation. This was another difficulty especially since it was the only institution at the time of the study that offered mental healthcare and is located on a small island. The organisation in which the study was held is easily identifiable, therefore I used pseudonyms to minimise the identification of the organisation. Keeping to Beaz's (2002) reference, anonymity was achieved when reporting the findings and discussion. To respect the participants' anonymity and confidentiality, I referred to the participants using non-sequential coding, giving them pseudonyms to be able to present the participant as a person, not a number, and using terms such as 'participant', 'psychiatric mental health nurse' or 'nurse' therefore not mentioning the location nor position they held. As all material was audibly recorded, all material was kept in a secure password protected or physically locked file accessible only by me. Participants were informed that on completion of the study, all material traceable to them would be destroyed.

### **3.13. The study design**

The study was divided into four phases. These will be discussed in further detail.

#### **3.13.1. First phase of the study: Preliminary work**

The scope of the first phase of the study was to gather baseline information. This was carried out in the form of an interview conversation. Kvale (2007) described interviews as a specific form of conversation in which the interviewer gathers specific information in an attempt to understand the world from the participant's perspective. This becomes a journey of constructing knowledge through careful questioning and listening. Using this approach

granted me the opportunity to give the participants room to explore issues pertaining to the subject (Kvale, 2007). In addition, using an interview strategy in the form of a conversation additionally recognised that there was a certain element of familiarity between the participants and myself. Clough and Nutbrown (2012) encouraged this form of approach, as it is a guided technique based on a specific method of questioning, allowing for the participant to reach their own thoughtful conclusions. In addition, using interviews in the form of conversations helped strengthen mutual respect regarding feelings, opinions, culture and experience. It paved the path for public exploration rather than an intimate exploration where information could have been perceived as intrusive (Clough & Nutbrown, 2012). Due to the nature of the topic, it seemed that the participants wanted to share their knowledge and understanding of social media with me. I found that some of the participants felt that they needed to make me aware of their understanding of social media platforms whilst others wanted me to acknowledge that they had limited knowledge of social media and required reassurance that they were on the right track. This seemed to reflect what Clough and Nutbrown (2012, p. 92) described as ‘caretaker’ of proceedings, allowing room for the interactive exchange of opinions and experiences. Appendix 9 provides a structure of the interview schedule used as part of the preliminary work.

To adhere to the process consent as described by Munhall (1991), before each interview I offered each participant an explanation of the study. This detailed the study design, their contribution to the study and that they could withdraw from the study at any time they deemed necessary. An environment of collaboration was fostered between myself and the participants, so that any concerns could be expressed whilst I would offer them reassurance. Each participant was individually interviewed with interviews either performed face-to-face or through a telephone conversation. Sturges and Hanrhan (2004) used this approach to understand the visitors’ and correctional officers’ perspective of visiting inmates in a county

jail. The authors argued that no differences were detected when interviewing the participants of the study as a specific structure was adhered to when carrying out such interviews. This understanding was used when gathering information for the first phase of the study. Here, face to face interviews allowed for the participants to talk to me and seek reassurance.

Telephone interviews were carried out when the participant felt that there was very limited time and found it difficult to set up a short meeting with me. Nevertheless, through the use of telephone interviews, I allowed and encouraged the participant to speak freely to me, inquire about the study and receive necessary information. Interviews lasted between fifteen and twenty minutes.

The second set of interviews used a conversation approach as described by Kvale (2007) covering three main themes that dealt with general demographic data, the participants' understanding of social media and the topics they wished to be discussed on the social media platform. All interviews were transcribed and inputted into an excel sheet. This permitted for easy identification and comparison of the participants' responses. A detailed discussion of these findings will be addressed in the following chapter, however certain elements of these findings will be discussed with regard to the second phase of the study. Appendix 10 provides a sample of the structure of the second interview.

### **3.13.2. Research participants**

A total number of 28 individuals were contacted after they expressed an interest to form part of the study. Their ages ranged from 22 to 60 years and their employment service varied from less than one year to thirty-six years working as a nurse in practice. Table 3.1. provides a summary of the level of training of the participants.

Table 3-1.: Overview of the level of training of participants

<b><i>Psychiatric Mental Health Nurse education</i></b>	
<b><i>Type of qualification</i></b>	<b><i>Number of nurses</i></b>
Held a direct qualification as a Psychiatric Mental Health Nurse (e.g. Bachelor (Hons.) in Mental Health Nursing)	13
Held a qualification as a Psychiatric Mental Health Nurse following training to be a general nurse	15
Held a Master of Science in Mental Health Nursing	6
Held a Master of Science in a different field other than Mental Health Nursing	2

The level of experience of those psychiatric mental health nurses who expressed their interest to participate in this study was noteworthy. The two nurses who had less than one-year experience had only just received their Bachelor's Degree in Mental Health Nursing a couple of months before the project commenced. Eleven nurses who had as their qualification a Degree in Mental Health Nursing had more than four years, whilst some had nineteen years' experience. Meanwhile, in an attempt to increase the number of nurses who were trained to work as psychiatric mental health nurses, the local university had provided the opportunity to nurses who qualified as general nurses to further their studies and obtain a Bachelor's Degree in Mental Health Nursing. This was the case for 15 of the nurses who acquired this level of training and agreed to participate in my study. All the members of the group said that the only opportunity to further one's education within psychiatric mental health nursing was to follow a de-escalation training course which is offered by the organisation. This de-escalation training course dealt with the management of aggression within clinical or community services. Otherwise, none of the psychiatric mental health nurses said that they had been offered the opportunity to avail themselves of continuous professional development courses which addressed educational issues in relation to practices within psychiatric mental health nursing. This led to six of these nurses to further their studies and complete a Master's in

Mental Health Nursing, except for one who completed a Master's in Social Sciences and another who completed a Master's in Health Management.

What I found of particular interest was that all the participants who opted to take part in this project felt that they had had direct contact with service-users. Therefore, all staff, regardless of their location of work, whether clinical (for example, in-patients) or community setting, had direct contact with service-users. This is important to state here, as there was a small number of psychiatric mental health nurses who held positions in management within the organisation. Their role was to manage nursing staff and they did not work within a specific clinical area. These individuals said that they felt that they had contact with the individuals who used the services and often followed up specific individuals by supporting nursing staff who had direct contact with these individuals. A further discussion will be provided in the findings section, to discuss how the role of these managers and their experience impacted the study.

### **3.13.3. Second phase: the creation of a social media platform for a community of practice**

This research study called for the creation of a social media platform to be able to create an online community of practice. Locally there are no informal social media platforms that specifically facilitate their participants to engage in an informal learning culture, nor a community of practice group specifically designed for psychiatric mental health nurses. As a result, I had to create a social media platform for this research group.

As part of the preliminary work, I asked the participants what their preferred type of social media platform would be to be employed throughout this study. All except one favoured the use of Facebook to create a group for psychiatric mental health nurses to be able to communicate between themselves through an online social media platform medium. The one



who did not favour Facebook, claimed to frequent another social media platform, the mini blog site Twitter. This individual remarked that Twitter offered an easier search through the use of hashtag. This particular participant remarked that unlike Facebook, Twitter only allows for one hundred and forty characters to be written in an introductory post. This was later perceived as a limitation by the participant, as it restricted the ability for one to present their debate in a particular post and agreed that Facebook should be employed for this study. As the aim of the Facebook group was to create an informal learning environment, a variety of topics were stressed as points of discussion and reference throughout the study.

Participants were offered areas which discussed evidence-based practices; the use of nursing models and approaches, standard operational policies and guidelines used within the mental health organisation. Additionally, other topics of debate were: mental health conditions, international practices and the opportunity to share concerns and experiences that allow for learning and support between the nurses. The scope of the latter was to provide room for critical thinking skills and reflective practice through collaboration between themselves. An aspect which I had not anticipated, however, that participants felt was essential to be included as part of the Facebook group were opportunities to learn further about self-care and personal growth. These were also included in the Facebook posts.

All participants agreed that the group should remain secret. At the time the Facebook page was coined for the purpose of this study, a 'secret' Facebook page was utilized. The term described that the particular group are allowed discreet access to a Facebook page which is not accessible through a normal search. Access to this type of group is granted, in this particular case, by the owner of the group. Employing the concept of a secret Facebook page means that the material available can be viewed by the members of the group, hence making the Facebook page secret. The term, secret Facebook page was later changed to 'private' Facebook sometime in 2019 (Facebook Help Centre, n.d.a).

A set of general rules was agreed upon. These consisted of being respectful towards one another, therefore encouraging each other to express thoughts and views, being respectful towards each other's opinions and not to disclose any personal information outside of the group. This was posted in the 'about' section on the secret Facebook page. Here, I included some information about the scope of the group, the importance of respecting each other, and about maintaining confidentiality. In addition, I also informed the participants that they had the opportunity to discuss posts, use their native language and that it was a collaborative project where I, as the researcher, would also be involved in the process. Another request that transpired through the preliminary work was that the majority of the participants wanted a moderator. The moderator was to be a person who did not form part of the group and held a qualification in general nursing. The scope of the moderator was to ensure transparency. I took this on board and invited a person who was familiar to the members of the group but did not hold a qualification in psychiatric mental health nursing (was still reading for a masters in mental health nursing) to be part of this study. As agreed with the participants, the moderator's role was to act as an observer and to ensure that an unprejudiced discussion was developing, whilst not participating at all in the group.

I acted as the administrator of the group and all members were invited by myself to form part of the secret Facebook page. The Facebook page was created in February 2018 and all those who expressed their interest and participated in the first phase of the study became members of the group. The posts were raised on a weekly basis for the duration of the study and were raised mainly by me and consisted of a vast range of topics. These topics included but were not limited to:

1. Issues related to policies issued within the organisations such as a memo which dealt with the use of loose tobacco within the in-patient service;

2. Posts and links that promoted self-care such as encouraging reflective practice or links to promote mindfulness techniques;
3. Posts that encouraged critical thinking such as managing patients who smoke;
4. General knowledge related to the local mental health legislation, such as whether staff were informed of the rights and responsibilities of service-users and their responsible carers;
5. Current practices that were being followed abroad, such as those related to nursing assessments and designing care-plans; and
6. Comical posts such as comic strips that depict clinical experiences.

#### **3.13.4. Third phase of the study: interviews and analysis**

Belgrave and Charmaz (2012) and Kvale (2007) claimed that many qualitative methodologies rely on interviewing as the main source of data collection. This approach is often used as it allows access when gathering information regarding experiences and interactions (Kvale, 2007). The objective of using interviews within my study was that through a constructivist grounded theory approach I was to elicit the participant's story (Charmaz, 2006; Charmaz 2014; Starks & Brown Trinidad, 2007). Before starting the interviews, a pilot draft of the interview schedule was evaluated. This shall be further explained.

#### **3.13.5. Pilot draft of interviews**

A pilot draft of the interview schedule (Appendix 10) was shown to two members of the practice unit. These individuals held a qualification in psychiatric mental health nursing, however, did not form part of the study, therefore were independent from the purposive sample. Employing their expertise allowed for an objective opinion about the interview schedule. Following a conversation with each individual, explaining the research study to

them, the interview schedule was shown to them as the individuals acted as member checks (Charmaz, 2006, 2014; Guba & Lincoln; 1985). It was acknowledged that the schedule was only there to act as a guide for questioning as the scope of the interview was to be in the form of an interview conversation (Kvale, 2007).

The interview schedule was designed using the generic principles as proposed by the classical grounded theory approach (Glaser & Strauss, 1967) which was further endorsed by Charmaz (2006) and Charmaz (2014). The classical grounded theory approach aimed for theory to be inductively driven from social or psychological processes (Glaser & Strauss, 1967). Therefore, the study used a grounded theory approach addressing specific implications that occurred in a social situation. Once the interview schedule was agreed upon by these two members of staff, the interviews commenced.

### **3.13.6. Conducting the interviews**

Data collection through interviews commenced three months after the secret Facebook group was launched, therefore started in May 2018<sup>2</sup>. This allowed for the participants to familiarise themselves with the Facebook page. Since the participants all had a Facebook account, I arranged to meet and carry out the interviews through the Facebook Messenger service provided through the Facebook application (Facebook Help Desk, n.d., b). Each interview was scheduled at the participant's convenience. All participants preferred that the interview be done in a quiet room within their place of work. To prevent any feelings of obligation or issues of power, I would generally meet participants around lunchtime during weekends or after 16:00 on weekdays, as their place of work was often quieter during that time. I would dress casually so as to minimise any feelings of my situatedness related to wearing a charge nurse's uniform. However, there were three instances where I wore my uniform to the

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<sup>2</sup> The Facebook group ran throughout the course of this study. However, it is important to note that the group remained accessible, though there was no activity after July 2019.

interview. In these specific instances, the interview was carried out during lunchtime in a quiet room in the participant's ward. I asked the participants if they preferred that I change into casual clothing and all participants said they would not mind if I continued to wear my uniform whilst they understood that I was there in the competency of an interviewer rather than a charge nurse. This comment assured me that there were negligible power issues present within the interview. I am of the opinion that all interviews involved some level of power issues so that the interviewees may have offered socially desirable responses (Charmaz & Belgrave, 2012).

Interviews followed the pilot edited interview schedule (mentioned above). As previously conducted within the second phase of the study, interviews took on a form of conversation. Charmaz (2014, p. 54) suggested that interviewing should be “gently guided one-sided conversations that explore a person's substantial experience”, therefore creating an open interactional space where the participant relates their experience. Charmaz (2014), Belgrave and Charmaz (2012) and Charmaz (2008b) considered the interviewing process as an emergent method. It is emergent as it encourages the researcher to become indicative, moving back and forth through the interview itself, and — through the process of constant comparison — learning from each interview through the application of memo-writing and reflexivity. This approach cohered well with the research questions of this study. Each interview I carried out yielded different responses and opinions regarding the social process that transpired through the use of the Facebook page. Using the interview schedule as a point of reference, I could allow for the interviewees to be able to talk through their thoughts with me and urge them to clarify their opinions without them feeling threatened (Charmaz & Belgrave, 2012).

Adhering to the principles of interviewing using a constructivist grounded theory approach, I remained an active participant throughout each interview. I allowed time for the participants

to express any nuances and concerns they had experienced both in their professional and personal lives, offered reassurance when necessary and asked for further clarification. Non-verbal communication was also noted after the interview was completed. The use of non-verbal communication is considered information from a formidable source (Denham & Onwuegbuzie, 2013) and assisted me to further understand what the participant was expressing during the interview. Here, I noted whether the participants were experiencing signs of distress or contentment and long pauses which could be described as reflection (Denham & Onwuegbuzie, 2013; Kvale, 2007). Another form of non-verbal communication related to the fact that I was an insider. Participants felt that there were instances where they did not need to elaborate further on examples as I knew what they were talking about first-hand. Frequently, the participant would seek a non-verbal cue from me, often a smile or a nod to confirm that I had grasped what they were saying. Notes regarding non-verbal communication during the interview, following the interview, and during transcriptions were kept on the field notebook I kept throughout the study (Birks & Mills, 2015). This allowed me to be in a better position to be able to draw initial codes from the data transcription. It was a pity that the interviews were not visually captured as well as audio captured as this would have given me the opportunity to go back to the interview and reflect on the non-verbal cues present throughout the interview.

All interviews were audio taped and performed mainly in the native language (Maltese). This allowed participants to be better able to describe their feelings and experiences in their mother tongue. Prior to each interview, I obtained process consent by asking the participant whether they would like to continue participating in the study, whilst reminding them about the scope of the study and the interview and their right to refuse to answer or terminate the interview. I also informed them that I would send a transcript of the interview to them to confirm the interview. Each interview was manually transcribed by myself and each

transcription took approximately five to seven hours to transcribe into the English language. I found the process of transcribing from Maltese to English somewhat problematic. To ensure a true translation of the text, I highlighted words or phrases that were difficult to translate. Here, participants had the opportunity to read through the interview and select the more appropriate translation for the highlighted bits. Once the interview was transcribed, each interview together with the audio file was sent via email to the interviewee to confirm that the transcription represented what had been discussed during the interview. This acted as a member check (Shenton, 2004) whilst I felt also helped clarify the difficulties I had encountered when transcribing words and phrases from one language to another. None of the participants changed the transcription and only chose to select the desired words or phrase which they felt was appropriate in the interview. Interviews were anonymised through the use of fictitious names and the process of analysing each interview commenced once the participant replied to my email confirming the interview and sending their feedback. A further explanation of the interview process from gathering the data to establishing the initial and focus codes has been described in the findings chapter.

### **3.13.7. Coding: initial and focused**

To adhere to the process of grounded theory, data collecting, and coding occurred simultaneously (Charmaz, 2006, 2014). This is an essential feature, referred to as the bones upon which the theory will be built. Coding allows for a selection and sorting process, providing the link between data and the development of emergent theory. It is through the data that the researcher defines what is being suggested, what has not been said, different perspectives, and the theoretical categories of the specific data (Charmaz, 2006, 2014). Using the guiding questions that were designed by Glaser (1978, p. 57), two questions were kept in mind throughout the process of collecting data:

1. What are these data a study of?
2. What is actually happening here?

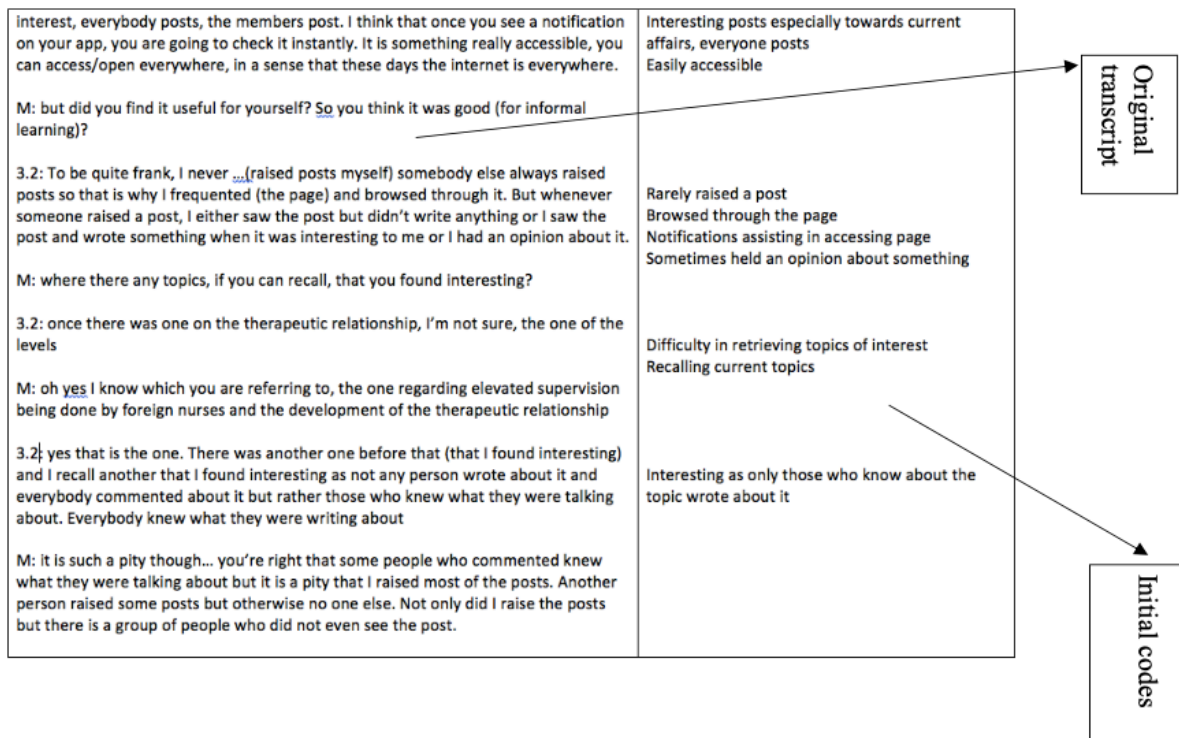
Observing the constructivist grounded theory approach, these questions helped acknowledge what the participants thought was happening within the group and helped keep me focused on the substantive problem and theoretical direction (Charmaz & Belgrave, 2014; Tweed & Charmaz, 2012). I chose to follow a line-by-line coding method as proposed by Charmaz (2014) and Charmaz (2006). Line-by-line coding allowed me to look at the data from a new perspective, considering the “larger analytic(al) story” whilst interacting with and becoming immersed in the data (Charmaz, 2014, p. 127). The process of line by line coding helped provide small labels that I felt stimulated the initial coding. In addition to the use of initial codes, action codes mainly derived from gerunds were used. Gerunds have been defined by Charmaz (2006, 2014) as action nouns, describing an activity, such as the experience of using Facebook to facilitate learning. Using gerunds as codes was considered by Charmaz (2014) as a heuristic device, which she defined as understanding that the data collected forms the foundation of the theory, whilst the analysis of the data assists in generating the concepts constructed for the theory. Charmaz (2014) continued that “We try to learn what occurs in the research settings we join and what our research participants’ lives are like. We study how they explain their statements and actions and ask what analytic sense we can make of them.” (Charmaz, 2006, p. 2-3). This additionally provided me with the opportunity to become more focused while remaining open to other analytic possibilities following the initial coding process, given that these initial codes were provisional and comparative (Charmaz, 2014). An interesting concept which I considered was the act of being critical about the data. Charmaz (2014) remarked that being critical towards the data provides room for the researcher to ask critical questions about oneself and the data. Some questions that helped me become more critical included:



- What do I think is happening here? Why is this happening?
- What do the participants claim to be the process? Why do I understand it this way?
- What do the participants mean by this (process)?
- What are their feelings?
- What are the consequences of this process and can change impact the process?

I chose a constant comparative method. This method has been described as moving back and forth through the transcripts of the interview (Charmaz, 2006, 2014). To ease the process of constant comparison, when two or three interviews were completed, I would do the initial coding of the interviews. This allowed me to be more analytical when assessing the interviews, being able to recall the interview while referring to the field notes I had made. It also gave me the opportunity to identify codes which were either similar to or differed from one another. *In vivo* coding, which is coding that reflects the participant's actual discourse or description (Charmaz, 2014), was sometimes used to provide a detailed picture of the gerunds used in the initial coding phase. Figure 3.2. illustrates the initial coding process.

Figure 3-2.: A screenshot of the initial coding process



Following the process of initial coding, I started to formulate focused coding. Charmaz (2014) stated that focused coding could give the researcher the opportunity to follow a different path which might or might not have been anticipated. This type of coding became increasingly conceptual, through reassessing each initial code in an attempt to categorise it and make a phenomenon more explicit, which often led me in a different direction than I had previously anticipated (Charmaz, 2006, 2014). Focused coding gave me the possibility to reassess preconceptions and is a process where unexpected ideas emerge whilst comparing with another participant's initial codes. To ease the process, I chose to use a number of colour codes to seek out similarities in code and help collapse initial codes into more focused codes. Figure 3.3. illustrates the process from initial coding to focused coding.

Figure 3-3.: An example of the process from initial coding to focused coding through a constant comparison process

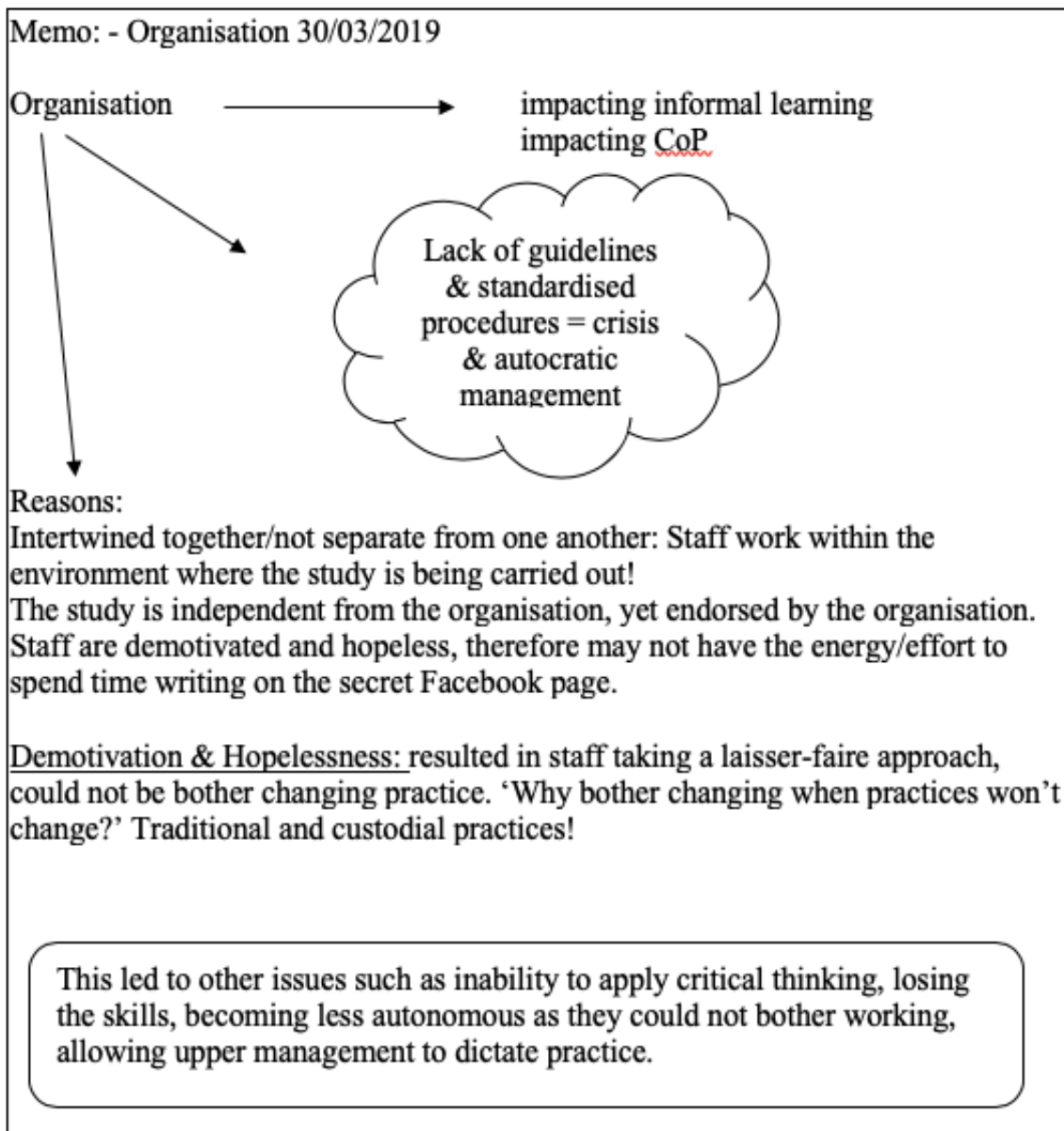


### 3.13.8. Memo-writing and reflexivity

Memo-writing is an essential component of the constructivist grounded theory approach as it acts as an intermediate step towards the analysis process (Charmaz, 2014; Charmaz 2006). I adopted this in my study. It enabled me to elaborate further the processes which I was defining through my constant comparison and coding, whilst it gave me more opportunity to continue to practice reflexivity. Belgrave and Charmaz (2012) noted that tentative conceptual categories are formed through the process of memo writing. I also felt that through memo writing I was in a better position to understand the non-verbal communication that I encountered in the interviews. Here, I would seek clarification regarding instances where the participant was reflecting during the interview. Reflexivity became part and parcel of the process of memo-writing. While it is an established method for making one's work more

rigorous and counteracting insider knowledge, reflexivity is an essential method used within the constructivist grounded theory approach. As the constructivist grounded theory approach has been situated in the context of symbolic interactionism, I used reflexivity together with my memo-writing to assist me to further to understand the language being used in the interviews. Through the process of reflexivity, language is understood by attending to one's own and the participants' meaning; how this shapes the participants' and our own perspective (Charmaz, 2017). Reflexivity helped me become more cautious about the data, constantly scrutinising them and questioning whether there were any personal assumptions made within the findings. I was drawn to reflexivity, as it urged an internal dialogue of understanding by probing, prompting and encouraging the addressing of any pre-conceived ideas I had (Jootun, McGhee & Glenn, 2003). For example, I assumed that informal learning is a personal process which does not depend on the organisation one works in. However, through memo writing and reflexivity, I was able to identify that this was not the case. The use of memo-writing and reflexivity became a journey of growth (Creswell & Miller, 2000), one that enabled me to address pre-conceived notions which resulted in findings opposite to what I expected. Reflexivity was achieved through the use of journaling, a tool for recording my thoughts and observations. Figure 3.4. presents examples of memos.

Figure 3-4.: Examples of memos



Memo: - Critical thinking 27/03/2019

Critical thinking → Inability to think laterally



- ⇒ Staff stumble when asked to think outside of their current situation/work place. They encounter seeing that there is more than just their clinical environment with effects service users and how they portray themselves.
- ⇒ Staff feel that they are lesser than other professionals. It is as if they are not qualified enough to do their job. Local law dedicates much of nurses work and the medical profession is responsible. Subordination of the profession
- ⇒ Anyone can work in mental health services regardless of their professional background.
- ⇒ Lack of autonomy and professionalism are affected

Memo: - Familiarity within the profession 29/04/2019

Familiarity → Breeds contempt?



Staff start considering other colleagues as friends. Friends as they become familiar with them, due to the long-standing relationship that develops between themselves. This familiarity is a result as staff know the service-user/relative more, know the system/organisation more and think that they know the professional.

When familiarity is challenged- nurses tend to become defensive and offensive, seem to take it personal: this may relate to blurring of boundaries, the professional boundaries.

This may breed contempt as nurses believe that they are not respected or recognised in the hierarchy of care. Possibly being 'friends' does not help in establishing boundaries.

Challenging nurses (who claim to be there 24/7) versus not challenging nurses.

### **3.13.9. Theoretical sufficiency through focused codes to categories**

Theoretical saturation is commonly used within the grounded theory approach and is described as data that does not spark any new theoretical insights (Charmaz, 2006, 2014). Considering that my research was a small-scale study, where I initially carried out 11 interviews and later included other participants to help confirm or contradict my interpretation (Charmaz, 2014), I was aware that credibility or rigour might have been impacted by my judgement, therefore impacting the theoretical saturation of the study. In view of this, I adopted the term ‘theoretical sufficiency’ as suggested by Dey (1999, as cited in Charmaz, 2014, p. 215) as being better suited. Dey referred to saturation as an imprecise process because it is incongruent with a method that may stop short of identifying codes. Alternatively, theoretical sufficiency relies upon the researcher’s conjecture that no new codes can be achieved through more interviews. Thus here, the focused coding that leads to identification of categories is a suggestion based on the researcher’s interpretation of the data (as cited by Charmaz, 2014, p. 215). I concur with Charmaz’s stance where she suggested that the researcher understands what is happening in the field and grapples with it (Charmaz, 2014, p. 216). The decision to discontinue the interviews resulted through the use of constant comparison, my work on the initial codes and the focused codes, and by using my memos and reflexive writing journal to establish that no new data had arisen from the findings. I achieved theoretical sufficiency when I could not detect any new happenings within the data I was collecting. This was achieved by the time I had reached the 9<sup>th</sup> interview. A further two interviews were carried out to ensure that I had not missed any potential initial code, to further elaborate any pending queries I had encountered and to confirm my focused codes. In addition, asking other participants to confirm or contradict my findings coheres with a co-operative and collaborative approach which is synonymous with a constructivist grounded

theory approach. A further discussion of the categories which resulted from the saturation phase will be provided in the next chapter.

### **3.14. A rigorous approach**

Lincoln and Guba (1985) acknowledged that researchers are not bias free. On the contrary, researchers are human and cannot dismiss their scrutiny of values. No research is value-free, even though claims have been made in the quantitative field that this seems to be the case, trying to lessen the significance of findings of those who perform qualitative research (Cohen et al., 2011). The debate on trustworthiness or what Morse (2015) referred to as rigour, is used in retaliation to the common terms used in quantitative research, these being internal and external validity, objectivity and reliability. To provide a rigorous approach toward the data collection, I employed the evaluative criteria as proposed by Lincoln and Guba (1985) and later by Denzin and Lincoln (2005). These pertained to four criteria: credibility, dependability, confirmability and transferability.

Morse (2015, p. 1213) defined rigour as being concerned with the external evaluators that determine the worthiness of the study. This deals with the relationship the researcher has with the data. The term rigour was used as this term seems to characterise better the 'trustworthiness' criteria as established by Lincoln and Guba (1985). Personally, trustworthiness seemed to be referring to whether the study is valid and reliable, terms which I feel are more associated with the quantitative arena. On the other hand, rigour pushes the researcher to identify issues which might impact the study, hence addressing the relevance of the study rather than the trustworthiness of the study (Mays & Pope, 2000).

This approach practises rigour towards the nature of the literature and data collection for the phenomena being investigated. In addition to the evaluative criteria proposed within, I also



attended to issues related to personal bias, ownership of the material and breach of confidentiality.

### **3.14.1. Credibility**

Credibility is generally referred to as internal validity when viewed from a quantitative stance. According to Lincoln and Guba (1995) rigour is frequently assessed through the key features of credibility. Shenton (2004) identified fourteen strategies which can help increase the credibility of a study, however, only a couple of these have been employed in this study. For this study, I chose to employ familiarity, member checks, peer security and triangulation to ensure credibility.

### **3.14.2. Familiarity**

Familiarity with the literature and the cultural norms and practices that may be specific to a certain culture are one of the many means to achieve credibility (Lincoln & Guba, 1985; Morse, 2015; Shenton, 2004). It is understood that prolonged engagement will enhance the familiarity of the researcher, improving personal relationships with the group under investigation. This in turn, allows the participants to become more at ease with the researcher, forming a relationship which allows them to be informative, revealing information that might otherwise not have been disclosed, thus possibly producing richer data. In addition, the constructivist grounded theory approach requires familiarity with concurrent literature as this influences the study design and area (Charmaz, 2014; Charmaz 2006). Furthermore, this familiarity with the study population and the literature fits well within the social constructivist approach (Crotty, 1994). Over the course of the study, I consolidated existing research on the topic under investigation, to grasp the complexities and direction of the literature. This gave me great familiarity with the literature. Having worked in the hospital

where the study was conducted for approximately two decades, I am of the opinion that I am accustomed to the culture and context within which the study was carried out. This provided ample opportunity to gain access to the research setting and to have the competency to understand undercurrents and local politics in the mental health care setting. This is considered a credible approach by Lincoln and Guba (1985), allowing me to obtain rich data from the data set. Hindering factors that could affect credibility are associated with the fact that I was an insider within my research area, therefore, I was immersed in the culture in which the study took place (Atkins & Wallace, 2012). However, being an insider researcher granted me the opportunity to get nursing staff to discuss issues which might not have been communicated with others. This resulted in the opportunity to obtain a thicker description (Gretz, 1973), in other words a detailed account of the participants' experiences of participating in a social media platform and within a community of practice. A thicker description has additionally allowed me to understand the cultural and historical issues that impacted the participants' practices. which would possibly have been invisible or incomprehensible to an outsider (Atkins & Wallace, 2012).

### **3.14.3. Member checks and peer scrutiny**

Member-checks are an additional technique to achieve credibility (Lincoln & Guba, 1985). They involve giving transcripts or even complete analyses to the respective participant to check the information and clarify any issues (Shenton, 2004). As Jootun et al. (2009) noted, the researcher's understanding of the field of research allows reading between the lines, thus allowing for clarification during the transcript, however member-checks may hinder the authenticity of the interview itself. Morse (2015) argued that member checks are an obscure technique. Member checks give the participant the opportunity to change their mind. This may place the researcher in an awkward position, especially if the changes are not congruent

with the previous statements. To remain faithful to Lincoln and Guba's (1985) criteria whilst acknowledging Morse's (2015) concern on member checks, I gave each participant the interview transcripts verbatim and attached the audio file should the participant need to recall or further clarify what had been discussed during the interview. Participants were given the option to decide on the best terms used to express their thoughts when they spoke in their native language and each participant was encouraged to send an acknowledgement or feedback should they deem it appropriate. This allowed me to ensure that the participants' thoughts were correctly reflected and that only minor changes to text were made to clarify any misunderstandings.

Peer scrutiny by my course peers and experts in the field was another technique I employed to ensure credibility (Lincoln & Guba, 1985; Morse, 2015). Its intention was to help me carry out reflection, verbalising thoughts and discussing difficulties (Morse, 2015). Discussions with my course peers and colleagues allowed me to discuss my positionality and the research. This took place in a 'kitchen-table reflexivity' approach (Kohl & McCutcheon, 2014). Here, the authors advised that holding informal discussions in informal areas assists in enhancing the richness of one's understanding of the study and one's positionality, understanding and reflective discussions within the study. Several informal discussions have been held between myself and my course peers, generally held in my friend's kitchen. Other instances where critical peer scrutiny occurred was when I had to present a draft of my findings to my peers. This gave me the opportunity to share my findings in a sequential manner, allow for discussion amongst ourselves and further refine my understanding of the findings.

#### **3.14.4. Triangulation**

Triangulation refers to a comparison between at least two different forms of data sources, searching for convergences within the findings (Mays & Pope, 1995). This improves the validity of the findings, thus increasing the scope and depth of the research (Barbour, 2001; Lincoln & Guba, 1985). However, Barbour (2001) cautioned that qualitative research is most often carried out from a relativist, interpretivist or constructivist perspective, hence acknowledging that multiple realities exist. Responses may yield different findings, especially in the light of the approach chosen to collect the data. This, as argued by Barbour (2001) and earlier on by Mays and Pope (1995), should not be seen as a weakness in the credibility of the study. Instead, it should be viewed as an opportunity to further the research or provide a detailed explanation as to why variation in responses might have occurred. In this study, I proposed that the data should be collected through interviews as this would allow me to gather information regarding the participants' experiences of using the secret Facebook page (Charmaz, 2014; Charmaz 2006

#### **3.14.5. Transferability**

To claim research transferability, Shenton (2004) emphasised the importance of providing detailed information regarding the study at the onset of the study. This should include the number of participants and the period of time over which the study was performed.

Regarding the number of participants: I recruited 28 for my study. This sample represented one fourth of the population of psychiatric mental health nurses employed within the Maltese mental health services at the time of the study. It is imperative to understand that the findings of the study will need to be interpreted in the context of the institution and the period of time in which the study was performed. As for credibility, a detailed description of the study

pertaining to positionality and the culture the study was located in was provided as a platform for the study to be replicated elsewhere (Shenton, 2004).

One issue that arises from transferability is that of confidentiality. In Malta, mental health services are restricted and limited to a single setting. Safeguarding the participants' anonymity was highly prioritised throughout the study. All participants had the opportunity to have a verbal overview and printed information sheet regarding the study. Once the study was understood by the participant, signed informed consent was obtained. Participants were made aware that any form of reference to themselves and to the location of their employment would not be disclosed. The use of pseudonyms such as 'the mental health setting' or 'mental health service' to describe their place of work were used to ensure anonymity as much as possible. This measure hopefully ensured that the participants were not identifiable in any manner. Caution was also taken when interpreting the findings of the study, which were reflected upon considering the methodology, time, location and culture in which the study took place. These measures will allow future researchers to transfer the conclusions (Lincoln & Guba, 1985).

#### **3.14.6. Dependability and confirmability**

Dependability and confirmability are dependent on credibility (Shenton, 2004). It was suggested by Guba and Lincoln (1994) that the study should be reported in detail, keeping an audit trail through memo-writing and reflexivity whilst providing a detailed description of the constructs of the study. Shenton (2004) referred to this as having a prototype model. To ensure that dependability is achieved, I described the research design and its execution, detailing even the minute details of the data collection and providing a reflective account of the project (Shenton, 2004). As a result of the process of maintaining reflexivity, using member checks and having peer debriefing, I encountered some unpredictable findings.

Cohen et al. (2011) held that providing detailed accounts and explaining why certain conclusions were drawn, assists in the verification of validity, dependability and confirmability. This draws upon several points made by Lincoln and Guba (1985), who referred to the researcher's focus of inquiry and the paradigm the researcher is focusing on; determining who, where and how the data will be collected; and the planning of analysis and study conclusion. An audit trail is another technique to deal with confirmability.

In this research study, I kept a reflexive journal to detail the process I followed throughout the course of the study. Keeping a reflexivity journal has the advantage of ensuring dependability and confirmability, which is encouraged in the use of grounded theory approaches (Charmaz, 2006; Charmaz, 2014; Morse, 2015). This reflexive journal adhered to the principles of reflexivity (as described by Lincoln and Guba (1985)) and consisted of several aspects such as: the logistics of the study, the persons with whom I conducted the interviews, the venues, and the time slots available to carry out the interviews. Additionally, the journal was a tool for my personal catharsis, aiding reflection and methodological decision making, which impacted the way I executed the interviews and the reasons for my decisions.

The process of ensuring dependability and confirmability utilised rigorous techniques such as those to counteract research bias, triangulation and reflexivity, thereby allowing future researchers to replicate the study (Mays & Pope, 2000; Morse, 2015).

### **3.15. Concluding the method section**

I have provided here an account of how I designed the study and collected the data. I note that I am an insider researching the field I work in. As in all qualitative research, I became involved with the researcher, becoming immersed within the field of study. As in any research that is carried out by human beings results in biases that are inevitable. However,

there are several techniques which assist in achieving rigour and have been employed within this study to reduce biases.

In the next chapter, the findings chapter, I will be addressing the research questions and discussing the findings which I have achieved through theoretical sufficiency. From these findings, I will devise my theory in relation to a constructivist grounded theory approach.

## **4. Findings**



#### **4.1. An introduction to the findings**

The aim of my research study was to establish whether a social media platform, in this case a secret Facebook page, can harness informal learning whilst stimulating the creation of a community of practice between the members of this specific group. Due to the nature of this research study, I had decided it was best to create and maintain a homogeneous group of professionals, therefore selected a group of psychiatric mental health nurses who collaborated with me in designing the secret Facebook page as a platform for informal learning opportunities. I anticipated that the Facebook page would foster a supportive community between the members of the Facebook page, hence creating a community of practice. Using a constructivist grounded theory approach (Charmaz, 2006; Charmaz, 2014), I designed my research questions around the fundamental concepts of a constructivist grounded theory approach, which included:

1. How can a social media platform be used to sustain informal learning in a psychiatric mental health services in Malta?
2. How can a social media platform be used to create and cultivate a community of practice within these same services?

#### **4.2. The initial phase: Developing initial codes**

To describe the process of designing initial codes and carrying out the interviews, I followed a constant comparative process as suggested by Charmaz (2014) and Charmaz (2007). As explained in the previous chapter, I would transcribe the interview in a narrative format and seek a member-check from the participant. This was carried out by sending the interview transcript and the audio file to the participant for confirmation purposes. To confirm my interpretation of the transcription, the participants would send an email confirming that the

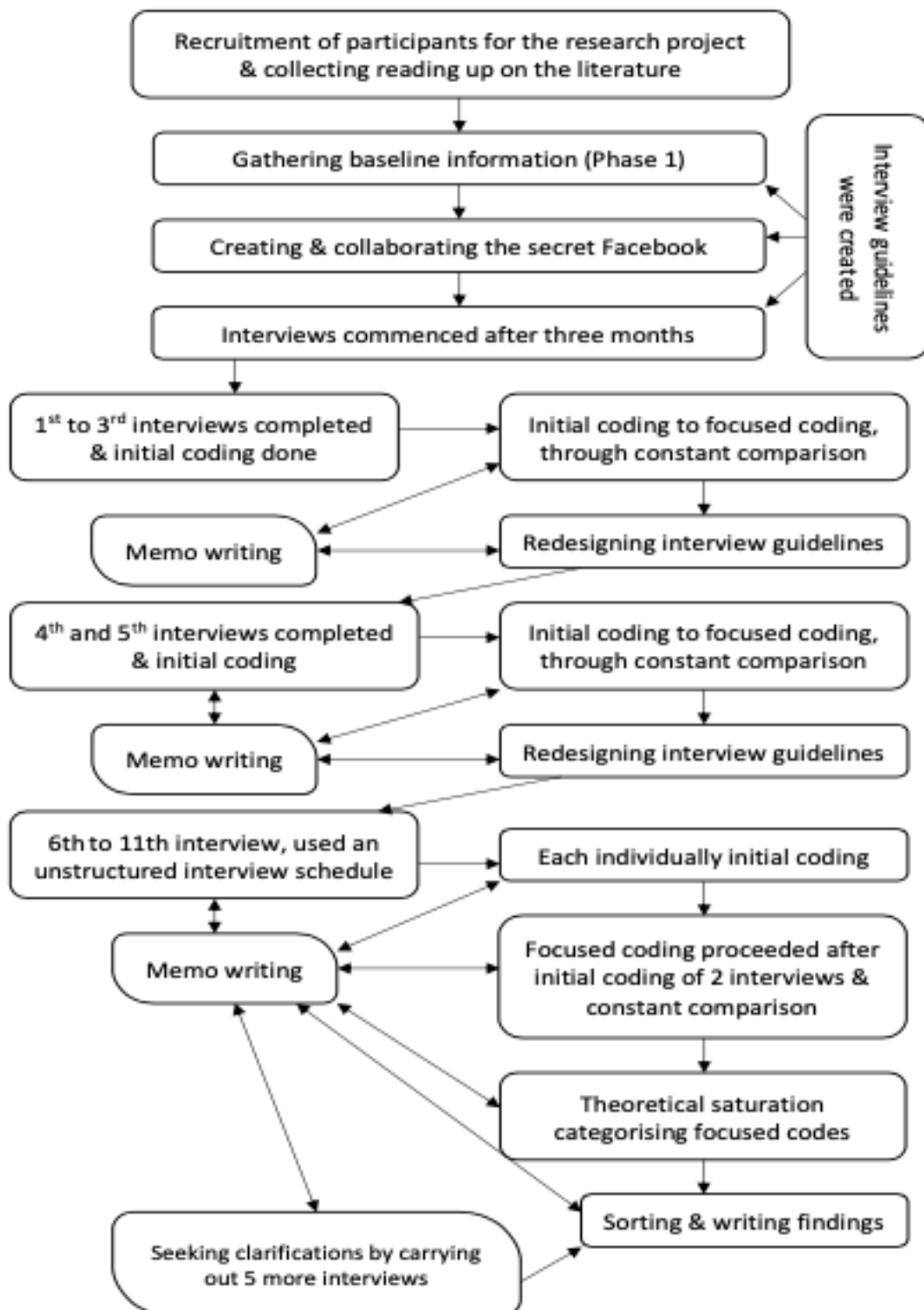
interview transcript reflected what was discussed during the interview. Some participants opted to edit specific words to be more representative of their story.

Following this process, I would carry out the initial coding for the interview. After two interviews, I would extract the initial codes into a separate document and compare them. To ensure that I carried this out thoroughly, I would re-read the interview and repeat the process of initial coding to ensure that I extracted the necessary data.

As a result of this process, the interview schedule changed. The first five interviews were semi-structured, designed around a series of questions to ensure that I was gently guiding the participant to remain on track. As my confidence grew, I adopted an unstructured interview process and the last six interviews were completed following this design. After completing these interviews, I felt it would be appropriate to go through the previous interview schedule to ensure that any pending queries about initial coding were addressed. This act seemed to have placed the participants at ease as they were able to reflect on what had been just discussed during the interview and clarify their own comments. Meanwhile, going through the semi-structured interview schedule allowed me to ensure that any queries I jotted down were addressed. My queries addressed issues related to virtual interaction on the Facebook page, feelings of disempowerment and professionalism. During the process of writing up this chapter, I encountered instances where I felt I needed further clarifications and here I sought the help of another five participants for further elaboration in order to address my pending queries. I am of the opinion that the process of checking on my work allowed for further collaboration by ensuring that the participant and myself were on a journey of bonding by discussing the process occurring through the Facebook page. This is fundamental to a constructivist grounded theory approach. It is worth noting that both semi-structured and unstructured interviews yielded similar responses and initial codes.

Figure 4.1 described the overall process, from the interview process to the categories, depicting the messy process I encountered when drawing out the findings of the study.

Figure 4-1.: From interviews to categories



### **4.3. Coding to conceptual categories: Initial codes to focused codes**

Through the process of constant comparison between the interviews and initial codes, I was then able to identify similar codes and group these together to create focused coding. To facilitate the process, I colour coded similar initial codes which acted as a visual aid. I found that some initial coding related to more than one possible focused code. The initial codes were interwoven hence I included memos to further elaborate the initial code. This followed the process as discussed in the previous chapter, where I practised reflexivity and wrote additional memos. The process of elaborating on focused codes and writing memos was achieved through reflexivity and being critical of my work, following the steps presented in the previous chapter. To ensure that I did my utmost to reduce biases and limit subjectivity, in the process of unveiling the findings I would discuss my initial codes with participants and other colleagues to obtain different perspectives and understanding. This helped me be more critical of my own work and refrain from drawing from my own personal experience to interpret the data. Subsequently, once I grouped the focused coding I was able to address the research questions. As a consequence of this process, I learnt that the majority of focused codes were reflective of the whole organisation rather than the individual journey of informal learning and creating supportive networks un-associated with the organisation. I had not anticipated this as I was of the opinion that informal learning and community of practice can occur independently from the organisation.

Nevertheless, it seemed that the organisation played a crucial role in supporting informal learning and cultivating a community of practice. Therefore, both the initial codes and focused codes were nested in a much wider context. I found it troublesome to separate initial codes to focused codes as each code formed part of a wider context. It sometimes seemed that one process explained the following process, some focus codes were merged together thus became

reflective, being present in different categories. Focused codes were developed through a series of memos that I had written and later formulated into points as seen in Table 4.1.

#### **4.3.1. Sorting of focused coding into categories**

Following the process of focused coding I started familiarising myself more with the data.

Through this process, I was able to collapse the focused coding into four conceptual categories.

Once again, this process was characterised by a focused approach to memo writing, trying to find common themes in the data and unravel what they were presenting to me, and working in collaboration with the participants of the study to make sense of the findings. This is depicted in Table 4.2., focused codes to categories to sustain the findings. Through these findings, I concluded that there are four conceptual categories and which I have titled to facilitate the discussion. These can be seen in table 4.3. and shall be further discussed in the discussion chapter.

As noted in category 3, the two focused codes which looked at their participant's own journey at work and formal learning which may influence informal learning, was collapsed onto a single theme entitled 'paving the way, from formal to informal learning and its influence on practice. I took this decision as both components of the independent focused codes were inter-dependent on each other. Separating these themes would have obstructed the flow. This can be seen in the description of the category.

Table 4-1: Focused coding developed through memo writing

<b>Focused Codes</b>	<b>Description of code/ collapsing of initial code to a focused code through memo writing</b>
Issues related to oneself	<p>This code looked at how the person viewed themselves through their work and their own personal learning journey.</p> <ol style="list-style-type: none"> <li>1. Related to personal interaction using a social media platform;</li> <li>2. Related to their own personal learning.</li> </ol>
Issues related to practice — their professionalism	<p>This code related to the participant’s own perceptions of their own practice and how these perceptions influence their practice, hence their professionalism. It incorporates learning, care provision and the participant’s own impact on their work.</p>
Organisational issues	<p>This code addressed the organisation and whether it inspired or dissuaded an environment for informal learning and community of practice for this study.</p>
One’s personal use of group	<p>This code dealt with accessing of the secret Facebook page.</p>
The manager’s input	<p>This code referred to managers having a strategic role in contributing to equality which impacted learning and support.</p>
The path from formal to informal learning	<p>This code described the transference of formal knowledge and applying it to informal learning opportunities. It also drew upon initial codes that described informal learning opportunities which impacted work.</p>
Accessing social media for learning and support	<p>The main focus of the study was using social media to enhance learning and support. Therefore, this code addressed how social media was used by the individual and collectively by the group of participants.</p>
The broader context	<p>This code was identified as the participants looked at situations or instances that were situated in a much wider context. Without acknowledging these, the findings were incomplete, as the broader context filled in the blank spaces that merge together the other focused codes. This context provided an imaginary structure or pillars, explaining the underlying situations and instances.</p>

Table 4-2: Focused codes to categories to sustain the findings

Category 1:	Category 2:	Category 3:	Category 4:
<p>Issues related to oneself</p> <p>One's personal use of group</p> <p>Accessing social media for learning and support</p>	<p>Issues related to practice</p> <p>Organisational issues</p> <p>The manager's input</p>	<p>The path from formal to informal learning</p> <p>Issues related to oneself</p>	<p>The broader context</p>

Table 4-3: Conceptual findings to defining further and titling the codes

Category	Title of category	Sub-divided
Conceptual Category 1	Personal knowledge	<ol style="list-style-type: none"> <li>1. Issues related to oneself</li> <li>2. One's personal use of group</li> <li>3. Accessing social media for learning and support</li> </ol>
Conceptual Category 2	Organisational influences	<ol style="list-style-type: none"> <li>1. Issues related to practice</li> <li>2. Organisational issues</li> <li>3. The manager's input</li> </ol>
Conceptual Category 3	Moulding an online community	<ol style="list-style-type: none"> <li>1. Paving the way - from formal to informal learning and its influence on practice</li> </ol>
Conceptual Category 4	Paradox of an organisational culture	<ol style="list-style-type: none"> <li>1. The broader context</li> </ol>

#### 4.3.2. Glossary of pertinent terms

In table 4.4., I present a list of definition that were common throughout the interviews and throughout the study. The definitions were concluded from the findings and were confirmed through collaboration with another five participants of the group who were interviewed by me. Charmaz (2014), similar to Glaser and Strauss (1967) asserted that grounded theory is a flexible method. It involves an interactive and open-ended process therefore confirming the findings is part and parcel of this flexible approach. Interviewing further other participants of

this group allowed me to “enhance possibilities for you to transform knowledge” (Charmaz, 2014, p. 340), therefore I obtained clearer understanding of the memos and my own personal reflexivity which I kept throughout the process of this study. Asking for their observation and confirming the data allowed me to bridge those missing gaps by understanding the field in which the study was carried in.



Table 4-4: Glossary of pertinent terms

Term	Definition
Lateral violence	<p>Lateral violence in the context of Psychiatric mental health nursing refers to bullying, where nurses feel ‘forced’ into following instructions by domineering managers.</p> <p>It seems that lateral violence arose from feelings of powerlessness and hopelessness in relation to challenging situations.</p> <p>(It is pertinent to note that lateral violence and bullying exists at all levels, therefore exists between service-users, nurse-service-user, nurse-doctor, consultant-doctor, manager-nurse).</p>
Custodial care	<p>The term ‘custodial care’ is drawn from the seminal work of Goffman’s writings ‘Asylums. Essays on the Social Situation of Mental Patients and Other Inmates’ in 1961. Here, institutional care was described as being custodial care, where mental institutions were considered places of residency and work, consisting of a large number of individuals situated in environments cut off from the wider society for an appreciable period, without any rational plan. Care was provided by people with little or no knowledge and training (Goffman, 1962, pp. 10-11). While this may not be representative of the local scenario, custodial care was considered by participants to refer to service-users receiving the most basic satisfaction of their needs and not managing to live independently, thus depending on carers to function.</p>
Traditional or old-fashioned system	<p>Both ‘traditional’ and ‘old-fashioned’ system of care are outdated systems, based on conservative aspects of care provision and protection of society from mentally ill persons. King’s Fund (2013) document on Patient-Centred Leadership described old-fashioned systems as the organisation viewing individuals as supplicants needy of a service. Locally it also meant that the patient remained in hospital, was not provided with sufficient information, and might have been using mental health services to receive financial benefits from the social services. This differs significantly from more modern approaches which are patient-centred: briefly defined as placing the individual in need at the centre for care and service provision.</p>
Work environment	<p>This referred to the physical environment of the structure. This seemed to be predominantly evident in the findings reported by participants working in in-patient care, complaining of poor or gloomy infrastructure which did not reflect current standards of living.</p>
Upper management	<p>Upper management is defined as people in authority such as the Chief Executive Officer and the Chairperson of Psychiatry who form part of a larger context of management and deal with administration and sustenance of the organisation. Often this cohort of people have little insight of the issues nursing staff encounter and often have no knowledge of mental health issues.</p>
The manager	<p>The manager is defined in this context as the senior nursing manager and other superior nursing managers. The manager is the person in charge of overseeing a particular speciality, such as acute care or rehabilitation. This person should also offer guidance and urge implementation or improvement of practices at a micro-level.</p>

#### **4.4. Detailed description of the conceptual categories**

Below I describe the conceptual categories that emerged from my study. Throughout the process of developing the categories, I found that they did not solely emerge from the data but also through the links I made when analysing the data, which allowed me to understand the different realities experienced by the participants. Therefore, using their accounts enabled me to navigate the complexities of situations and instances presented in the study.

##### **4.4.1. Conceptual Category 1 – Personal Knowledge**

Category 1 focused on personal usage and the focused codes forming this category were issues related to oneself with regard to interaction with social media, related to one's personal usage of group, accessing of social media and usage of the secret Facebook page.

###### *4.4.1.1. Accessing social media for learning and support*

It was noteworthy that the participants I interviewed all commented that they felt that the group assisted them in achieving informal learning. The participants claimed that they found the secret Facebook page a useful source of information. It allowed them to access free evidence-based information and provided easily accessible articles that were related to activities occurring within the organisation. Other available resources on the secret Facebook page included links, thought-provoking quotes and comic relief to inspire and harness learning. Participants found the notification service offered by Facebook useful, as it alerted them that a new post had been raised on the secret Facebook page.

Most participants were able to recall accessing a post that they found interesting and were able to retrieve information about that particular post. Some participants said that they discussed particular posts with their colleagues. This prompted reflection on their own and on other individuals' ideas and thoughts, which at times helped them acquire further knowledge. Other

participants claimed that the posts were thought-provoking and triggered further searches on the topic on other social media sites or through search engines to acquire further insight. Participants commented that whilst the organisation does promote learning and the use of social media to access information, it does not necessarily inspire learning in practice nor foster a supportive environment. Staff who participated in this study felt that they found it difficult to transfer their knowledge into the clinical arena. In addition, participants explained that when the opportunity arose to implement their learning, they were faced with obstacles such as bureaucratic practices or insufficient human resources, fear of changing practices, the culture of blame, the need for change to be validated by the manager and the physical structure. These issues seemed to have affected the possibilities of harnessing informal learning and the participants' confidence in participating in a community of practice. It seemed that social media, in this case Facebook, are mostly used as a distraction when bored. This was described by Roxanne as "disconnecting from the pressure of work" (Roxanne, narrative quote, p. 2)<sup>3</sup> while Mario described it as browsing when bored at work rather than an opportunity to learn and support colleagues. Some other participants, such as Annabelle, claimed that Facebook offered them the opportunity to seek further assistance for service users such as accessing pages facilitating furniture donations.

#### *4.4.1.2. Issues related to oneself*

This code was related to participants' own ability to post on the Facebook page. Overall, participants said that they found the Facebook page insightful and resourceful and enjoyed reading the posts, therefore harnessing learning. For example, Jane and Paul offered insights as to how Facebook facilitated their own informal learning. Jane stated that:

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<sup>3</sup> All raw material used in the narrative quotes (also known as in vivo coding in constructivist grounded theory) can only be accessed by me – page numbers are only used as reference to indicate where I can access quote.

That post was very interesting to read...as there was much information, like very well-informed comments and they said some really interesting things. Even though they were not cited [not cited from literature] ...you realise that the comment made sense...and that it was coming from somewhere, not just off the top of their heads. (Jane, narrative quote p. 5).

Here, Jane was able to identify that the discourse that occurred on the Facebook page may have been retrieved from a theoretical perspective, implying that formal learning may influence informal discourse and informal learning. Paul said that he thought that the Facebook page provided room to portray a different aspect of oneself:

They [the other participants] possibly see my post and consider my interpretation.... they might see a different side... might consider me as a different person... they may say [to themselves] that person is a bit different to what I thought him to be...that person thinks about this service differently. (Paul, narrative quote p. 15).

Nevertheless, I observed that there was limited interaction on the Facebook page. This was not consistent with the overall feedback I received from the interviews, nor did it coincide with the participants' previous descriptions. In Figure 4.2., I highlight the lack of interaction on the Facebook page.

Figure 4-2.: Screenshots depicting lack of interaction between participants of the group



Through personal reflexivity and constant comparison, my overall impression was that participants did not communicate between themselves. I inquired about this further and the participants offered various reflections which included:

- a) Feeling too apprehensive to write a post or comments. For example, Katerina described her apprehension as follows “...I know I have never raised a post. I always kept myself back.” (Katerina, narrative quote, p.4). Participants felt afraid to express their views, especially on an online medium, even though their initial training required them to converse with each other or express their views within an online learning environment. Participants seemed to prefer to retain the status quo rather than express their views;
- b) May have seen an interesting post which inspired interesting thoughts but did not have the time to think and clarify their thoughts;
- c) Did not find the post interesting;
- d) Feared expressing thoughts, knowledge and opinions on an online medium. Alexander provided an excellent description of this when he said “I don’t really like to comment on Facebook... I don’t feel comfortable posting on Facebook, because people may not understand you. But I guess that it is more a personal obsession as I think I might say something stupid.” (Alexander, narrative quote, p. 5). This apprehension also resulted in staff not sharing their thoughts as they feared the implications of their proposals to change, thus finding it difficult to implement change should the opportunity arise;
- e) The post raised did not impact their line of work or they did not understand its relevance to their current work;
- f) Seemed to lack the ability to express themselves critically. When critical thinking was required, participants said that this took time and effort;

g) The participants felt that writing an online post might be misinterpreted, therefore were overcautious and kept questioning their ability to express their thoughts in writing. This was best described by Marianna during their interview where she said:

... it is more that the issue of indifference to comment on Facebook. It is... I guess it is writing skills... the fear of writing something which is incorrect, so it is best not to write anything. I think that that is one of the main issues, that someone prefers not to write rather than write as they fear being ridiculed and laughed at. I think a lot of people did not interact that much for that reason. They might have insightful thoughts and good content, but they don't put them forth because they are scared. (Marianne, narrative quote, pp. 8-9).

The participants I interviewed also claimed that writing was a laborious task which involved time to think about the topic which was being discussed, time to reflect and collect one's thoughts and required the conditions to be right: energy, equipment and space. This included the energy to make the effort to write posts, which were often written at home; equipment such as a computer rather than a mobile or tablet; use of personal space; confidence enough in writing;

- h) Evidently participants were concerned that someone would be offended by posts, especially someone more senior or experienced. Participants also commented they hesitated because of concern that posts could be hacked or screenshots taken;
- i) A psychiatric mental health nurse's role is to provide care, therefore does not need to bother with enhancing their own knowledge or working in collaboration with others.

#### *4.4.1.3. Personal usage of group*

The participants reported that participation in the group was a positive experience, even though they might not have actually posted anything themselves. Some participants claimed that the group offered them insight into the perspectives of staff members working in different areas, was a medium through which one could share ideas and opinions, the information was accessible and remained there and posts were founded in daily practice and

contained evidence-based knowledge and understanding. Most of the topics presented were relevant to everyday practice therefore staff were familiar with the concepts but might not have been interested enough to further their knowledge or participate in a debate when presented with the opportunity. Participants said that the fact that no accreditation was given may have impacted the dynamics of the Facebook page. Possibly, if participation had been somehow accredited, participants might have been more active contributors to posts. Needless to say, some participants found that the Facebook secret page did not offer anything new, therefore felt that it harboured few learning opportunities. Moreover, participants also remarked that there was very little input from managers on the Facebook page, while most seemed unaware that managers were participants in the study too.

#### **4.4.2. Conceptual Category 2 – Organisational influences**

The organisational influence was the common component within this category. Focused coding in this category related to the participants' perceived issues about practice: their own professionalism, the manager's input and the organisation itself influencing informal learning and the development and upkeep of a community of practice.

##### *4.4.2.1. Psychiatric mental health nurses and issues related to practice*

The first code I shall concentrate on from this category concerns those issues the participants described as being related to practice, thus focusing on their professionalism. Here, I found that staff perceived themselves as being second class, of lesser acclaim and unfortunately this perception influenced their practice. I found that the issues could be sub-categorised as follows:

### *1. Traditional practices*

The nursing staff I interviewed believed that they were stuck in traditional, old-fashioned custodial practices, claiming that they felt they were embedded in an outdated system of practising mental health care. The participants described the current practice of their nursing care as being a system dictated by a hierarchy of management within the hospital, mainly medical professionals and individuals with little knowledge of mental health management. Other clinical and non-clinical professionals seemed to have a greater influence on the mental health service and running of the organisation than nurses. The participants believed that their opinion was overlooked by hospital management and that their education, expertise and professionalism were not respected. Two participants, Concetta and Emmanuel, described themselves as servile and menial, focused on tending to the needs of other professionals, especially doctors. One of the two participants, Concetta (narrative quote, p. 1), continued that "...nurses are expected to serve coffee and bring files". The other participant described this feeling as being very custodial. Nursing staff were not appreciated for their knowledge within the hierarchy of the organisation. Rather, nurses were often considered monitors for community service-users to explicitly prevent hospital admission or wardens when maintaining patient safety in hospital settings. This approach provided very little room for nurses to practise their training or be able to expand their competences.

The participants I interviewed mentioned that they felt subordinate to other professionals who formed part of the multidisciplinary team. Participants commented that they struggled to find a safe haven where they could act autonomously and be recognised as valuable professionals. This led to their professionalism being overshadowed by the belief that their work would constantly be subjected to negative criticism, making them feel belittled, with their valuable input disregarded. Carmelo described this frustration in his interview as following:

I think it is more to do with the dominance of the medical profession within the organisation... I think. They have completely ignored us and don't listen to us. It is

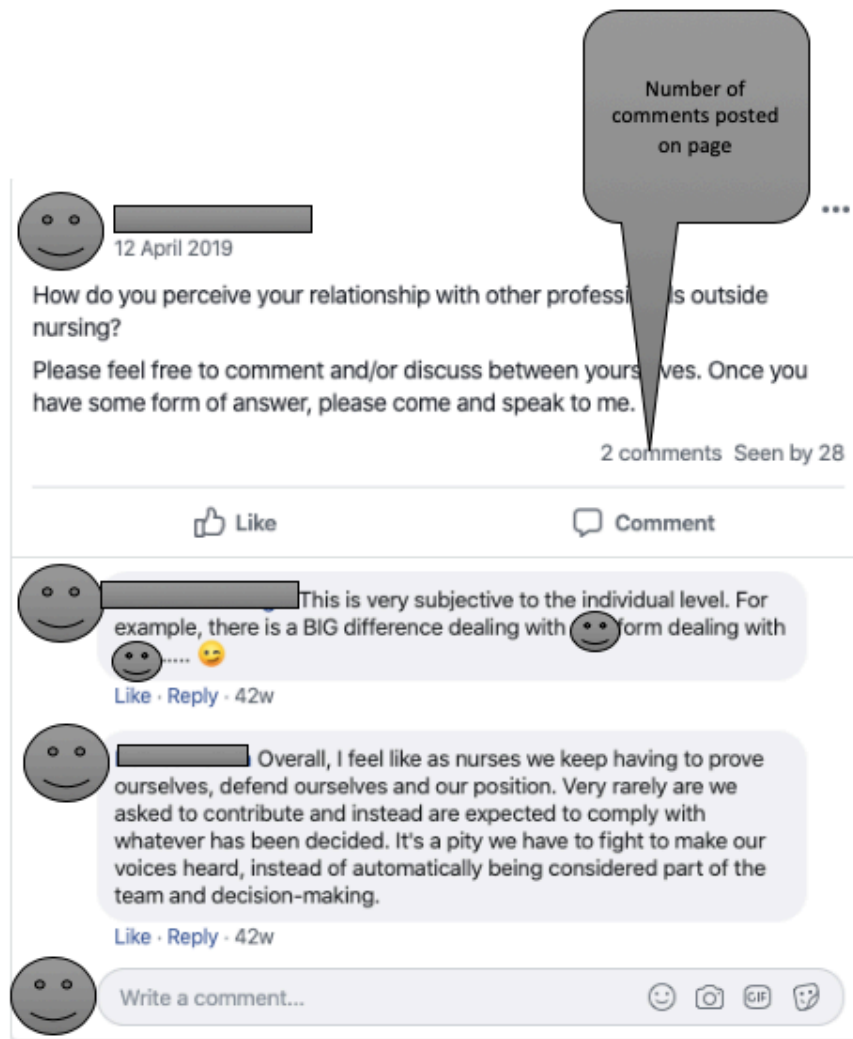


not just the management structure but the dominance of the medical model that I think keeps us back in certain practices. (Carmelo, narrative quote, p. 7).

Another example of the division between nurses and other professionals from the multidisciplinary team was when an untoward incident occurred at work and someone was injured. The participants noted the different attitudes when a medical or allied healthcare professional was injured compared to a nurse. It seemed that in the latter case, the nurse was ignored, their feelings disregarded, with the expectation that they had to continue with their job as though nothing had happened. This perception led the participants to believe that they were viewed as assistants rather than important members of the multidisciplinary team.

I questioned this further on the Facebook page. The responses I received reflect the sentiments previously expressed. The following screenshot, figure 4.3. captures this.

Figure 4-3.: Sustaining professional relationships



Demotivation and hopelessness made it difficult for participants to focus and reflect on their own experiences, precluding discussions on situations such as dealing with challenging behaviour or nursing difficult service-users. Participants seemed too demotivated to offer mutual support through discussion within a safe medium with other participants who might have had similar challenging experiences. Clearly, the participants were in a vicious circle, because without challenging one's own thinking and ways of working, change cannot be triggered, and outdated practices will continue to be endorsed by the organisation and remain present in the workplace.

## 2. *Professional pride*

Through the traditional practices prevailing at the institution, participants mentioned that they were constantly on the front line, constantly under fire, and felt that they were blamed for everything bad or negative that occurred with their service-users. This led staff to restrict themselves to a custodial nursing role and become submissive professionals. It seemed to me that nurses lost their sense of direction and autonomy which ultimately affected their professional pride. As a result, participants' decision-making abilities suffered. It became evident through the interviews that nursing staff were on the defensive and unable to justify decisions when dealing with the management of service-users, resorting to comments such as 'I don't know' or 'It has always been done that way'. The nurses often claimed that they felt disrespected and isolated and participants found it difficult to focus on their own experiences and reflect on them, therefore finding it difficult to discuss day to day situations such as dealing with challenging behaviour or nursing difficult service-user groups, even within a safe medium. However, it is pertinent to note that during their training, the nurses had to be inquisitive and question their own practice. Yet, once the training was over, they found it extremely difficult to voice their opinion with other professionals. This may indicate that nursing staff felt protected during formal training but unprotected once their formal training ceased, leading to their servility towards other professionals. This differed significantly from their formal training where they are urged to be self-motivated and use their clinical expertise to assert themselves within the hierarchy of the organisation.

As I have already disclosed in category 1, nursing staff felt hesitant when writing and it seemed that there was an element of apprehension associated with the placing of any posts or comments on a social media platform which would be viewed by a large number of people. Effectively, nurses may have lost their desire to be nurses, losing the "our spirit that makes us nurses" as one participant, Concetta (narrative quote, p. 2) put it. A number of participants

said that they would like to be more critical in their work and considered critical thinking skills as being an essential feature of Psychiatric mental health nursing.

In contrast, it was generally accepted that nurses knew best in many cases as they were very familiar with the service-users and would spend long hours with them. Interviewees gave me the impression that they were familiar with the dynamics of the system and were confident in determining the best option forward in service-user care. Being a relatively small hospital where everyone knows everybody else, staff, regardless of their professional background, all know and share personal information about other staff members. This familiarity may affect professional relationships, causing a blurring of boundaries, with nursing staff getting offended and going on the defensive if contradicted or questioned rather than remaining professionally detached. It struck me as a battle to determine who knows best rather than a service for the service-user, focused on patient-centred care. However, participants felt that in general professional working relationships did not affect delivery of care, and familiarity only became an issue in certain specific cases where boundaries were blurred.

### *3. Insufficient Human Resources*

Insufficient human resources affected practices. This concept was highlighted by participants as an insufficient number of skilled Psychiatric mental health nurses in employment. It is often the case that nurses with a general qualification working within mental health services would have had little exposure to mental health nursing during their nursing studies.

Essentially, this group of nurses work within mental health services for a number of practical reasons such as shorter commute, or the perception that mental health nursing is less intensive than nursing in a medical or surgical setting, or simply understaffing. This does not mean that all nurses with a general nursing qualification are unwilling to work and learn, but

it was clear that participants perceived them as there only for their wages, with a reduced level of engagement with service-users.

Insufficient human resources may have eaten away at time for reflection and critical thinking, therefore forcing nurses to follow more traditional and custodial practices. The fact that nurses with only general training could be employed within what was considered by participants as a specialised setting, resulted in specialised nurses doubting the value of their own training, knowledge and professionalism, leading to the belief that their specialisation did not amount to anything. Participants remarked that the employment of underqualified nursing staff resulted in people not appreciating the difficulties encountered when dealing with issues pertaining to mental illness. For example, Katarina described the difficulties she encountered with skill mix as tiresome, belittling and demotivating:

...you start to lose the desire to be pro-active... always fighting against the grain. Then you start... then I start to feel that I come to work to do something for the patient, only to come the next day and I find it being done differently [the traditional approach], though I have documented my intervention, stating reasons why the intervention should be done differently. For example, teaching a skill to a patient. For example, the simplest of things, how to bathe themselves independently. So, when a patient is at home, the patient manages to bathe independently. But when hospitalised she wants us to bathe her. As to encourage independency, I urge her to bathe alone, even if it takes a longer time to complete the task. Yet some of my colleagues [who are from the general nursing camp] assist her to bathe. So, I start to question, if she manages to do this independently at home, why does she want me to wash her while she's here [as an in-patient]? Then, I start to wonder, why am I the only one that questions her actions as other colleagues just get it over and done with. Then I end up feeling I'm the outcast, constantly challenging the perception of others. (Katarina, narrative quote, p. 6).

Another example was given by Shirley who remarked that nurses who came from a general nursing camp were unaware of the legal implications of working in compliance with the local Mental Health Act and of the role nurses play as formal members of the care team. Here it is clear that limited ability and limited knowledge affected care, with less focus on a patient-centred approach and more emphasis on maintaining safe practice:

I have noticed that many individuals who work in the hospital are not aware and do not know enough on the local mental health act, especially the newly qualified

general nurses. So, they would not know what a particular form is (nor understand the implication of employing that form) so they would not know what it entails (as the nurse is often the keyworker and is responsible for the service-user's well-being), that there is a care plan which needs to be followed and what happens if the care plan is not adhered to. You have to ensure that the person understands [the implications of being a key worker of someone with a serious mental illness], otherwise you struggle, and something might happen if they do not understand. (Shirley, narrative quote, p. 4).

Some of the participants suggested that staff cannot just be allocated to particular areas to plug gaps but may need to be specially selected and given training to help enhance their clinical competency within that area. One of the participants, Saviour, described the feeling of unease and disgust he felt when he found a random group of nurses wandering around his ward, a specialised care ward for young people. When he asked questions about the scope of their visit, this group of nurses claimed that they had been instructed by upper management to visit the ward to familiarise themselves with their upcoming placement. He found it rather insulting that nurses with no prior knowledge of or training in mental health were randomly allocated to a highly specialised unit and indicated that the new recruits themselves were shaken. He continued...

Two [of these nurses] started crying... they said that they had started their work in geriatrics and then they were sent here, to the section which is specialised and is acute and they are going to work here! I thought to myself 'Is the organisation going to send you to work here after only being exposed to geriatrics? There was no regard to competency... (Saviour, narrative quote, p.4).

Nevertheless, the situation is much more complex than described here. At present, once a general nurse qualifies or is registered as able to perform her/his duties competently as a nurse, s/he is registered and approved by Nursing and Midwifery Council. More often than not, the nurse will be employed by the state and will be allocated depending on staff shortages in particular areas. This is not the case for those nurses who specialise in a specific area but is common for nurses with a general qualification. This practice does not consider nurses' knowledge and competencies. Another participant observed that there are no key performance indicators and other clinical indicators to evaluate a nurse's level of

competency. The participant remarked that a nurse is not questioned about their participation in continuous professional development training and there is nothing to regularise or monitor learning outcomes from these sessions, if attended. One's registration and employment will only be questioned when something goes awry, an inquiry is held and the nurse might have to justify their actions. The absence of key performance indicators suggests that nursing staff may be allocated to areas they might not be competent in, therefore impacting the level of care provided.

#### *4.4.2.2. Organisational issues that may impact learning and community of practice*

This focus code was an unexpected find which I achieved through critically looking at the data I had gathered. I had not anticipated that informal learning and working in collaboration to cultivate a community of practice were dependent on the organisation. However, the organisation which employed the Psychiatric mental health nurses who participated in this study clearly affected informal learning and the possibility of forming a supportive online network. This occurred because a number of participants found it difficult to challenge the current state of affairs and found it extremely difficult to change practices. The participants commented that they preferred to comply with traditional practices which were possibly instigated by the organisation. It appeared that upper management placed great value on current practices rather than appreciating evidence-based approaches. In fact, in their interviews two participants described how the organisation may keep nurses from progressing further. Marianne described this as:

...it sometimes happens from those who have been in the service for some time. To be honest, I don't feel comfortable in telling them otherwise, as experience teaches them valuable lessons. In addition, there were instances where they would complain to management when suggestions were made to practices... management supported them (Marianne, narrative quote, p.11).

Meanwhile, Concetta described this feeling as:

It seems that nurses have brought it upon themselves to remain in the side lines. It could be influenced by management and the organisation, where the medical hierarchy determines the outcome of care or it could be influenced by the management where the manager prefers to be led rather than be a leader. Also, there are those that prefer to remain silent in fear that they say something that the consultant does not agree with and are mocked about it. As already said lack of knowledge [academically], lack of adequate information about the patient and not being assertive leads to lack of feedback and ill-practices by nurses. But the organisation does not encourage you to learn. I guess, it [being the organisation] is afraid to create leaders and is now is being led [by the medical profession] and those who do not have a clue. (Concetta, narrative quote, p. 3).

Likewise, it transpired that lack of direction within the organisation also had a significant effect. Participants noted that the organisation lacked an ethos, with no proper guidelines, policies and operational procedures. The absence of guidelines resulted in nursing staff developing their own informal practices, which differed between various areas. In a particular interview, Georgina described her actions as a Psychiatric mental health nurse as overcautious. She commented that she could no longer keep trying to change practices, thus conformed with practices she did not approve of. Over the course of her career, she became extremely rigid and guarded out of fear that she might be accused of being incompetent. She explained that there were no formal guidelines to assist her in decision-making, further fanning her overcautiousness. Georgina, who was clearly so distressed that she *whispered* this during her interview, recalled one of the many instances where she was reprimanded by her manager for effectively de-escalating an attack by a service-user. She was alone at that time, as there were not enough staff on duty, could not seek the necessary help and there was nothing offered by the organisation to guide her. Georgina continued that whilst she understood that management might have had her welfare and safety in mind, she was not offered any support. It appeared to her that the organisation was more concerned about protecting its reputation. She said that there was nothing to guide her and she felt isolated from the people who should be there to assist in such situations. Another participant, Katerina, supported Georgina's view of the organisation when she said "Nobody comes to



praise you for a job well done, nobody. And people only show up for the bad things only, to come and tell you off.” (Katerina, narrative quote, p.10).

Marianne, another participant, said that in her opinion policies designed in compliance with the law should be published, as the law was often misinterpreted and at times posed unnecessary restrictions on practice. She described instances where service-users abused the service and were often admitted repeatedly, aided and abetted by the absence of an admission policy. They abused the service provided by the organisation, the kindness of the nurses and the vulnerability of other service-users. The law does not offer any clear guidance on this issue and upper management seems too scared to make the decisions necessary to reduce this form of abuse. Therefore, it seemed to me that these nurses craved support. They would immensely appreciate the opportunity to improve their practice and get the required support in difficult situations, but instead were working in isolation and frustration and had little hope of change, which influenced their enthusiasm.

Additional factors related to the physical context also seemed to impede learning and development of a community of practice. Nursing staff reported that there were financial constraints leading to poor infrastructure, which affected nurses’ morale and motivation.

Katerina (narrative quote, p.8) said in her interview “The environment does not help at all, it is depressing and ugly... it is really depressing...” implying that the poor infrastructure itself does not inspire her to be motivated at work. She continued that this might be resolved by the opening of a new Psychiatric Mental Health Hospital and revamping the service. She suggested that revamping the service could lead to a positive change in attitude and hence morale. She said this while drawing on her own experience, where she had experienced a positive change in attitude when she was still a nursing student. At that time, a new general hospital was about to open. The drive to change, to introduce new policies and procedures, to learn more so that nurses could provide a higher level of care within nicer and safer

infrastructure had impressed her. She had observed a positive change in attitude, which led to policies and guidelines which in turn helped the implementation of change. It seemed to me, judging from her comments, that the mental health services need a new environment to improve, dissociating themselves from the current poor infrastructure and practices currently prevailing within the mental health services.

#### *4.4.2.3. The manager's input impacting a community of practice*

Participants seemed to crave their managers' support. Several participants gave similar examples to define their concerns about their superiors. Participants commented that there was a current management drive to introduce agency nurses to meet the need for additional staff to perform elevated supervision duties. However, agency nurses have insufficient knowledge of mental health issues and a lack of cultural appreciation. Moreover, participants reported difficulties in communicating with the agency nurses in English, even though this particular cohort of nurses was chosen purportedly due to fluency in English. The participants were of the opinion that it was ridiculous that a person requiring special supervision was being observed by someone who had difficulty communicating effectively and managers were conscious of this dilemma. Another example offered by the participants concerned instances when staff sought the advice of managers on challenging situations where they felt out of options. The participants raised their concerns and difficulties with their managers and felt that managers did offer support as best they could. Some participants said that there was an open communication pathway between managers and themselves as they could always access their manager. However, no standardised procedures were followed, therefore different participants had received various outcomes where managers dealt with similar situations completely differently. It was also noted that managers' support differed between

the various parts of the hospital and from one individual to another, therefore being rather inconsistent.

The participants acknowledged that certain differences in managing concerns could be attributed to differences in managers' academic knowledge and experience. Participants drew attention to the fact that most managers working within the mental health services were not trained in Psychiatric mental health nursing and/or lacked an academic qualification in management. The manager's possible knowledge insufficiency impacted the outcome of a situation, adding to the distress and sense of hopelessness experienced by the participants. It was clear that support was offered on a case by case basis and was not consistent.

Participants also perceived that managers themselves struggled to be proactive because upper management failed to offer them support. I discussed this particular finding during an interview with a manager. This person told me "We can't help someone if we are not equipped and supported [ourselves]." (I have decided not to identify this person's gender to protect the person, narrative quote, p. 3). Furthermore, this person also observed that managers' own shortcomings and the majority of the issues mentioned by the participants led to a feeling of apathy in the mental health services. This resulted in managers having to resort to an autocratic or crisis management model to help manage particular challenging instances. As for agency nurses, this person reported that the safety of service-users was paramount and there was simply no alternative to the employment of agency nurses to compensate for the lack of nursing staff within the hospital. These statements indicate that managers themselves are struggling within the organisation.

The resulting sense of helplessness and apathy compromised one of the aims of this study, which was to create and cultivate a community of practice between participants. This was unexpected during study design as I thought that an online medium of support would be helpful.

#### **4.4.3. Conceptual Category 3 - Moulding an online community**

This category involves issues related to their own practice and the path from formal to informal learning. For the purpose of this category, these shall be discussed together as these became inter-dependent as a finding. This was discussed under the heading paving the way, from formal to informal learning and its influence on practice.

##### *4.4.3.1. Paving the way - from formal to informal learning and its influence on practice*

The Facebook page was a space for reflection, intended for both personal and group informal learning. However, it seemed that the lack of personal contribution to the group was a dominant factor in the success of the group, specifically the generation of support between the members of the group. The participants agreed that support can be sought through a Facebook page and from each other, and that a Facebook group can inspire further knowledge and trigger a different understanding/perspective. Yet, for this to be successful, it was dependent on the willingness of the participants to be active members. This was not achieved within this study. The participants I interviewed preferred face to face rather than online interaction, possibly because they feared ridicule and judgement should they voice their opinion on an online written medium. Possibly, face to face discussions or group discussions might have yielded a different outcome. There also seemed to be a level of wariness between the members, depending on the messenger rather than the message itself. For example, when voicing one's opinion in a community where there is a mixture of novice and more senior staff, the opinion of a novice might be viewed differently from that of a more experienced person.

In his interview, Paul said that the physical environment was not conducive to learning. He said that the old Victorian building, an unattractive working environment with its huge

physical limitations such as damaged ceiling and overpopulated wards, did not encourage one to further one's education, let alone participate in a community of practice.

Due to the issues mentioned here, there seemed to be very little online contribution and interaction, with no observed positive effect on group cohesion. It could be that the idea of using social networking sites as a medium for informal learning and to cultivate a community of practice is still in its infancy. So, while the participants commented that using the Facebook page often inspired a thought or helped them refresh their learning, it may have not significantly harnessed informal learning and did not help the participants feel less isolated, so they continued working in silos with little support.

Something that I found interesting was that older participants commented that millennials – sometimes referred to as younger members of staff - were more familiar with social media. While this had its benefits as nursing staff, especially younger ones, knew how to navigate the various social media platforms, it also created isolation. Some of the older participants commented that the new generation of nurses found personal interaction difficult and preferred interaction through their mobile devices. Social media may be a means to connect with a wider set of individuals thus broadening knowledge. One may find it easier to share personal information in a social media context, but this has its repercussions: the absence of face to face interaction may reduce empathy and make the therapeutic relationship poorer. As Emanuel (narrative quote, p. 1) told me during his interview “I guess their demise is the mobile; they would rather communicate with the mobile rather than interact with the patient.” Facebook groups with less than 250 participants have, near the comments section, what is referred to as a ‘seen’ number. This indicates whether a post has been seen by its group members. A ‘seen’ post does not necessarily mean that a post has been read or understood, even when the ‘seen’ number seems to indicate that most of the participants have seen the post (Facebook, n.d.). For example, in Figure 4.4. it appears that 28 members of the group

have seen the post, but they might have just opened the notification and barely looked at the post at all. Of course, it might also be that 28 participants did read the post and thought about its contents but chose not to 'like' it or comment on it.

Figure 4-4.: An example of a number of seen posts



Although the above comments made by the participants might seem negative, participants still felt hopeful about informal learning gained by accessing the group. Some participants who had previously commented and participated in the group remarked that certain posts inspired them to challenge their own perceptions and assumptions, reflect on their practice and understand the post's implications for delivery of care, such as understanding the implications of a particular medication and its side-effects.

An example of these mixed feelings was provided by Georgia (narrative quote, p. 2), who said "...sort of the fact that you are receiving feedback on something that you asked, erm, I really appreciated that. I was a bit apprehensive but in a good way."

#### **4.4.4. Conceptual Category 4 – Paradox of an organisational culture**

Through the process of coding I realised that there were a number of underlying issues and situations that needed recognition. This shed further light into categories I had described previously. This category places the findings from the initial and focused codes into a much wider context. I found that this category merges the other categories thus explaining the relationships between them collectively, understanding the underlying issues that have been described elsewhere.

##### *4.4.4.1. The desire to change or to remain inert*

The participants I interviewed wanted change, yet, there was very little motivation to change or push for change. This may have been influenced by the hierarchy of the organisation, notably the work carried out in isolation that nurses, managers and upper management perform. Clearly, communication barriers exist between members of staff, regardless of their settings or status, causing a series of rifts. This was clear during the interviews, during which some participants mentioned that there seemed to be a divide between wards and areas within the psychiatric mental health services. This may have led to the failure of the Facebook page in creating a sense of community between its members. Concetta provided an excellent description of this when she said:

I believe that the Facebook page failed to create a sense of community between the members because all the members were from different wards. Yes, we are all 'friends' but unfortunately in this service, every nurse believes that 'her ward is the most important', 'her ward has the worst workload' or 'that without her ward the service will stop functioning'. If everyone realises that all the wards and services are important and function in different ways for different aspects and that they are all



interrelated to each other the hospital will reach its goal and the Facebook page would be a success. (Concetta, narrative quote, p. 3).

A similar situation existed within management, where participants expressed their thoughts that managers do not communicate between themselves. The lack of communication created a lacuna when discussing sensitive issues. Staff commented that issues remained pending and nurses kept having to repeat themselves to a different manager. Working in silos meant that managers themselves were working in isolation or working in the dark, not being informed about upper management's plans.

The desire to not alter practice may be a consequence of the theory-practice gap and the lack of critical thinking. I came across instances where formal learning did not necessarily transfer into work situations where the application of formal knowledge could have provided an understanding of life events. Thus, nurses dithered when trying to apply evidence-based practice in their workplace environment. For instance, only three participants were able to recall a debate where a memo regarding loose tobacco was discussed. In this memo, nursing staff were instructed - without any reason - that loose tobacco should no longer be permitted in in-patient services. One of the participants, Paul, told me that he was shocked that not everyone could see the impact this would have on service-users and explained how very important it was for nurses to appreciate a patient's financial situation. In this case, buying cigarettes would be expensive for a service-user who lived on benefits and could result in the service-user opting to maintain his/her habit rather than maintaining a healthy diet as s/he could not afford both. Here, Paul was able to use his formal knowledge in a practical work scenario. He told me that other participants and his fellow colleagues struggled to comprehend the wider context of Psychiatric mental health nursing, thus encountered difficulties in realising this memo would cause a problem. In Figure 4.5., two snapshots of the post and conversation from the secret Facebook page is provided to depict this finding.



Figure 4-5.: Snapshots of post regarding loose tobacco smoking

  3 October 2018 ...

What are your views about the attached memo in relation to loose tobacco use at mch?

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**INTERNAL MEMO**

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**To:** All Staff  
**From:** Chief Executive Officer  
**Subject:** Restrictions on the Use of Loose Tobacco  
**Date:** 3<sup>rd</sup> October 2018


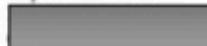
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Staff are requested to note that with immediate effect, the use of loose tobacco will be strictly prohibited in all hospital grounds.


Strict surveillance will also be intensified in wards/units and only sealed packets of cigarettes will be allowed.

All members of staff are expected to adhere to these restrictions. A Very serious view will be taken for failure to abide by the above.



I trust in your cooperation.

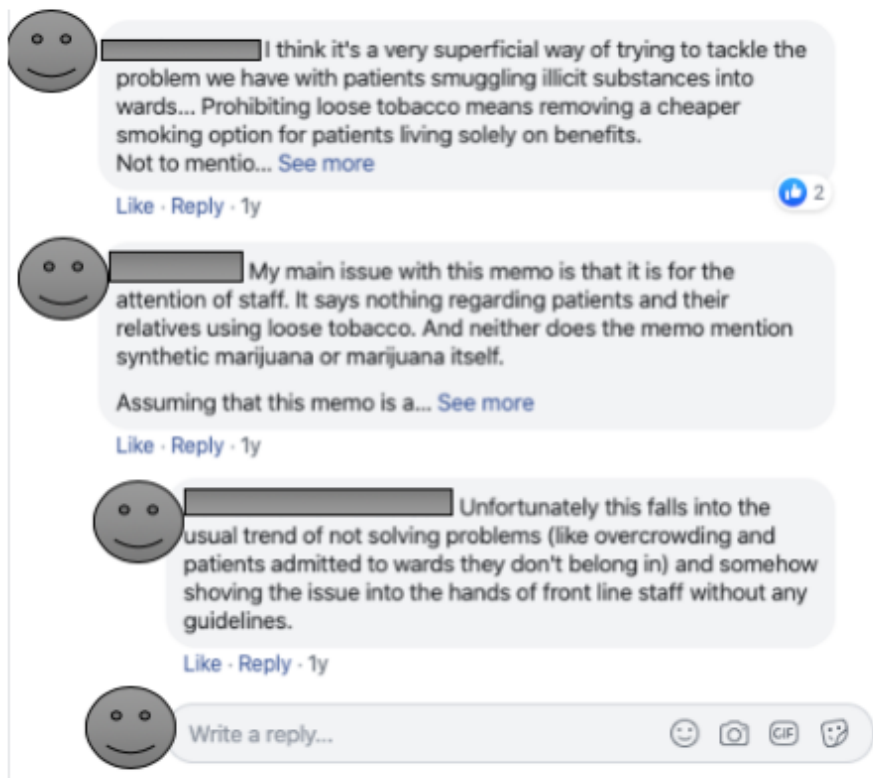
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 1 12 comments Seen by 20

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 Like  Comment

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I thought a lot about this issue and consider it plausible that engaging in formal training to become a psychiatric mental health nurse does not offer people the tools to change, but rather it provides one with a qualification, leading to a higher wage. Some participants were in agreement with this finding. In addition, it also seems that from the training institution's perspective, that it from the institution offering the course to become psychiatric mental health nurses, their priority was to have as large a cohort a possible, rather than equipping psychiatric mental health nurses with the knowledge and confidence to excel at their job. My opinion was supported by the participants, who also thought that the training was more about quantity than quality.

An important observation is that the Maltese mental health service is undergoing a reform. In 2019, the government introduced the mental health strategy 2020-2030 where, equipped with knowledge, change can occur (Office of the Deputy Prime Minister, Ministry of Health,

2019). However, I am of the opinion that services and individuals within the mental health arena are unprepared for the drastic changes that are envisaged. The nurses working within mental health seem to have an ingrained resistance to change; I believe they have informally adapted to conform with a system they might privately disapprove of. By virtue of conforming to a failed system, staff feel indifferent and too demotivated to support new practices. Staff have therefore become dismissive of implementing evidence-based practices within the organisation, where support is not offered. It may be that nurses need to be spoon-fed by the organisation to start the ball rolling to instigate change and possibly alleviate these feelings. As Carmelo said:

If I don't feel at peace with the organisation or I don't feel that the organisation is supporting me we go back [to traditional practices so] why should I waste my energy [if I am being ignored]? Many still do it [try to argue with the organisation for not supporting them] but I think that slowly ... slowly, this sense of apathy is not helping, and it is not helping as the employee who continues to interest themselves and tries to improve the service ... the level of care [is poor] and I become easily disheartened. (Carmelo, narrative quote, p. 6).

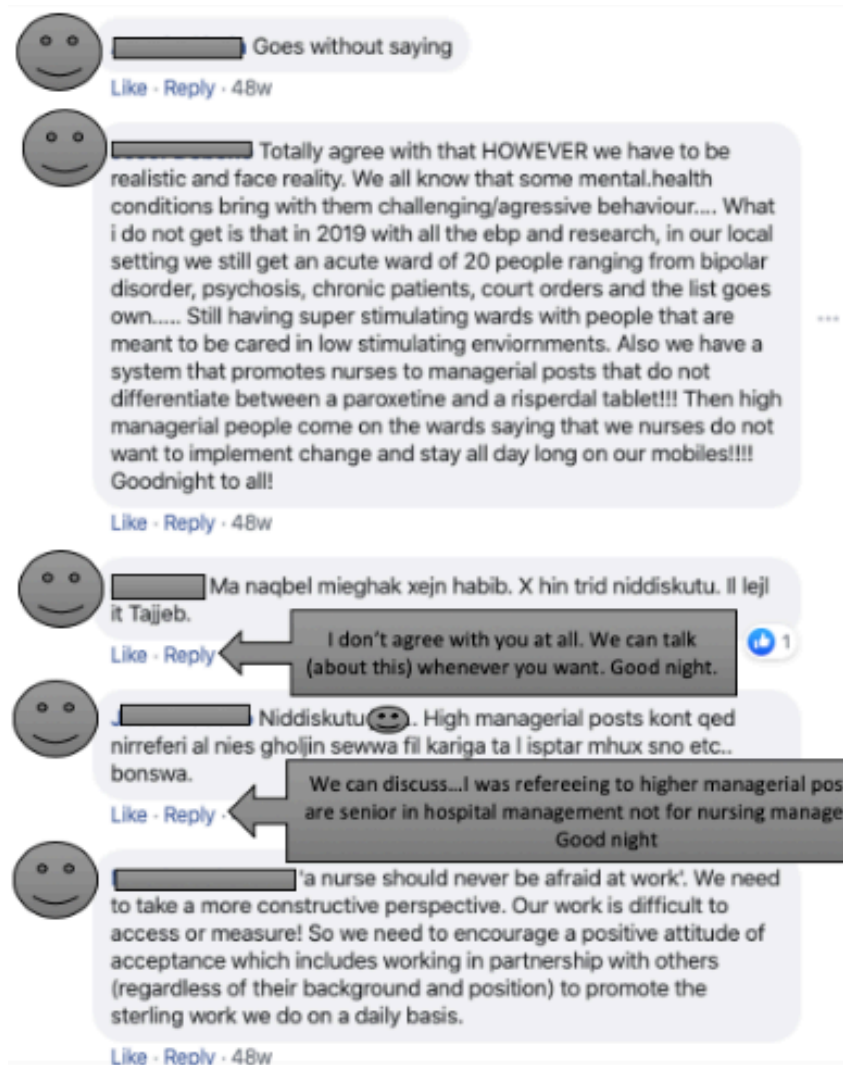
#### *4.4.4.2. Familiarity*

The local psychiatric mental health services are considered to be a small, tightly knit community, where everyone knows each other; this is often considered advantageous. Yet, familiarity may hinder the cohesion between staff. I inferred this from the observation that little information was shared amongst participants in my study. I found that sharing information was considered by participants as exposing oneself, and could possibly be considered offensive by other colleagues, thus participants preferred to err on the side of caution. This may have been due to familiarity with one another; therefore, participants may have regarded information sharing as exposing themselves and placing themselves in a vulnerable position. I believe familiarity led to blurred professional boundaries, and also observed that there seems to be an element of lateral violence amongst nursing staff. When I

interviewed staff, they had informed me that they might not feel comfortable disclosing information in fear of being reprimanded. When I sought clarification on this, one participant told me of the difficulties she encountered when space for newly admitted patients would be available in a specialised unit, but the person in charge intimidated her into admitting the patient into a general ward. This form of intimidation is considered lateral violence.

Lateral violence was conspicuous in a particular Facebook post. The post consisted of a quote stating that violence and aggression should not be tolerated. Whilst the first comment agreed with the quote, the next comment expressed the difficulties experienced in in-patient settings where there is a mixture of patients and little support from higher management. What was interesting was that this participant felt the need to say 'good night', reflecting the time the comment was posted. The third participant went on the defensive, stating that he disagreed whilst offering to discuss further. To cut short the dispute, this participant also said 'good night' which may have given the impression that the discussion was terminated. I later met the person who had raised the second post who disclosed that the response received made this person feel uneasy, threaten and somewhat belittle. Opting to not further debate the post came from a source of lateral violence. This discussion is shown in Figure 4.6.

Figure 4-6.: Discussion post dealing with lateral violence



Reflecting back on that particular incident, I believe it affected communication between members from then on, which may have contributed to the failure in launching a community of practice. Staff may have felt intimidated by the response and chose to detach themselves from the study, therefore did not comment on any other posts. Whilst I was writing up my findings, I recalled speaking to a fellow colleague who participated in the study. Without any prior knowledge of my previous observation, the participant told me that coercion was a prominent feature within the nursing culture, especially from managers. He continued that

bullying had been present for quite some time and seems to reflect a dearth of knowledge in this group of managers. To him, coercion resulted in getting the job done irrespective of whether it was done effectively or ineffectively. It disregarded a patient-centred approach or the context of the setting or other factors such as being short staffed or being unprepared for work allocated at short notice or a lack of support. On a more positive note, another participant, Maximus, suggested that the manager might be using lateral violence to prevent possible repercussions. What was perceived as lateral violence or a threat at that particular moment in time could have been well-intentioned, the manager trying to instruct the person – albeit with very poor communication skills - to react in a particular manner or go in a particular direction so as to prevent possible future repercussions from higher up. Recalling the previous interview with a manager where that person had remarked that they themselves needed to be supported, it seems to me that the notion of support is needed throughout the mental health services, at all levels. Support, just like anything else, has a ripple effect. Upper management needs to support managers and managers need to support nurses. Lateral violence was present within the entire mental health system and, just like support, it too has a ripple effect, negatively influencing nursing practice.

#### *4.4.4.3. A blame culture*

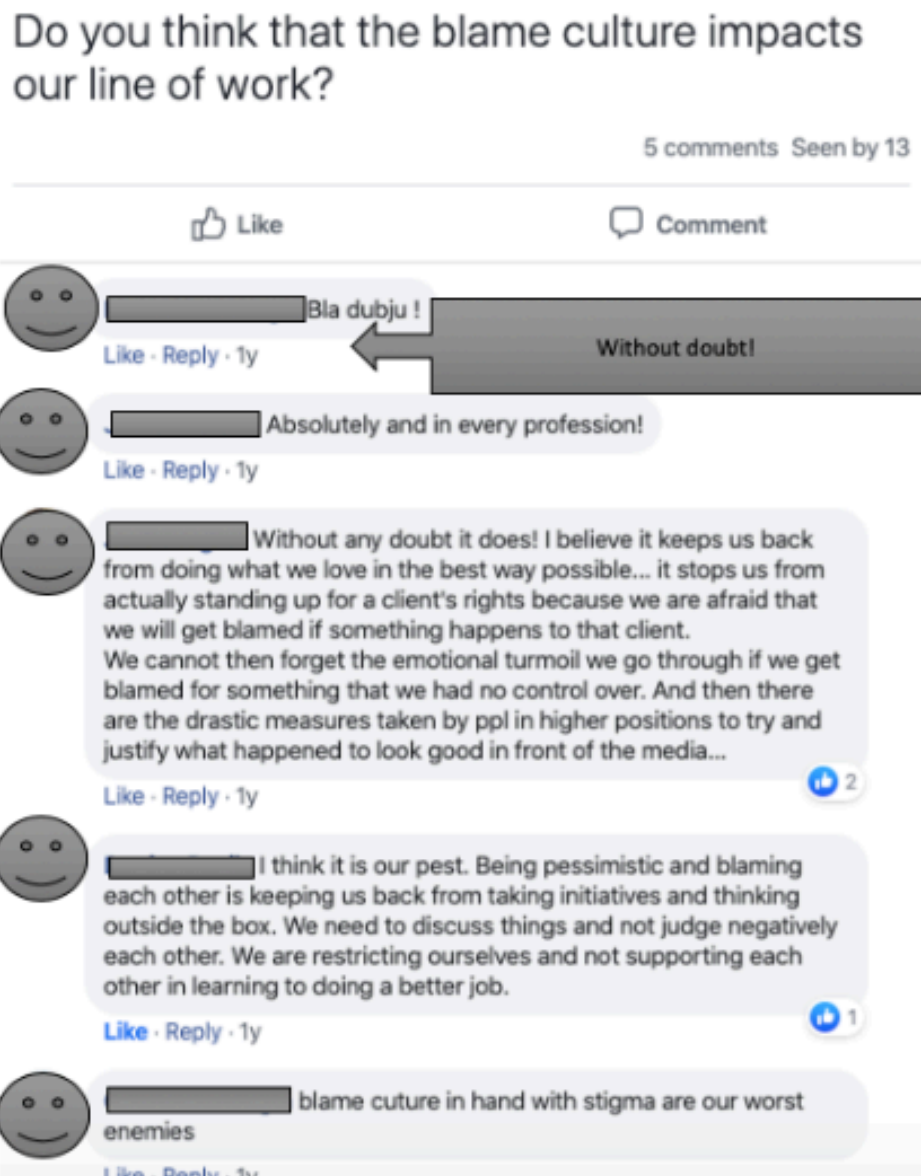
The fear of being blamed was a crucial point discussed by the participants I interviewed. Disorganisation and a lack of ethos and guidelines may have increased the possibility for nurses to be subjected to a blame culture. Staff reported that by writing something on an easily accessible online medium, they could be misinterpreted and blamed for not supporting the mental health service's unwritten norms of practice. The blame culture led to a reduction in self-confidence that was reflected in their clinical practice, as they doubted themselves and

had an inordinate fear of being blamed if they instigated changes in practice and an untoward incident then occurred.

The fear of being blamed may have left staff feeling distant from the service user. Concetta, who told me that she had been exposed to work in a variety of mental health settings, said that she noticed that staff were distant from the service users and there seemed to be a lack of empathy. In her view, empathy should prevail within the profession, then extending to empathy towards service-users. Another aspect that according to Julia may result in a servile and menial response from nurses was that almost every decision had to ultimately be a manager's decision. Julia described a situation where service-users' access to a garden was severely restricted due to security concerns, and instead of fixing the security issues management preferred to take the easy way out and restrict access without any consideration for the wishes of staff and service-users. This situation made her feel powerless.

As noted in a particular Facebook post, blame culture seems to be a dominant feature within mental health settings. The participants commented that blame was seen as impacting one's work. One participant commented that blame affected the way nurses advocated on service-users' behalf whilst another said that blame prevented nurses from practising critical thinking. This can be seen in Figure 4.7.

Figure 4-7.: Discussion post dealing with blame



Alexander spoke about difficulties in being blamed when there was no guiding principle to assist in decision making:

... there was a case of a patient wanting to smoke regardless that he was under aged. The staff did not want to give him any cigarettes. He is in the specialised area for young adolescents, they did not want to light his cigarette as it is illegal and prohibited that a person under the legal age to smoke, that the nurse who should be caring for the patient, is doing something illegal and could be charged. The patient became aggressive towards the nursing staff. He ended up in secure unit and there he could smoke... there was nothing to guide the nurses even though there is the law. (Alexander, narrative quote p. 8).



It is clear from Alexander's account that the lack of guiding principles resulted in staff resorting to procedures that might not reflect their work ethic. Fear of being blamed hindered staff from being creative to possibly seek alternatives to deal with particular situations. What struck me was that Alexander described the incident as a double-barrelled situation. The nurse was obeying the law in not allowing the patient to smoke. This resulted in the service-user becoming aggressive, destroying the environment the service-user was in and placing staff in jeopardy. In such a situation, blame was practically impossible to avoid: the nurse would either be blamed for allowing a person under legal smoking age to smoke or would be blamed for not making a concession to a service-user resulting in the service-user being transferred to a secure unit. The nurse was caught between a rock and a hard place with no way out, as staff were never given the opportunity to discuss these situations with management or other professionals. To avoid this kind of situation, the participants suggested that there should be structures in place to support staff and cultivate an environment where opportunities are offered to try out new practices and help each other grow as professionals. Encouraging nurses to work in collaboration will improve communication, establish relationships, instil a sense of worth and create room for reflective practices to cultivate a community of practice. This creates a space, regardless of the medium, to share information and through that sharing, informally learn from one another to harness a sense of learning and sense of community.

#### **4.5. Additional limiting factors**

As part of the research questions drawn from the initial codes, I asked if the Facebook page sustained informal learning and increased participants' knowledge. I found that staff felt that the Facebook page did help increase their knowledge and was a viable route to accessing information. However, reading through the transcripts, I found that most participants were not very forthcoming. Whilst some participants were able to mention posts which they found of interest, such as those on elevated supervision and on the importance of maintaining a healthy diet, most of the participants found it difficult to recall details of posts which they felt they had learnt from. I also observed that most participants were apathetic towards their own learning and could not appreciate practical issues such as understanding the need for continuity of care from an in-patient setting to a community setting, the need to be compassionate individuals, and the importance of professional well-being and professional growth. As discussed in Conceptual Category 2 with regard to professional pride, nurses believe they are thought of as servile and menial by other professionals, especially doctors, unconsciously implying a gap in knowledge between professionals.

Use of mobile devices may have affected work performed in the various mental health services. Whilst social media may have brought us closer to others, looking down onto a mobile screen does not boost participation in social interactions. Unfortunately, it seems that most of the participants have become immersed in social media and use superficially. The importance of social interactions is the underlying principle of the practice of Psychiatric mental health nurses. As Emmanuel (narrative quote, p. 3) said, "We need to be proud of what we do."

Using alternative methods to harness learning opportunities needs to be supported by the organisation to be effective. The participants I interviewed identified that the organisation needs to revisit practices to encourage a culture of change where service users become the

focus of care. Through changing practices, a sense of teamwork can be established which will ultimately improve care delivery. Restricted by their limited ability to practise critical thinking, participants found it difficult to establish which current practices they needed to improve. The idea of changing practice was only discussed in the first post, in which I had raised the topic of elevated supervision. This, sometimes referred to as constant supervision, is a method where a nurse is assigned to a service-user to monitor every movement. Here, I had asked the participants for their opinions: whether this practice should be allocated only within an in-patient or a community setting. The dynamics of this conversation were encouraging as participants were willing to share their views, but the debate focused on commenting on the current system, and I noticed that participants were having difficulty thinking outside the confines of their work setting. I observed this throughout the other posts as well, and it was also evident during the interviews. Most participants were taken aback when I asked what practices they thought might be improved to become more reflective of current trends in mental healthcare. It seemed that participants were so demotivated and disempowered that they could not challenge their own thinking patterns, thus were not employing critical thinking skills. In the light of this observation, I sought to enquire through the Facebook page if participants were willing to share their thoughts on the topic of disempowerment. I offered them various options to be able to communicate with me to share their thoughts, by using either the Facebook page or the Facebook messaging service or by contacting me privately. Only two participants answered, using the Facebook page. They noted that the nursing profession could never act autonomously as nurses formed part of a wider context. One participant described difficulties encountered when seeking medical assistance to discharge a service-user, underlining that it is ultimately the doctor who makes the decision, concluding that there was very little use in being motivated as ultimately the decision lay with another health care professional. The other participant stated that one

should not be considered a dogsbody, yet this is a natural consequence of a looming fear of being blamed, which severely hinders critical thinking through fear of being held responsible. These factors inhibit professional growth, reducing critical thinking and leading to demotivation and disempowerment within the nursing population of the hospital. It is hoped that through changing practices, one would not have to focus only on individual learning through informal measures such as sharing of knowledge and reflection, but also on providing sound, reliable, evidence-based guidelines and policies to encourage a culture of teamwork and sense of belonging.

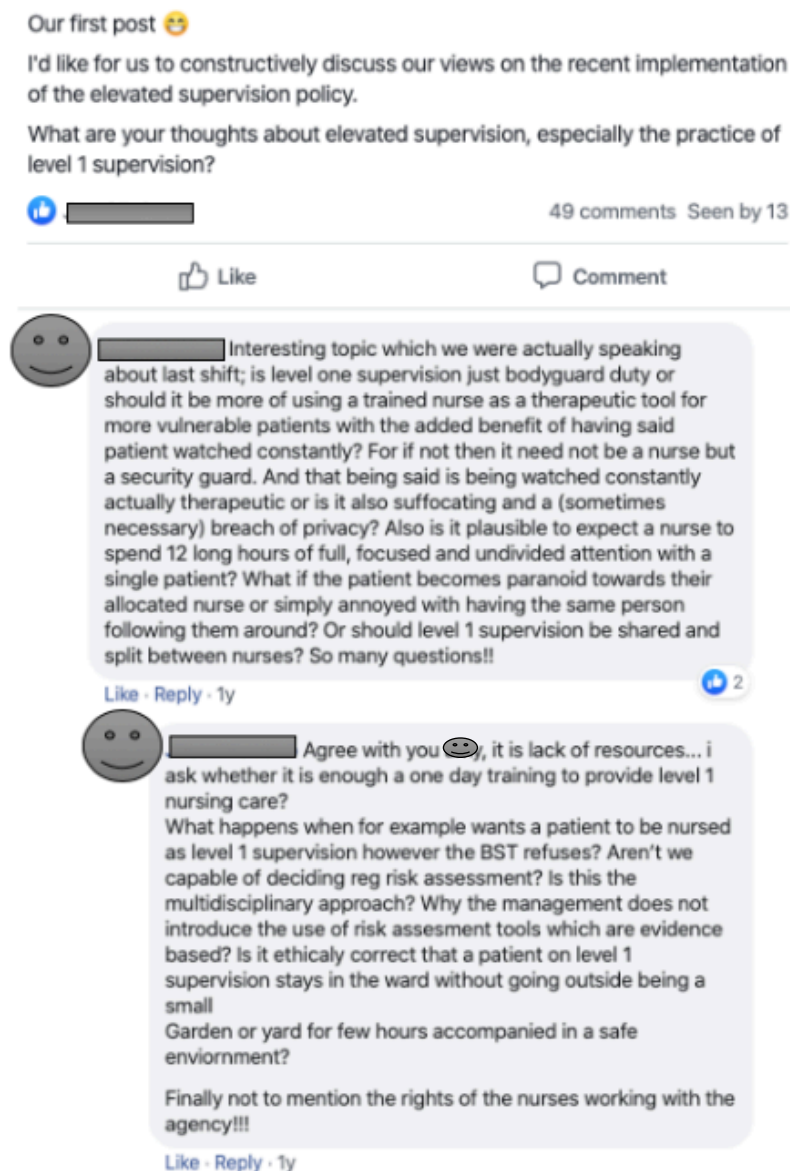
#### **4.6. My personal reflections on the presented findings**

My findings have radically changed my perspective on the subject I researched. My initial thoughts postulated that learning and creating a sense of community amongst the members of the secret Facebook page would be something the participants would find attractive. I firmly believed that learning and support can occur despite the context of one's place of work, and I wanted to delve further into this. I came to the conclusion that an online social media platform would be a good way of doing this. As described elsewhere, I expected that this would harness informal learning and offer an opportunity to cultivate a community of practice amongst its users. It offered a practical and convenient way for the participants to access learning opportunities without having to access a formal institution or undergo formal training. In addition, I was also of the opinion that cohesiveness amongst the members of the group would increase and the platform would act as a supportive network amongst the participants. This approach was independent from the organisation and outside its confines, therefore possibly offering the participants a virtual room as an informal context for learning. I had thought that by providing them with this innovative approach to informal learning, participants would be encouraged to pursue their own learning and cultivate a community of

practice. I hoped that using this novel approach in the local setting might motivate the psychiatric mental health nurses I worked with, and if so I could launch the project to a wider network.

I was pleased with the response to my call for participants, as I had managed to attract a number of individuals working in various areas within the mental health services. The secret Facebook page for the ‘Psychiatric and mental health study group’ was created on the 21<sup>st</sup> February, 2018 and a week later I posted the first post. This post was successful because a number of participants contributed to the discussion: participants from various areas shared their views and debated the post. Therefore, I hoped that my aim was achievable. The first post that was raised through the Facebook page can be seen in Figure 4.8.

Figure 4-8.: The first post



I had not realised, at that time and as the findings indicated, that the participants had encountered several workplace situations which hindered them from becoming more proactive, and that support - an essential feature - was not yet part of the fabric of the organisation. Through the process of my research journey, by using a constructivist grounded theory approach (Charmaz, 2006; Charmaz, 2014), I realised that my study was nested in a much wider context. During the initial phase of the study, I thought that the project would be independent from the organisation where the participants and I worked. However, the

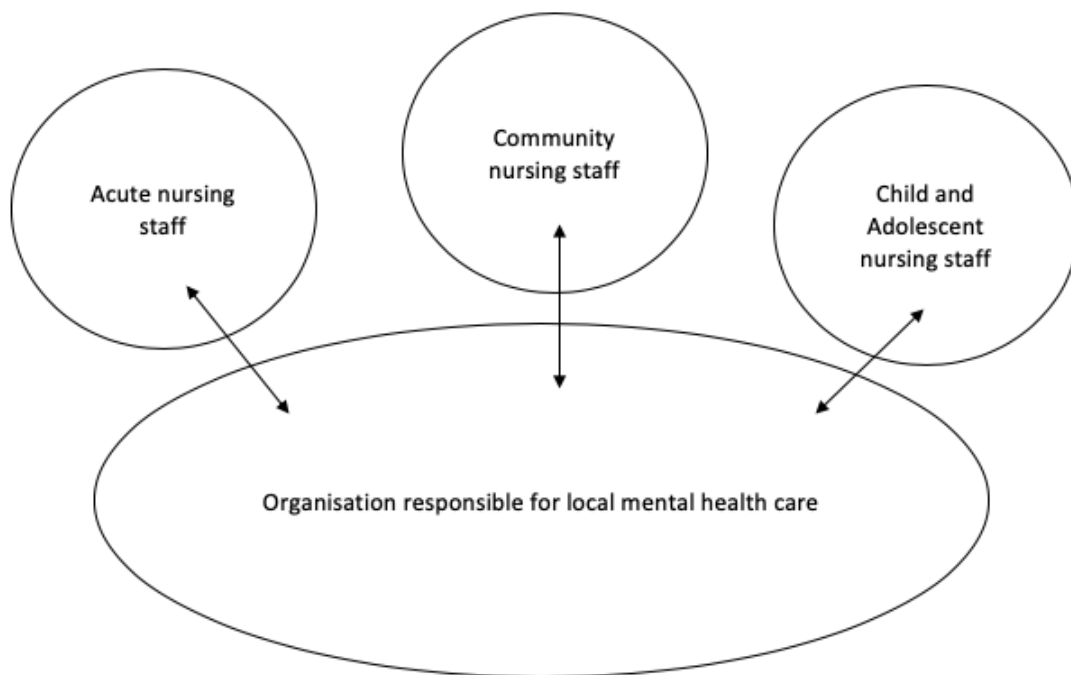
individual interviews described a different, unexpected scenario. I found a situation where the organisation was a crucial factor in the study, and now understand that I had been somewhat naïve in thinking that the workplace and one's work-related practices can be separate from each other. Upon reflection, I realised that the study, although run independently from the organisation, comprised participants who spent most of their time working in mental health services. It is typical in the local setting that nurses, regardless of their specialisation or area of expertise, work for 9 to 12-hour shifts, hence most nurses work 40 to 46 hours or more per week. This excludes any overtime the nurse may opt or be asked to do. As commonly described by the participants of this study, participants claimed they spent most of their time at work and were consequently very familiar with their colleagues whom they sometimes considered extended family members. It is also common practice that most colleagues, some of whom were participants in this study, meet up after work and socialise together. As I noted through my memo writing and my reflexivity as suggested by Charmaz (2006) and Charmaz (2014), it was often the case that the participants would spend time discussing their work outside of their work environment. Whilst I am not against this practice, I do have some reservations. The benefits of meeting up with work colleagues may in itself create a community of practice whereby an opportunity to vent one's frustrations is offered. These benefits extend to strengthen work relationships and may offer a medium for reflective practice, therefore offering an opportunity to informally learn from one another. However, remaining in the same social network may possibly prevent participants from interacting in a much wider community. Here, participants are possibly limiting themselves to likeminded individuals and venting can result in nurturing further frustrations rather than developing reflective practice. Socialising with a wider context of individuals would offer the opportunity to harness a much wider perception of what occurs in different contexts, thus creating more informal learning opportunities. I am of the opinion that remaining in the same

social network of individuals one works with every day may continue to reinforce positive and/or negative attitudes which are associated with work experience. Thus, individuals become more and more immersed in their workplace without noticing that there are different opportunities and experiences and situations outside that context.

As a result, the participants in this study may have found it difficult to separate themselves from their workplace. They may have found it challenging to participate in a study where they were encouraged to take the lead and debate on a secret Facebook page. The lack of autonomy that characterises the role of psychiatric mental health nurses, coupled with the complex multifactorial dynamic situation I encountered through my study, seemed to hinder the success of the secret Facebook page. In addition, the participants may also have found it challenging to collaborate with other colleagues. As one of the participants (Concetta) remarked, workers in the mental health setting seemed to only take an individual stance which concerned their own area. There seemed to be divisions between groups within the organisation therefore participants could not grasp that each individual and each setting played a significant role in the overall service offered to the service-user population. I encountered a situation where there was no collective ownership of the work carried out by fellow colleagues in the organisation. Ownership was only targeted towards the participants' individual settings, with individuals working in silos and finding little support from their line managers and upper management. Management also found it difficult to view each sector within the organisation as having an overall impact on the smooth running of the service. Visually, the study can be represented as in Figure 4.9. This figure depicts the divide I encountered within the study, where participants worked in their own silos, separate from one another.



Figure 4-9.: Working in silos



I found that the participants could not comprehend their important role in the organisation, even when I offered them the opportunity to address this. They seemed focused on the problems and situations they encountered in their own small area without seeing the bigger picture. In other words, not all of the participants were in a position to comprehend the larger context. As I have previously mentioned in the code within the conceptual category entitled ‘The desire to change or to remain inert’, it seemed that the majority of the psychiatric mental health nurses who chose to participate in this study encountered difficulties in transforming their formal knowledge into practice. It did make me wonder about the adequacy of their formal training and about the organisational philosophy that impacted the way the nurses were applying their formal knowledge in everyday situations. I shall elaborate further on this in the discussion chapter.

Overall, the culture of the organisation had a huge impact on participants. As discussed in the literature review, the culture of the organisation often affects the way an employee sees themselves contributing to the organisation. In this case, the culture impacted the trajectory of informal learning and community of practice. I recognised the significant role culture might play in pushing psychiatric mental health nurses to become proactive in their work and foster a supportive network amongst themselves. As described elsewhere, the study aimed at harnessing informal learning opportunities and cultivating a community of practice.

However, the study itself was inextricably linked to the culture of the organisation. This occurred even though the organisation was positively inclined towards the study (as seen in Appendices 3 and 4) and encourages individuals to further their own learning through their participation in formal courses. However, the organisational culture seemed uninterested in change and opted to employ traditional and outdated practices.

I feel that the findings in this chapter provided a disheartening account of a flower which is struggling to bloom but has found that its own leaves are inhibiting it. The difficulties the participants encountered in their workplace are inhibiting the introduction of new practices, and participants struggle to offer the best possible service to the service-users they encounter. Their feelings extended to demotivation, disrespect and belittlement, and frustration at not being able to communicate with their managers. The unwillingness of the organisation to allow psychiatric mental health nurses to introduce new practices was reflected in the work they did and how they viewed themselves within the organisation. All in all, my findings depict a discouraging situation, which can be regarded as a lacuna that can be used to advantage to propose new ideas and approaches.

#### **4.7. Conclusion**

In this chapter I have described my findings from the interviews. The process began from the start of data collection, through the process of constant comparison and continuous re-focusing and understanding of the focused codes. This journey involved moving back and forth between the interviews and the memos I had kept to better understand the participants' experience of using a Facebook page for learning and building a community of practice. From the constant comparison, I was able to draw out four conceptual categories which included using social media for support and learning, the impact of the organisation on the study, using social media as a means to cultivate support, and the underlying complex dynamic situation that sheds light onto the findings. I also chose to use snapshots from the secret Facebook page and direct quotes from the interviews to sustain the findings discussed within this chapter, to help the reader vividly visualise the process and outcomes.

In the next two chapters, I shall discuss the findings by responding to the research questions, in connection this to the literature review and will later describe the theory that emerged from the findings and discuss chapters.

## **5. Discussion**

## 5.1. Introduction

My study has progressed from the idea that learning is not a solitary activity that occurs behind the closed doors of a classroom. I have always considered that learning is a continuous process, whereby the person draws upon formal and informal opportunities, such as those taught at formal institutions and those gathered through experience, to further their wealth of knowledge. My idea developed after I read an editorial by Moorley and Chinn (2015). This editorial had used a Twitter page, #wenurses, as a social media platform to promote continuous professional development. Against a similar backdrop, I decided to use a social media platform to promote informal learning and cultivate a community of practice among psychiatric mental health nurses. The study aimed at understanding the experiences of a homogeneous group of nurses with the scope of sharing knowledge whilst offering support. The research questions sought to seek responses for my area of interest, by adopting a constructivist grounded theory approach (Charmaz, 2006; Charmaz, 2014). Using this approach, I collaborated with a number of participants who held a qualification in psychiatric mental health nursing, resulting in the creation of a secret Facebook page where I would often post a comment, an article or comic relief to instigate discussions amongst the participants. Using interviews as the main source of data collection, I asked participants to describe their experience of forming part of this group, the first of its kind in the local mental health setting. The findings involved a wide range of responses. Some of the findings supported the aims of the study whilst a number of findings were novel findings which I had not anticipated. Through these findings, I concluded that there are four conceptual categories and I have presented these in the table 5.1. to briefly recapitulate.

Table 5-1: Brief overview of the conceptual findings.

Category	Title of category	Sub-divided
Conceptual Category 1	Personal knowledge	<ol style="list-style-type: none"> <li>1. Issues related to oneself</li> <li>2. One's personal use of group</li> <li>3. Accessing social media for learning and support</li> </ol>
Conceptual Category 2	Organisational influences	<ol style="list-style-type: none"> <li>1. Issues related to practice</li> <li>2. Organisational issues</li> <li>3. The manager's input</li> </ol>
Conceptual Category 3	Moulding an online community	<ol style="list-style-type: none"> <li>1. Paving the way - from formal to informal learning and its influence on practice</li> </ol>
Conceptual Category 4	Paradox of an organisational culture	<ol style="list-style-type: none"> <li>1. The broader context</li> </ol>

## 5.2. Addressing the research questions

This study aimed to answer two research questions, these being:

1. How can a social media platform be used to sustain informal learning in a psychiatric mental health services in Malta?
2. How can a social media platform be used to create and cultivate a community of practice within these same services?

Prior detailed the discussion surrounding these research questions, it is essential to point out that the findings of the study did not completely answer these research questions. As stipulated in the previous chapter, I encountered a scenario whereby I came to the realisation that my study could not be viewed separately from the organisation. As I will debate further on in this chapter the organisation was nested in the study, thus greatly affecting the responses of the research questions.

It is pertinent to note that a constructivist grounded theory approach involves an inductive and abductive process (Charmaz, 2006; Charmaz, 2014), therefore making interconnections between the data to create synthesis. In achieving this, the inductive and abductive nature

requires contrast between the research questions and whether the data can adequately answer the research questions. According to Charmaz (2008a, p. 389) constructivist grounded theory attends to the ‘how’ and ‘why’ questions, placing emphasis on understanding the empirical phenomena and contending that the study is located in the specific circumstances of the research process. A constructivist grounded theory approach therefore means responding to emergent questions and new insights, one which could be developed by understanding the research field and which may differ from the intended research question (Charmaz, 2008a). Meanwhile, Agee (2009) proposed that research questions should be considered as overarching questions. The scope of overarching questions is aimed at broadly framed the research questions, allowing flexibility to capture the findings offered by the participants in this field. Any research, especially that which is generated from a qualitative research field, contains ongoing questioning as an integral part of the research process (Agee, 2009). Whilst questions do transform throughout the course of the research (Agee, 2009; Creswell, 2014) these need to reflect the understanding of the problem.

In this study, I encountered a situation where I could not adequately answer my intended research questions. However, prior commencement of this study, the participants were fully aware of the research questions as they were fully aware that a secret Facebook page was created for the scope of the study. The study offered the participants to depict their own experience and help me understand whether the research questions could be addressed. Birks and Mills (2015) understood that the research questions should be broadly addressed, allowing flexibility to address the problem-centred perspective of the participants. Having modifying the research questions to ‘match’ the data I collected would not be reflective of the scope of this study, nor would it be reflective of the participants’ contribution. In a sense, I felt that by tweaking the research questions meant that I did not appreciate the process of a

constructivist grounded theory method of data collection nor did I appreciate the experiences of the participants who were invested in the study.

Due to the nature of this study, the research questions had been designed to reflect the participants' experience of their participation in a secret Facebook page for the scope of informal learning and whether that Facebook page could be used to create and harness a community of practice. Their experience involved factors which had not been incorporated in the research questions yet influenced whether the data was able to answer the research questions. These questions have permitted me with the opportunity to understand the 'how' and 'why' questions further, offering insights into areas which may have not been captured should I had not opted to answer these research questions. It seemed that in this particular case, the 'how' and 'why' of the constructivist grounded theory approach were being answered by explaining the findings in response to the research questions.

I have divided this chapter to broadly respond to the research questions.

### **5.3. First research question: How can a social media platform be used to sustain informal learning in a psychiatric mental health services in Malta?**

As reported in the findings chapter I am of the opinion that the study did manage to achieve the scope of this research question. The participants I have interviewed throughout the study felt that informal learning was possible through the use of a secret Facebook page. However, as mentioned in the previous chapter, there seemed to be some inconsistencies with the learning opportunities offered through the Facebook page. To present a clearer discussion, I have divided this section into four with the following subheadings:

1. Facebook as a platform for informal learning;
2. Seeking comfort behind the luminous glow of a monitor



3. No accreditation, no participation; and
4. Question, answer, skip a line!

### **5.3.1. Facebook as a platform for informal learning**

I believe that the psychiatric mental health nurses who participated in my study did manage through the secret Facebook page to harness informal learning opportunities. As mentioned in the previous chapter, I found that nurses were able to recall posts that were interesting to them. There were instances where participants said that they found the posts to hold a theoretical aspect, implying that evidence-based practice and formally thought concepts were involved in the creation of the post and in the discussion. Other participants commented that the comments posted on Facebook were insightful, implying that they were informed by current literature and evidence, and the posts involving personal observations and experiences informed by life experiences. Here, I found similarities with existing literature. For example, the literature review cited in the study by Puijenbroek et al. (2014) suggested that informal learning may occur through social media. The authors claimed that social media were tools that one could easily use to gather instant and contemporary information and apply it within the setting or practice. Greenhow and Lewin (2016) also posited positive connection between using Facebook as a source to widen one's understanding of a topic. Here, the authors supported Puijenbroek et al.'s (2014) findings. Similarly, findings from Cain and Pilicastro (2011) and Lin et al., (2013) also suggested a positive connection between Facebook and informal learning. However, these authors observed that there was a low participation in Facebook pages. In these instances, Facebook was used through formal education to provide non-formal learning opportunities. Students did not need to participate in the group as Facebook groups were not marked, thus resulting in low participation; the authors reported low response rates to Facebook page discussions. This is similar to the

situation I encountered in my study where participation was low and the group became inactive by mid 2019.

As pointed out by Dron and Anderson (2014) and Kirschner (2015), apprehension was a common denominator when deciding whether one should raise a post. There also seemed to be apprehension when accessing a post, with participants concerned that they might require further reading to understand the post. Meanwhile, the issue of raising a post depended on the person's self-confidence and their ability to express themselves in writing. As noted within the study, participants were not comfortable and felt apprehensive raising posts for a number of reasons. It is noteworthy that all the participants had completed their training to acquire their current qualification in written, virtual and oral presentation formats. In the last five years, training courses also contained an online component whereby one is expected to comment on a debate platform. Locally, this is known as a Virtual Learning Environment (VLE). Nonetheless, participation throughout the study was low.

All the participants had access to at least one social media platform and in the preliminary stage of the study had informed me that were very confident in using Facebook. They indicated that they were frequent users of Facebook to communicate amongst themselves and post comments. Yet, I observed that a majority of posts on the secret Facebook page did not receive any comments and lacked interaction. The lack of interaction may have deterred informal learning through sharing of information as well as the development of a community of practice. It also appeared that without being guided by a higher authority such as a lecturer or the organisation to promote learning, participants found it somewhat challenging to raise a post or discuss independently; participants could not or did not wish to initiate a discussion through raising a post without being prompted. In fact, a total of 84 posts were raised by myself. The other 32 were raised by other participants, 27 of which were raised by the same person. The latter consisted mainly of links or articles available online, which often had little

relevance to the secret Facebook group theme. To corroborate this finding, I recall an interview where Paul said to me on two separate occasions:

I am aware that I could raise posts, but I prefer that you raise the post. It's not that I did not feel competent but I prefer to stay on the side lines...  
Yes, I saw posts [from my other colleague], but some of these posts had no relevance to the theme of the Facebook page. (Paul, direct quote, p. 21)

Keeping abreast with the constantly changing environment was another challenge. Although the scope of the study included the provision of a means to bridge the theory practice gap, the findings of this study indicated otherwise. Staff commented that they found that formal learning takes time and can be somewhat exhausting. This could be reflective of the constant changes and challenging climate evident within the current healthcare system. Staff seemed exasperated with formal learning and found it difficult to participate in or implement informal learning initiatives. It transpired that participants also found it difficult to transfer evidence-based learning or formal learning into work practices or to use personal experiences to reflect, therefore missing out on informal learning opportunities. It could be that participants were not motivated enough to act as change agents as they had no ownership over decisions made within the organisation (Clearly et al., 2011, Clearly, Hunt & Horsfall, 2010). The lack of initiative to further oneself by learning different things and challenge practices may be a direct result of the organisation where a negative attitude prevailed and a resistance to learning opportunities seemed to be the norm. Here, I found Jane's description to accurately describe the negative attitude towards learning:

...we are used to hear a lot about them during the course. Many of the times we were bombarded, in a sense that they spoke about them and I heard about them, it like it's no longer significant. There is so much more to learn, but automatically in my mind I tend to say to myself "Here we go again" and shut it out. (Jane, narrative quote, p. 7).

Another example of resisting learning opportunities and changes was offered by Georgina (narrative quote, p. 18) who said "I feel I fell into the reasoning of 'that's what management wants, so that is what will happen'."

Hence, staff seemed demotivated and lacked the desire to implement change from their previous formal learning opportunities. Even when they expressed the wish to change practices based on their formal learning, the participants claimed that within the local scenario, decisions to implement evidence-based practices were left up to upper management. Ultimately, it became upper management's decision to dictate what were the acceptable requirements of the organisation, which might not reflect current trends in evidence-based practice. This was very evident when I asked staff to discuss current affairs such as memos and policies; participants seemed gobsmacked as I spoke to a brick wall and could not debate topics which involved the nursing process or reflective practices and posts that dealt with self-growth and self-care. Staff seemed to have no option but to comply with decisions made by upper management. This issue shall be discussed further on in this chapter.

### **5.3.2. Seeking comfort behind the luminous glow of a monitor**

Social media offer an opportunity for a person to remain anonymous or keep their professional and personal lives separate (Dron & Anderson, 2014). As pointed out by Dron and Anderson (2014), there is nowadays an issue of privacy; individuals are prone to restrict access to personal data through a social media platform by the general public. The assumption that each person has a single platform does not hold any longer, requiring the application of privacy filters to selectively reduce accessibility to information. It is also noteworthy that much of the time, posts are used as advertisements to attract consumers rather than to share information. With such an assumption, the success of a specific social network site such as the one I created here within, relies solely on the user's frequency of accessing the particular page to inform himself or herself of posts. The application of filtering restricts and hinders visibility of posts, even those containing material of real interest to the

user. This limits the success of a social networking site, therefore possibly compromising efforts to create and cultivate a community of practice.

Social network sites are commonly used for browsing purposes, therefore gathering information may not be their sole purpose, as the user may simply be interested in getting a glimpse into other people's lives (boyd & Ellison 2007). Dron and Anderson (2014) stated that social media may be:

1. A distraction from the real world;
2. An opportunity to avoid verbal communication. If one communicates by using the chat function available in some applications, non-verbal communication is limited; and
3. A portrayal of a filtered self-image that is not representative of the real person.

Within this study, I received similar comments as those put forward by Dron and Anderson (2014). Participants felt apprehensive in communicating their thoughts yet found solace in using social media to know about other people's opinions and thoughts. In this study, some participants disclosed that social media may have replaced the therapeutic interaction between a nurse and patient. It transpired throughout the interviews that social media was used as a distraction to avoid interacting with other individuals. Confronted with a challenging situation where critical thinking is necessary, a colleague texts for further assistance; this is done to obtain instant support and not in the context of seeking necessary information and carrying out research to increase one's repository of knowledge. Whilst this may be a reliable source of information, the information might also be inaccurate while limiting critical thinking. As mentioned elsewhere, the essence of psychiatric mental health nursing requires engagement and communication with the service-users. If one opts to engage in social media activities instead, one is unconsciously isolating oneself, hence hindering the therapeutic interaction required by the profession.

### **5.3.3. No accreditation, no participation**

Accreditation is commonly associated with formal education, where the person expects to receive a reward or acknowledgement once a course is completed. It is pivotal in such a system, pushing students to strive to reach their goal (Dron & Anderson, 2014). In this study, a social networking platform has been used to inspire learning whilst one in their workplace. I could only locate one critical review by Manca and Ranieri (2016), where the authors noted that if used well, Facebook could facilitate informal learning. While Facebook could be an effective means for this, there are a number of limitations when using this or similar applications. Several factors must be taken into consideration when using social media for the purpose of learning. Of particular significance, a person's name is visible on the Facebook page, whether it is the person raising the post or the person commenting. Thus, this entails personal visibility, which may leave a person vulnerable to becoming a subject of abuse if comments are not accepted by the group. Secondly, Facebook was not created to be used as a tool for informal learning. To the contrary it may lead to reduced motivation to learn. It may have been convenient for the participants to find the necessary information provided without sourcing out other sources of knowledge (Kirscher, 2015).

As discussed in the Findings chapter, the participants in this study commented that accreditation would possibly have increased participation. The lack of accreditation may have limited the success of the study. Had all participants contributed to the online environment, the page might have built upon itself, creating and sustaining a community of practice in which one's participation was entirely voluntary, intended to improve oneself and provide and receive support.

The secret Facebook group allowed the participants to access information which they deemed interesting, giving them the freedom to choose discussions that caught their attention.

Without the necessary motivation through some form of accreditation, staff may have felt

that participating in the group was a waste of time, with no real assurance that any information shared would be recognised as valuable by other colleagues.

#### **5.3.4. Question, answer, skip a line!**

I found that participants found it difficult to transfer their encoded learning, that is learning which they acquired through their formal training, to practice. This inability or difficulty may be attributed to the absence of critical thinking. In hindsight and through the practice of reflexivity, my conversations with the participants during the interviews led me to recall my junior years as a student where I was often constrained to answer questions in a particular manner. My training was dictatorial and austere and critical thinking was not encouraged. This continued in tertiary education during my undergraduate training. I recall being taught to follow routine and procedure, meaning that everything had its own place and the service-user and his/her relatives did not feature in the equation. When I qualified, I immediately encountered complex situations where routine and procedure did not give me any answers and could not help me.

I could recognise this pattern of learning during the interviews. The lack of critical thinking was particularly evident when a post appeared on the secret Facebook page which addressed a memo from management regarding the use of loose tobacco (this has been discussed in the findings chapter). A few of the participants did apply critical thinking to the memo, figuratively tearing it to bits. During an interview, one of the participants, Paul, discussed the post with me, pointing out several issues related to withdrawal of loose tobacco; one issue he highlighted was that a service-user might still opt to spend money on cigarettes – which they could ill afford as cigarettes were rather more expensive than loose tobacco – to feed their habit, eating away at a very limited income and meaning that the service-user could not afford to live independently in the community and would have to remain institutionalised.

Another two participants also made pertinent observations. They questioned who would be conducting searches and enforcing the memo; they felt that it was beyond the scope of a nurse's remit to enforce a policy which the nurses themselves were not involved in setting. However, all the other participants agreed with the memo and did not question its contents at all, saying that management had the right to make restrictive decisions.

Before designing the Facebook page I had asked participants to indicate areas of interest they'd like to be covered. Most had suggested that posts regarding personal care should be included. Following their advice, I raised a number of posts regarding self-care such as dealing effectively with stress and carrying out reflective practice. Unfortunately, these posts often did not receive any attention. This is especially alarming when seen in light of their requests. It seems that although staff want to take care of themselves, there was little motivation to do so. These observations, together with the lack of interaction on the Facebook page, led me to address the issue of critical thinking, or lack of it, within the group. Critical thinking was defined by Facione (1990, p. 3), using the Delphi method with an international population of scholars, as a:

...purposeful, self-regulatory judgment which results in interpretation, analysis, evaluation, and inference, as well as explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations upon which that judgment is based. Critical thinking is essential as a tool of inquiry. As such, critical thinking is a liberating force in education and a powerful resource in one's personal and civic life. (Facione, 1990, p.3).

A Scheffer and Rubenfeld (2000) study, which also used the Delphi method with an international population of nursing scholars to identify the importance of critical thinking in nursing, yielded similar results as those presented by Facione (1990). The authors added that critical thinking skills consisted of a series of habits of the mind, including confidence, creativity, flexibility, open-mindedness, reflection and inquisitiveness to mention just a few. These skills are essential in seeking information, reducing discriminatory assumptions and transforming knowledge (Scheffer & Rubenfeld, 2000). These seminal works draw on the



importance that critical thinking skills have as an essential feature within the profession of nursing and even more so in psychiatric mental health nursing. I concur with Azizi-Fini, Hajibagheri, and Adib-Hajbaghery's (2015) assumption where they stated that "Firstly, [critical] thinking is the key for problem solving; while, nurses without such skills are themselves part of the problem." (Azizi-Fini et al., p. 2). The authors hold that critical thinking is an essential feature within the nursing profession especially in the ever-changing landscape of the population, where the nursing profession is required to understand the social, economic and cultural implications which affect lifestyles, thus constantly changing and interfering with health and disease (Carvalho et al., 2017).

Critical thinking should be part and parcel of the educational curriculum (Snyder & Snyder, 2008). However, as pointed out by the authors, it is clear that students are seldom taught to think critically from a very young age; rather, focus is placed on achieving academic results. This has resulted in students not being taught to question content and explore alternative possibilities, therefore focusing on the desired content only (Snyder & Snyder, 2008). This approach may inhibit a person from engaging in critical thinking skills in everyday situations. It was disappointing that the participants could not think beyond their own experience and transfer their formal knowledge into situations that arose at work, thus restricting their own access to informal learning opportunities. Carvalho et al. (2017) stated that critical thinking abilities should be inherent within the nursing profession so that nurses will be able to transfer evidence-based knowledge into practice. Using Scheffer and Rubenfeld's (2000) series of habits criteria, the psychiatric mental health nurses who participated in the study encountered difficulties in areas of confidence, creativity, flexibility, open-mindedness, reflection and inquisitiveness. As described above, it seemed that most of these nurses were only concerned with what occurred in their immediate environment. The participants struggled to see a wider context. Thus, models such as the interpersonal model by Peplau, the

Tidal model by Baker and Safewards by Bowers (all of which have been discussed in another chapter), which focused on a patient-centred approach may be challenged and difficult to integrate in the local setting. Marsick and Watkins (2001) claimed:

When people learn in families, groups, work, places or other social settings, their interpretation of a situation or consequent actions are highly influenced by the social and cultural norms of others. Yet people often do not deeply question their own or others view. (Marsick & Watkins, 2001, p.31).

As such, it could be that psychiatric mental health nurses contend with current practices as described by Marsick and Watkins (2001). Therefore, they may only appreciate their own small nuclear set of views and stances which occur in the workplace, rather than being focused of the requirements of the service-user. This led to environmental factors which shall be discussed later on in this chapter.

The observed lack of critical thinking led me to address critical thinking in the process of becoming a nurse. Locally, it has been an essential feature in advertising nurse training courses and mental health nursing training courses offered two independent institutions that are MCAST (who partnered with Northumbria University, Newcastle) and UoM (L-Universita' ta Malta, 2019; Northumbria University, Newcastle, 2017). In addition, reference is made to critical thinking in the upscaling of nurses who complete the Competency Framework for Nurses (Nursing Directorate Services, 2016). Yet, my study indicated that although training yields nurses competent at their jobs and knowledgeable about critical thinking tools, there is little evidence of critical thinking occurring after completion of the formal course. It seems that for the participants in the study, critical thinking was associated with formal learning rather than a life-long process.

A plausible explanation could be offered by Fenwick and Tennant (2004; described elsewhere). They asserted that in adult learning the learner is separable from the educator. Hence, it might be possible that critical thinking and knowledge in general were not

encouraged during the nurses' formal training because the educators did not lead by example by applying critical thinking themselves. An implication of this reasoning may be that critical thinking skills were not developed in students undergoing training in psychiatric mental health nursing because the educators were not able to inspire critical thinking. In Axiak's (2018b) study, it was evident that most participants who had completed their training to become psychiatric mental health nurses had little interest in attaining further knowledge. She discussed this in the context of nurses seeking to further their qualification, therefore nurses seeking to acquire a post qualification in a Degree in Mental Health Nursing. Most of the participants in Axiak's (2018b) study claimed that they were there to ultimately earn a higher wage and be like others who had achieved a Degree in Mental Health Nursing before them. This stance implied that doing the course was just part of the process of emulating one's predecessors and was not in pursuit of further knowledge. Nor did completing the course enhance the nurses' ability to think critically, which would then be applied in their practice. Axiak's (2018b) study implied that nursing practice was largely unaffected by undergraduate nurse training curriculum content. Here, she observed that the nurse training curriculum content seemed to focus only on factual knowledge and did not emphasize the need for critical thinking skills (Axiak, 2018b).

Despite nurse training moving away from being entirely clinically based to a blended approach of academic and clinical training, it seems that nurses remain unprepared. Evans (2009), in his study of newly graduated mental health nurses in practice, concurred with Axiak's position and claimed that the new graduates were unprepared. Moreover, even though efforts are in place within academia to support students in becoming more critical, competent and confident (Snyder & Snyder, 2008), it seems that the problem persists within the mental health nursing profession as focus is placed on academia rather than on the development of critical thinking skills by instilling the series of habits outlined by Scheffer

and Rubenfeld (2000). Emphasis is placed on explicit rather than tactical knowledge (Eruat, 2004), yet it seemed that the local nursing programme and the local nursing curricula may adopt instrumental learning theories such as those described within the literature review chapter. While explicit knowledge is important, tactical knowledge helps implement this in practice, therefore it is essential that nursing curricula adopt more constructivist approaches to learning. Unfortunately, this is not the case. Azizi-Fini et al. (2015), in their study of nursing students' transition from the first year to the third year of their training, found that student nurses, over the course of their training, rarely acquired critical thinking skills. This lack of critical thinking may be a product of students not questioning the course content and being spoon-fed during their training. In addition, it seems that nurse training courses were under pressure to include a large amount of content in a limited period of time; content which may be inapplicable or redundant (Azizi-Fini et al., 2015). Similarly, Gouder (2013) had similar findings in his local study. He adapted a classical grounded theory approach to understand the transition of psychiatric mental health nurses from student to practitioner, finding that the transition required guidance and support from educators and the organisation to adequately prepare them to face their new role.

An example of a post-graduate nursing curriculum has been offered by the World Health Organisation (WHO, 2003). This document pays particular attention to continuous education, therefore applies to those who wish to hold a degree in mental health nursing as it is designed for those nurses who pursue further studies to specialise. This document suggests a vast array of topics to be included in the mental health nursing curriculum, focusing on mental healthcare, interpersonal skills and critical thinking. It is onerous to include all the topics mentioned within this guideline. Some may be perceived as time-consuming, therefore may be delivered hastily and chaotically; for instance, critical thinking skills may not be as important to the educator as the more academic aspects.

Whilst my findings supported this assumption, the participants also maintained that nursing degree programmes were about quantity, that is, focused on the number of students doing the course rather than the quality of students. Hence, while the contents of their formal training reflected international standards and evidence-based practice, the participants do not fully apply their training in the local setting. Students may not possess critical thinking skills required to truly appreciate and apply their training. I can only assume that this is a result of poor teaching and learning by rote, where students are instructed to read the question, write the desired and expected answer and skip a line. In such situations, students are not challenged to think of alternative options, thus employ a dogmatic style of thinking. This, coupled with insufficient support from the overarching organisation, does not allow students and staff to flourish and develop their critical thinking skills both through formal and informal learning opportunities. By grasping this, one can understand where comments such as ‘not finding posts relevant to their practice’ or ‘not comprehending the relevance to their clinical practice’, as identified in the findings chapter, came from.

#### **5.4. Second research question: How can a social media platform be used to create and cultivate a community of practice within the same services?**

During the course of this study, I came to realise that the organisation had a huge impact in influencing informal learning and the community of practice. I strongly held the belief that the secret Facebook page that I created would give staff the opportunity to learn informally and cultivate a community of practice. What I had failed to recognise was that the group of participants was formed of individuals working in an organisation. Through my reflections in the findings chapter, I noted that the participants of my study spent long hours at work, thus became immersed within the organisation. The group were informed of the intention of forming a community of practice. On a superficial level, it could be assumed that the

community of practice did exist; yet this did not adhere to the scope of the community of practice it was designed to create in this study. Here participants were distanced from each other as explained in the findings chapter. Both Cox (2005) and Wegner-Trayner and Wegner-Trayner (2015) had warned that attempting to intentionally form a community of practice might affect its effectiveness and this seems to be the situation in this study. Through my own reflexivity (Charmaz, 2006; Charmaz, 2014) I observed that through informal encounters, where nurses met up, such as a night out; most of the time was consumed by work-related topics. Nurses spent a considerable amount of time discussing particular situations and cases, venting about present situations and just gossiping on people. This in itself may be considered a community of practice, however, it was not used for the scope of this study. Nevertheless, this observation did inform me into looking further into this aspect. Reflecting on this, it was naïve of me to think that creating a secret Facebook page for the purposes of personal growth and support would be independent from one's workplace and would not be influenced by the overall feeling of the organisation. The dominance of the organisation was revealed in the findings, inhibiting the harnessing of informal learning opportunities through the use of critical thinking skills and the creation and sustaining of a community of practice. In the following section, I will discuss:

1. A far-from-perfect scenario;
2. Lack of professional recognition, split up into:
  - a. Initial perception;
  - b. Subordination of the psychiatric mental health nurse;
3. A sorry state of the infrastructure and environment, split up into:
  - a. Communication
  - b. Ineffective leadership;
  - c. Nurses eating their young: lateral violence and blame culture.

#### **5.4.1. A far-from-perfect scenario**

In Axiak's (2018b) phenomenological study, she interviewed nurses who undertook post-graduate training in mental health nursing and worked within the organisation. Her observations indicated that participants were controlled by traditional and custodial practices which were determined by routines, that may at times have been imposed by the nurses themselves. She also described a scenario where nurses were defensive of their practice/s, had very little interaction with the service-users, even though claims were made that they, as nurses, were continuously with and hence most knowledgeable about the needs of the service-user. Moreover, she reported certain behaviours, such as spending a lot of time in the nursing office, which removed nurses from the vicinity of service-users and reduced communication with them. A similar situation was identified by the participants of my study. Staff reported that there was little interaction with service-users, that they were restricted by traditional and custodial practices, and that their professional integrity was infringed. The participants reported that upper management had little insight into what was happening in the organisation, which seemed to be undermined by lateral violence. This resulted in staff fearing reprimands and working with insufficient human resources. In addition, the deficiency of guidelines and protocols and the poor infrastructure itself left participants feeling unappreciated. Denning (2019) highlighted some of the issues that have been raised by the participants in this study. He referred to a situation similar to the one I have described here as a toxic environment. Its effects include feelings of misery, demotivation, belittlement and depreciation. Toxic environments are not restricted to a single factor but rather present themselves in multifactorial settings, leaving their imprints in each and every aspect of the organisation. This was particularly evident in this study as I encountered great difficulty in individually extracting the issues I have presented here. These issues are all intertwined and impact each and every practice within the organisation.

## **5.4.2. Lacking professional recognition**

This concept has been divided into two, the initial perception and the subordination of psychiatric mental health nurses.

### *5.4.2.1. Initial perception*

Sharples (2017, p. 36) stated that nursing was still considered by most of the general public to be subservient to the medical profession. The dominance of the medical profession deters efforts for nursing to be a profession to aspire to. As a consequence, nursing is not always a person's first preference as a career. This is even more so when nurses choose to pursue a career in psychiatric mental health nursing as it is considered to be a job for the few (Galea Debono, 2004) and is highly stigmatised by other professionals (Nolan, 2012). Locally, there is a lack of historical knowledge with regard to the development of the profession of nursing, in particular psychiatric mental health nursing. In fact, I could not locate any official records where psychiatric mental health nursing was recognised locally as a specialist qualification, despite the Council of Nurses and Midwives recognising psychiatric mental health nursing as a specialist profession. For instance, formal training in psychiatric nursing began in 1992 according to Savona-Ventura (2004). However, according to Gafa' (2007) there are no official documents pertaining to this course and how many participants successfully completed their training. I inquired how Gafa', who was the former president of the association of Psychiatric mental health nurses and works as a practice nurse within the mental health setting, had obtained his finding and he informed me that he had spent time digging deep into newspapers' articles, searching for the first cohort of psychiatric mental health nurses who undertook their formal training locally under the direction of the UoM (K. Gafa', personal communication, 23<sup>rd</sup> August, 2019). The absence of historical development pertaining to the nursing, midwifery and psychiatric mental health nursing professions



resulted in Sammut (2017) researching and building up the story himself, for instance by accessing a number of state collective and sectoral agreements between the Malta Union of Nurses and Midwives and the state. An important finding in Sammut's study was that the state does not differentiate clearly between psychiatric mental health nurses and general nurses, the only difference being the type of qualification the nurses hold. In other words, the state regards a psychiatric mental health nurse as equal to a nurse holding a general qualification rather than a nurse who has received specialist training to care for individuals with mental health problems (Sammut, 2017). This finding clashes significantly with the Council of Nursing and Midwifery's (2006) understanding of psychiatric mental health nursing identifying it as a specialist profession. Furthermore, Sammut's account identified a number of shortcomings: the lack of investment in mental health and the stigma associated with mental illness.

Primarily, there is a lack of investment by the state in mental healthcare. WHO's atlas, which aimed to obtain a demographic baseline for mental health nurses, identified that low and medium ranking countries have few mental health nurses and services for community mental healthcare per capita (WHO, 2007). Malta was considered to be one of those countries at the time. However, according to The World Bank Group (2019) Malta has improved significantly and has been recognised as a country with high income per capita. Despite this, mental healthcare is still dawdling, with inadequate services both in in-patient and out-patient settings (Alliance for Mental Health Malta [A4MH], 2016). Consequently, lack of investment in mental healthcare reinforces the stigma which is strongly associated with mental illness and psychiatry in Malta, where it has plagued any discussion of mental healthcare.

Unfortunately, this creates an opportunity for mental healthcare to be used and abused as an electoral tool, with promises of improving service delivery offered during electoral campaigns (Balzan, 2018). For instance, a recent electoral promise was to merge mental

health acute services with mainstream acute healthcare services and introduce more community-based services. This was formalised through the publication of the Mental Health Strategy 2020-2030 (Office of the Deputy Prime Minister, Ministry of Health, 2019).

Subsequently, due to the shortcomings of professional qualification recognition, mental healthcare is not recognised as a speciality, therefore suggesting that anyone can get placed there. One of the findings in my study was that anyone, regardless of their professional qualification and background, can be recruited to work in mental health settings. This was the case for the majority of the participants in this study. As seen in the method section of the methodology and method chapter, during the preliminary stage of this study, 15 nurses who had received their primary qualification as a general nurse opted to continue furthering their education in psychiatric mental health nursing. This is typical - it is often the case that a newly graduated nurse or a nurse with experience in other settings (e.g. intensive care, paediatrics, or with an independent elderly population) is allocated to a mental healthcare setting. It often happens that nurses who had spent years working in a general medical setting are suddenly put in charge of a rehabilitation or community-based mental health service, with no previous experience whatsoever in mental healthcare, and themselves voicing concerns about working with mental illness. Apart from a recent initiative where some newly graduated nurses have been offered preceptorship, nurses who have already gained experience in other fields are not offered any preceptorship or support when deployed to work in mental health settings. As mental health is not considered a speciality, these cohort of nurses, might not recognise the importance of establishing trust and establishing therapeutic relationships. This contrasts significantly with the situation of nurses who transfer from mental health into other settings, who are often offered support and mentoring during their

initial phase of recruitment (K. Gafa', personal communication, 23<sup>rd</sup> August, 2019). It seems evident that mental health is not considered to be at par with other health conditions.

Professionalism “incorporates attitudes representing levels of identification with and commitment to a particular profession” (Wynd, 2003, p. 252). Flexner in 1910 defined a professional as consisting of a person who was oriented to a particular career after completing basic education, having scientific discourse, being highly intellectual and wishing to extend their knowledge, being self-governing and altruistic (Flexner, 1910). This definition is still applicable in today’s landscape (Castledine, 1998). In Malta, the professional nurse’s characteristics are considered to be: knowledgeable, skilful, and able to provide judgement through assessment for the promotion, maintenance and restoration of health (Council of Nursing and Midwifery, 2002, p. 4). This requires that the nurse be able to assess a person’s health status, plan and execute care, counsel and educate for the promotion of well-being, participate in research, contribute and collaborate within a multidisciplinary team (ibid.) Moreover, psychiatric mental health nurses are governed by a set of ten standards which stipulate characteristics relevant to professional recognition, professional education and awareness of the profession (MAPN, 2017).

These definitions of professionalism do not resonate with the local context I encountered in my study. According to the participants, the majority of nurses they encountered in their line of work had very limited knowledge of mental ill health and its effective management. The example Katarina gave highlighted this issue (in the previous chapter). She described a dearth of knowledge regarding service-user independency, identifying the theory-practice gap evident within the services, and highlighting the lack of knowledge of general nurses regarding the importance of allowing service-users to make independent decisions. Due to the lack or dearth of knowledge, most nurses encountered difficulty in performing assessments as there was a lack of knowledge regarding mental health and mental illness. As Shirley

explained (in the findings chapter), the dearth of knowledge can affect a service-user's well-being and may even place the person at risk of harming themselves. In addition, it seemed that some of these nurses did not seem willing to participate in enriching their own education and undertaking research to promote evidence-based practice. In fact, Gafa' (K. Gafa', personal communication, 17<sup>th</sup> September, 2019) stated that the majority of these nurses who work in psychiatric mental health settings held no related qualification and possibly did not even have any special interest in mental healthcare and illness; yet were placed in mental health settings to work. The bulk of this group of nurses have restricted access in training opportunities as it is very costly for foreigners to access education, therefore may not enhance their wealth of knowledge or pursuing a career path in psychiatric mental health nursing. This may affect one's professional recognition as:

- Drawing on the above characteristics of the professional nurse as pointed out by the Maltese Council for Nursing and Midwifery (2002), Saviour's description of nurses being placed in wards regardless of their professional background highlighted how psychiatric mental health nursing was not considered as a specialisation, thus could be practised and carried out by anyone; and
- Work in collaboration with other professionals, as it was a requirement of the job. As discussed within the findings chapter, familiarity created a blurring of boundaries where information sharing was not at the forefront. Thus, working within a team did not lead to sharing of information but rather created a power-struggle between the doctor and the nurse. This finding confirmed Axiak's (2018b) observation: the psychiatric mental health nurses she interviewed had not identified with the role of psychiatric nursing and had just started on the path towards professional maturity (Axiak, 2018b, p. 275).

Sammut (2017), who had compared nurses' attitudes towards mental health between nurses working in the general and psychiatric mental health settings, found that exposure to a mental health setting improved the positive attitudes of nursing staff. Yet, improving staff perceptions did not necessarily improve the quality of service provision. In essence, since psychiatric mental health nursing is not recognised as a specialisation, this infringes on the promotion of evidence-based practices (A4MH, 2016). A brief account of the current criteria for recruitment of nursing staff to work in mental health settings provides some insight as to how nurse recruitment influences psychiatric mental health nurses' professionalism. As previously explained in the Findings chapter, when a nurse qualifies, wishes to return back to work, or requests a transfer, even if not qualified in psychiatric mental health nursing, they might easily be deployed in the local psychiatric mental health setting. As per local practices, nurses who are recruited to work in the local state psychiatric mental health service may be selected to work in mental health setting through one or more of the following criteria:

1. According to birth-date (for newly graduated nurses). This meant that nurses were randomly selected to work within mental health setting based on their date of birth. These nurses had not been provided with an option to select their ideal workplace when they were employed by the state to work in state hospitals, thus where randomly place according to their date of birth to work in a randomly selected setting;
2. Based on the ranking of their results (for newly graduated nurses). This meant that the nurses who were sent to work in mental health settings had achieved a lower grade in their final examinations or had to repeat the final examinations;
3. The nurse sought to further their own training to become a medical doctor. Thus, it was assumed that the person can easily be released from the workplace to attend training or placements without causing any disruption to the smooth running of the service;

4. Nurses who wish to be employed on a part-time basis. So similar to the point above, nurses were being placed in mental health settings as not to cause any disruptions to the smooth running of the service;
5. Nurses who expressed an interest in working in a psychiatric mental health setting.

(Axiak, 2018b; Saliba, 2010; Sammut, 2017)

Furthermore, as a consequence of local nurse shortages, nurses from foreign countries are being recruited through a private agency (Diacono, 2018). Regardless of their origin and level of familiarity with the local culture and language, these nurses work in various settings seemingly the less attractive parts of the health services. As a result of the stigma associated with mental health, the majority of these nurses are often allocated to the local mental health service due to the many vacant posts (K. Gafa', personal communication, 17<sup>th</sup> September, 2019). In corroboration of this, in their position paper the A4MH (2016) acknowledged that anyone might be allocated to work in mental healthcare and recognised the absence of trained nurses working in the psychiatric mental health setting, stating that:

The prevailing tendency of non-specialist nursing staff to request - and be granted - transfer to mental health services to seek a "less intense" environment in effect undermines morale in motivated staff and denies patients specialised care. (A4MH, 2016, p. 8).

As reported in my research findings, the lack of professional recognition taints psychiatric mental health nurses' own perception of professionalism, belittling their efforts when they do try to bridge the theory-practice gap and improve practice. It comes as no surprise that the participants in my study encountered feelings of hopelessness, disempowerment and demotivation. The shortcomings reported here may imply a direct impact on progression of service-users using mental healthcare services, because lack of adequately knowledgeable staff has been recognised to lengthen in-patient stays, making service-users dependent on the system, fostering a sense of dependency and institutionalisation (A4MH, 2016). Therefore,

the need to recruit nurses who are knowledgeable in mental health, high in professionalism and willing to work hard, is essential to improve the quality of care.

Having said this, it is noteworthy that a number of participants in the study had received their training in psychiatric mental health nursing *after* starting work within mental health settings. These nurses seemed to have identified their own learning needs and decided that they would benefit from receiving further training in psychiatric mental health nursing so as to improve the quality of care delivery and their own knowledge. Yet, as mentioned elsewhere by Axiak (2018b), receiving formal training does not necessarily improve one's practice or knowledge. Passivity and subordination seemed to be a predominant feature within the cohort studied. Even though training was at par with that of other healthcare professionals, nurses seemed hesitant to assert themselves. Consequently, psychiatric mental health nurses may be viewing themselves as subordinate to other professions.

#### *5.4.2.2. Subordination of the psychiatric mental health nurse*

Mental health systems have been greatly dominated by the state of psychiatric knowledge, making psychiatry and occupations associated with it controversial, often disparaging the importance of their impact on the overall health of a person (Dixon & Richter, 2018). As nursing has traditionally been seen as a subservient profession (Sharples, 2017), those nurses who are specialised in mental health nursing find it very challenging to establish themselves. This is in light of the fact that psychiatric mental health nurses, apart from being stigmatised, work in a setting which has been predominantly dominated by the medical profession. This has influenced psychiatric mental health nurses' belief that there is a lack of professional recognition (Dixon & Richter, 2018; Nolan, 2012; Sweets & Norman, 1995). Psychiatric mental health nurses have, in general, been characterized as a compassionate, caring profession, where nurses were expected to know the physiological and psychological aspects

of mental disorder as well as be knowledgeable about psychiatric medication (Boling, 2003). This assumption rests on a biomedical model in which psychiatry has been criticized as being focused on the mind and treatments which include chemical restraint, coercion and social control (Dixon & Richter, 2018). Movements founded in a more inclusive and contemporary approach to recovery, where service-users align themselves with a recovery model, appreciate a biomedical approach yet move away from treatment being offered within a system dictated only by doctors and now seek help and input from a number of professionals (Dixon & Richter, 2018). Psychiatric mental health nurses themselves need to be key players in the promotion of the independence of their profession, projecting an image of autonomy, expertise and knowledge.

It has been pointed out above that regardless of one's professional background or expertise, any nurse can be deployed within mental health settings (A4MH, 2016). Psychiatric mental health nurses who took the time and trouble to go through specialist training may have to deal with nurses with little motivation or knowledge to practise in a mental health setting. No wonder the participants in my study felt servile and menial, in particular in relation to doctors. Scenarios as highlighted by Concetta and Emanuel in the findings chapter illustrated that professionalism is undermined by traditional practices of a custodial nature.

The definitions of traditional systems and custodial care which were adopted in the findings chapter describe a situation where working within a mental health setting is structured around the domineering medical profession. This seems to be an acute problem in Malta and prevails because nurses are culturally defined as servile and not as decision-makers (Sharples, 2017). Consideration of the findings of Sweets and Norman's (1995) article provided me with guidance as to why such practices may still be evident in the current mental health setting, even though this article may be considered somewhat outdated. Sweets and Norman (1995) had carried out a selective literature review, addressing the behaviour of doctor and nurses.



Focusing on sociological theory popular at that time the article was written, nurses were portrayed as being female whilst doctors as being male. This power image painted a picture where doctors were able to offer solutions and make hard cut decisions whilst nurses were characterised as being more paternal, compassionate and follow direction (Sweets & Norman, 1995). Meeranbeow (2001) had remarked that traditionally nurses were seen through a cultural context, assigning gender roles to this profession. Thus, nurses were portrayed as females with a low wage occupation. Meanwhile, male nurses who opted to work in mental health scenarios were looked upon with admiration as psychiatry was considered a field where physical strength was necessary (Sweets & Norman, 1995, p. 166).

Roberts, DeMarco and Griffin (2009) remarked that nurses are seen as an oppressed group, characterised by low self-esteem and determined by practices which resemble those of a handmaiden (Boling, 2003). Similar to Sweets and Norman's (1995) claim, Roberts et al. (2009) noted that nursing is seen as a servile profession which is characterised by a female workforce and dependent on hospital regulation. In addition, organisational administration continues to oppress nurses as administration is more concerned with power rather than professionalism (Roberts et al., 2009). Nursing nowadays may have moved away from such traditional roles, yet still sometimes struggles to assert itself, as noted in Sweets and Norman (1995), Meeranheow (2001) and Roberts et al. (2009).

Locally, attempts by psychiatric mental health nurses to attain adequate recognition is performed through the local organisation, MAPN (Maltese Association of Psychiatric Nursing) together with the local union and other organisations. Recognition of psychiatric mental health nursing and its discussion on international platforms is slowly increasing. Additionally, a number of local standards have been issued which strive to assert nurses' professionalism and autonomy. This set of ten standards aims to raise the profile of mental

healthcare, promote the profession, empower nurses to embrace leadership and promote educational activities (MAPN, 2017).

Against this background, it transpired from the participants in my study that nurses still lacked autonomy, thus creating a degree of rivalry between nurses and other professionals, in particular doctors. As demonstrated in the findings, nursing staff felt they lacked the autonomy to be independent practitioners within the organisational hierarchy. Clearly (2004) made similar observations through an ethnographic study of an in-patient mental health setting, describing a scenario where nurses felt that they were the “jack of all trades”. While this may have been an interpretation of the diverse roles of psychiatric mental health nurses, this phrase may also suggest that nurses may view themselves as devalued for their contribution (Clearly, 2004).

Possibly, the organisation itself may have promoted the perception that nursing staff were to be submissive to other professionals. The Council of Nurses and Midwives (2020) acknowledged that nurses and midwives need to be granted considerable autonomy whereby a nurse is to treat each person with the respect due to their professional status. However, it seems that society still considers the doctor as the key and most influential person within the multidisciplinary team. In fact, legislation pertaining to mental health (Mental Health Act, 2012) does not recognise nurses as autonomous, thus possibly preventing nurses from being active team members within the multidisciplinary team. The absence of recognition in local law may possibly indicate that nurses have no legal responsibility in determining the trajectory of care of a service-user.

It is quite evident that there is a lack of autonomy within the psychiatric mental health nursing group. Professional bodies such as MAPN and the local union for nurses advocate for the empowerment of nurses on both a national and international platform, yet it seems that this still needs to be endorsed by decision-makers. Additionally, psychiatric mental health

nursing is tainted with stigma and poor professional status (Ward, 2007). Most nurses who start off as psychiatric mental health nurses opt to move to another profession, with psychotherapy being a common option (Ward, 2007). Reasons for these transitions stem from psychiatric mental health nurses wanting to better support the people they meet during the course of their career; to receive better recognition and autonomy; or due to the stigma and low professional status associated with nursing. It is also possible that those who have opted to follow a career in nursing may be using it as a stepping-stone to other careers. This last assumption emphasises the low professional status of psychiatric mental health nurses and clearly needs to be addressed, by collectively empowering nurses within this field and through a multidisciplinary approach where each profession is given its due recognition. It is a pity that I encountered a situation in which psychiatric mental health nurses were not empowered and autonomous. Comments such as that made by Concetta underlined this; she claimed that nurses (both psychiatric mental health nurses and general nurses) seem to remain on the side, serve coffee, pass files and do not fully participate in ward rounds. Psychiatric mental health nurses need to regard themselves as being in a unique position, constantly there to support those they meet throughout the course of their career. Staying on the fringe suggests that the psychiatric mental health nurse does not participate in one's care and does not fulfil the essential feature of the profession, which is that of the therapeutic relationship.

#### **5.4.3. A sorry state of affairs: Infrastructure and environment**

The poor physical infrastructure may have impacted psychiatric mental health nurses' keenness to learn and the cultivation of a sense of community amongst themselves. As mentioned within the findings chapter, participants expressed feelings of demotivation as the work environment did not stimulate them to work, nullifying any efforts to spark learning opportunities and foster support between them. On the contrary, the poor physical

infrastructure encountered by the participants seemed to act as a barrier, inhibiting opportunities for informal learning and encouraging work in silos.

The hospital and surrounding offices are the central hub from which Maltese mental health services operate and have been in existence for over 150 years. Reports of the hospital being in a state of neglect and despair are all over the local media. Recent newspaper articles such as that of Caruana (2019a) reported that the state, atmosphere and regime at the local psychiatric hospital was untherapeutic and may even, at times, resemble carceral practices. Other articles have reported extreme situations, including service-users being treated in corridors due to overcrowding and unsafe living conditions with condemned ceilings (Caruana, 2019b; Xuereb, 2019). Yet, service-users and nursing staff still live and work in the facility as there is no alternative. Exacerbating this, the mental health services have been experiencing an influx of individuals with an urgent need for the service, thus adding to the pressure inherent in trying to offer a dignified service in squalid conditions. Wards are overcrowded, with long waiting lists to access community services and overall negative ambience and attitude. The lack of investment is evident, with inadequate furnishings, lack of adequate outdoor spaces and an overall lack of therapeutic areas (National Audit Office [NAO], 2018). The state office of the Commissioner for Mental Health has, since its existence in 2011, remarked on the state of affairs of mental health services and insists that it urgently needs to be at par with other national services. Similarly, Axiak (2018a, p. 74) in an exploratory study of the current environment of the local psychiatric hospital remarked that the custodial features were akin to a prisonlike facility, where service-users reported outdated and uncomfortable attire, bars on windows, and lack of privacy. Whilst the office of the Commissioner for Mental Health has offered a number of recommendations to the government, some of which have been addressed in parliament, most of these

recommendations still need to be acted upon (Office of the Commissioner for Mental Health, 2018).

It is pertinent to note that poor infrastructure impinges on one's mental well-being (NAO, 2018). Noting that the services in question are *meant* to deal with mental well-being, the NAO (2018) remarked that a dull and neglected environment affects the morale and dignity of service-users and staff. This echoed my own findings that the environment was in fact affecting staff. The poor physical state prevented psychiatric mental health nurses from being proactive and implementing evidence-based practice. Here I draw on an interview with Paul, who recounted the difficulties he encountered in formulating a care-plan. He simply could not formulate care-plans with time frames, telling of instances where he would work on a plan for a service-user in his ward, meant to be there for a couple of days; the following day he'd find that the service-user had been moved to another ward. He mentioned instances where the hospital faced an incoming deluge of service-users, resulting in overcrowding; in such cases, it was common practice for service-users to be moved to make space, thus nullifying his efforts to carry out his job effectively. He later told me that he perceived his input as futile, therefore gave up on any efforts to implement care-plans. Another example is that of Katrina, who enjoyed working in the field but felt she could no longer muster the energy to work in a dull and neglected environment. Yet another participant, Georgina, told me that the uncertainty within the community setting due to working in cramped spaces made her continuously anxious and fearful because of her personal space being repeatedly invaded. Ward and Cowman (2007) reported that job satisfaction was dependent on several issues. Of particular interest was the environment. The authors noted that there seemed to be a difference in perception between nurses working within a hospital environment and those working in a community context. It appeared that community services were favoured by the government and attracted more investment than hospital settings (Ward & Cowman, 2007).

However, participants in my study concurred with the NAO (2018) in reporting that the physical environment in both hospital and community settings was of low quality and in dire need of upgrading. A poor physical environment demoralises staff and leads to job dissatisfaction. Hanrahan, Aiken, McClaine and Hanlon (2010) noted that physical workplace environments contributed to psychiatric mental health nurses' feelings of depersonalisation and emotional exhaustion, regardless of their level of education and years of experience in practice. This supported my findings. For instance, the unattractive and unsafe working environment does not motivate one to work, hence there was nothing to inspire participants to challenge current practices, resulting in the near total absence of critical thinking.

Bearing in mind the collaborative nature of a constructive grounded theory design (Charmaz, 2014; Charmaz, 2007) during the write-up of this chapter, I chose to discuss these findings with a participant. James, who had not participated in the interviews, confirmed the findings mentioned here within. He elaborated on this point and told me that infrastructure goes beyond the concept of a physical environment, as it should also include adequate and sufficient communication. He spoke of a recent event where workmen came into his area to test the tap water. James believed the water was being tested for *Legionella*; the issue of *Legionella* in the tap water within the mental health infrastructure had been given prominence in the local media when a service-user passed away, allegedly due to this pathogen (Anonymous, 2017) and it was only in this manner that employees knew of its existence. According to James, there had been no official communication about this from upper management at all. He felt concerned for his own welfare and irked at the lack of consideration. Clearly, the poor infrastructure is only one part of the equation; communication issues are evidently also affecting the morale of nursing staff.

#### *5.4.3.1. Communication*

Communication is an essential feature in nursing, especially in psychiatric mental health nursing. Managers within the local mental health service are seen both as managers and as leaders. They are required and expected to foster effective communication with their staff to promote the service they offer, be allowed to effectively communicate, and follow through with clear policy and guidelines (Aronson, Sieveking, Laurenceau & Bellet, 2003). As previously mentioned, ineffective communication resulted in staff feeling neglected and demoralised, regardless of their position.

I have divided this section as follows. I will first address ineffective leadership, followed by a discussion of nurses eating their young: lateral violence and blame culture. As a consequence of fractured communication combined with poor infrastructure, staff morale and their motivation to improve practices and create a sense of community were affected.

#### *5.4.3.2. Ineffective leadership*

The state provides a publicly accessible mental health service free of charge, available on 24-hour basis. The state also offers community services, but as previously noted, there may be a long waiting list. Whilst anyone can choose to seek a professional privately for assistance, this can only be done in the community against a fee; currently there is no option for in-patient private care. My study was therefore carried out in the only mental hospital on the island. This service, although easily accessible, has what Axiak (2018b, p. 313) termed as “disfranchised” local services, which result in poor service delivery and a demotivated workforce. As mentioned elsewhere, it was evident from the participants’ accounts that communication, or rather the lack of it, greatly impacted service provision. Halter et al. (2017), who carried out a systematic review of systematic reviews of staff retention, identified key components which affected staff retention. Amongst their findings, the authors

identified that effective leadership and preceptorship programmes where staff worked on par with management, assisted in retaining and motivating nursing staff. Aronson et al. (2003) also found that well-defined roles and expectations and a sound working environment influenced staff retention. They concluded that these factors offer a sense of security that allow staff to be content at work, even during times of turmoil. The core elements identified by Halter et al. (2017) and Aronson et al. (2003) are both based on effective communication. Regrettably, since state mental healthcare in Malta is disfranchised, it is commonly abused. It is often seen as an electoral opportunity. In her study, Axiak (2018b) reported that the Chief Executive Officer (CEO), the highest position in the management hierarchy, was a political appointee; for example, the current government has appointed three CEOs so far, all coming from a non-psychiatric background - a lawyer, a surgeon and a banker. This has undeniably affected the leadership style in Maltese mental health services, thereby scuttling any possibility of establishing respect between upper management and staff. As mentioned by a participant in my study, a lack of communication between upper management, management and staff, resulted in staff not knowing what was going on. Furthermore, the lack of leadership as well as the lack of a guiding ethos, policies and guidelines continue to fuel autocratic and crisis styles of management, which are dictatorial rather than based on communication.

A common notion found amongst the participants of my study was that the participants felt isolated from management and had to deal with *ad hoc* decision-making which did not represent the needs of the population they cared for. Similar contexts have been addressed abroad. As pointed out in the literature review, the Mid Staffordshire National Health System public trust inquiry (Francis, 2013) highlighted ineffective leadership styles and the lack of communication evident between staff within the trust. It suggested that for communication to improve, a concept of distributed leadership should be implemented, whereby staff



collectively work to improve care by focusing on the patients' needs and demands. This finding bears much resemblance to my study as it highlights the need to improve communication and addresses different approaches to leadership.

Distributed leadership, a concept which is founded upon situated learning and activity theory, has been described by Gronn (2000) as being a type of leadership which is "more appropriately understood as a fluid and emergent, rather than as a fixed phenomenon". (Gronn, 2000, p.324). It proposes that leadership is a collective feature whereby the group actively works together rather than independently (Bolden, 2011). Thus, it promotes a new way of collaborative working to deal with problems over a period of time. Working in collaboration implies a democratic approach whereby the managers engage staff in decision-making, in designing achievable objectives to minimise autocratic and crisis management responses to situations. Communication here is top down and vice versa and inclusive of typical scenarios of debates and discussions which staff encounter through their line of work. Even though it has been acknowledged that more traditional forms of leadership may be effective to a certain extent in dealing with problems effectively, (Bolden, 2011; Contractor, DeChurch, Carson, Carter & Kegan, 2012; Gronn, 2000), distributed leadership provides a more inclusive approach in promoting the daily smooth running of the organisation where each individual is recognised and appreciated for their contribution. Such a model requires a shift in the internal culture, with two essential components: a shift in culture amongst nurses and a shift in culture of the whole organisation. Nurses, especially psychiatric mental health nurses, need to become conscious of the fact that for change to occur, they themselves need to become autonomous professionals and critical of their own work. Meanwhile, management needs to implement a system where the service-users and their needs are central to the locus of care.

Transformational leadership may be another approach to promote collaboration between management and staff. Similar to distributed leadership, this type of leadership aims at inspiring teams to change their behaviour by looking at what the client needs. The leaders look into stimulating workers to rethink their work goals for the improvement of care (Bass & Avolio, 1993). In a concept analysis, Fischer (2016) identified that transformational leadership is developed on a continuum whereby the leader observes the culture, gaining trust to empower individuals to achieve greater job satisfaction and creating a sense of autonomy (Bass & Avolio, 1993; Fischer, 2016). It is devised on a set of competencies which include working with others, empowering staff, facilitation of growth, translating evidence into practice and practice into evidence, encouragement of critical thinking and critical reflection, communication and decision-making. This approach provides a milieu of shared responsibility for the attainment of a better sense of worth from the worker.

Regardless of the model of leadership employed within an organisation, Clearly et al. (2011, p. 637) asserted that certain attributes and qualities are central to maintaining clinical improvement. These have been pointed out below:

- Use of personal authenticity and professional integrity when interacting with others;
- Value relationships as a foundation for change;
- Have an inclusive group/team orientation;
- Work to develop and maintain trust within the group;
- Seek member contributions, and value and build on them;
- Draw on a repertoire of styles appropriate to the situation;
- Influence people higher in the organisation;
- Have a future orientation and motivate for better care provision;
- Challenge routines, standard procedures, priorities, and thinking; and
- Support members by coaching, teaching and facilitating learning.

(as suggested by Clearly et al., 2011, p. 637)

These attributes I have mentioned here work hand-in-hand with collaborative learning and activity theory as these are fundamental within the organisational culture. The underlying concepts were new to me and I would have not understood their importance if I had not used a constructivist grounded theory approach. If organisations are not prepared to embrace change and adapt to changes in leadership styles to essentially focus on communication between individuals so that everyone is included, then leaders will continue to foster an autocratic style of management whereby leaders make unilateral decisions and make use of corrective measures (Corrigan & Boyce, 2003; Corrigan, Garman, Lam & Leary 1998). The latter style was clearly evident in the findings of my study. Management, especially upper management, needs to be conscious that mental healthcare is multifaceted, with several layers that depend on the service-users who often present with complex needs (Corrigan & Boyce, 2003).

It is pertinent to note that the participants in my study remarked that managers had limited knowledge themselves. By this they meant that the managers were not trained as psychiatric mental health nurses, nor had undertaken any other training pertaining to mental ill health. They also implied that managers did not have the necessary training in or knowledge of management and leadership theories. Thus, managers continued to embrace practices adopted by their predecessors who used autocratic and crisis management approaches to deal with situations. Adopting more contemporary approaches to leadership whereby management no longer works in isolation might reduce lateral violence and the blame culture which the participants of this study have eloquently described and experienced through their line of work.

#### *5.4.3.3. Nurses eating their young: lateral violence and a culture of blame*

In my study, lateral violence and a culture of blame seemed to feed on each other. Similar results as those presented in Axiak's study (2018b) were observed. Axiak claimed that a blame culture coupled with lateral violence was very evident within local practice. I observed the same situation, through my reflexivity and memo writing. The participants expressed the need to feel appreciated and to be heard. Yet, nurses felt that they were walking a tightrope, trying to work in an environment which restricted them and blamed them when trying situations were not effectively dealt with. It transpired that the nursing staff I interviewed formed part of an oppressed group, henceforth, to overcome oppressive feelings, staff resorted to lateral violence amongst themselves (Roberts et al., 2009).

Lateral violence together with a culture of blame may be just one of the many issues that affect the smooth running of the organisation, resulting in the participants feeling belittled and demotivated, thus not having the energy to change practices. Lateral violence, horizontal violence or bullying have been cited as umbrella terms used to characterise repeated untoward behaviours towards a worker or a group of workers, creating health and safety issues (Hartin, Birks & Lindsay, 2019; Olsen et al., 2017). This definition fits the situation described by the participants; I could not identify any evidence of a nourishing relationship between participants and managers. It is pertinent to note that the findings here report only one side of the situation and some participants commented that lateral violence was multifactorial. However, the findings I have highlighted only reported lateral violence occurring between the manager and staff.

A possible explanation as to why mental health services foster a culture of blame is that no one is equipped to take responsibility. It seems that this "fertilizes a culture of back-covering, responsibility shifting and finger-pointing" (Wand, 2017, p. 3). A blame culture undoubtedly imposes a poisonous and paralyzing power (Wand, 2017, p. 4) that inhibits employers from

being autonomous. It typically evolves in organisations that have strong bureaucratic management styles where compliance is expected and responsibility is assigned to the individual when systems fail. A culture of blame often results in lateral violence as described here by Wand (2017):

This control-based management style perpetuates a cycle in which adverse events are responded to with greater monitoring and regulation of employee behaviour via a variety of control mechanisms. The assumption being that people are incapable of self-regulating their practice, requiring constant guidance and discipline from management (Wand, 2017, p. 3).

A blame culture associated with mental health services is additionally coupled with political forces, perceptions of failure and criticism by the media, which influence clinical decision-making, often fostering risk aversion (Wand, 2017) and possibly cultivating an environment of institutionalisation whereby traditional systems and custodial care are practised to ensure the safety of service-users (Wand, Isobel & Derrick, 2015; Olsen et al., 2017).

For instance, there is abundant evidence that risk assessments in mental health settings, which have the aim of predicting risk (to self, such as a person acting upon thoughts of self-harm or suicide), are adopted to ensure safe practices (Wand et al., 2015). Yet, some of the risk is unforeseeable; a healthcare professional cannot assess the unseen (what the person is thinking or predict future behaviour), which places a great responsibility on the professional carrying out the risk assessment. If the risk is determined to be low yet the service-user still harms themselves, then it is probable that the individual who performed the assessment shall be questioned and their professional competencies assessed. Thus, albeit use of risk assessments is meant to promote service-users' well-being, they may ultimately be used in an authoritarian approach to apportion blame thus ensuring organisational control, with the use of lateral violence to maintain authority (Wand et al., 2015).

When examining historical practices and traditions, one finds that the medical profession was (and still is) the sole profession responsible for a person's care, therefore having authority

over others. Nurses were often forced to comply with orders from above, thus losing their autonomy (Sweets & Norman, 1995). This approach may have a ripple effect, with nurses adopting the same approach with those less familiar with the services, less experienced or less capable (Clearly et al., 2010; Granstra, 2015). Axiak (2018b) asserted that custodial approaches based on routinisation of tasks were exclusive to nursing practice in state psychiatric mental health hospitals. Lateral violence and a culture of blame may be due to nurses' attempts to obtain some power and status within the hierarchy of the organisation (Clearly et al., 2019; Granstra, 2015). Even though I found that participants working in community settings were more autonomous than those working in an in-patient setting, staff in this area still encountered lateral violence and a culture of blame. Thus, these are present throughout the mental health services and determine how psychiatric mental health nursing care is approached. This contributes to a situation of fractured relationships amongst nurses stemming from poor communication between them. Familiarity between professionals outside of the professional context may also unintentionally affect professional relationships, hence increasing lateral violence and a culture of blame between managers and staff. Findings arising out of the interviews I carried out established that a just culture which is free from blame would be ideal. For instance, encouraging professionals to report errors is non-existent in the local scenario. Even though the participants knew that they should report, they were hesitant as there was no guidance offered by the organisation. It came as no surprise that autocratic and crisis management responses were adopted. The lack of guidance on how to deal with certain situations led to the employment of lateral violence and a culture of blame. The majority of the participants of the study recounted instances attributable to lateral violence and blame culture, yet some participants justified the actions of their managers. They blamed it on stress and the type of management and leadership styles employed within the organisation as a whole. It may be that the participants themselves did not recognise that

they were being subjected to lateral violence, having been exposed to such behaviours for such a long period of time that they did not know any better.

Nevertheless, a number of described behaviours were clearly associated with lateral violence. The participants remarked that they felt excluded from decision-making, felt that their professional opinion had been ignored, were not provided with relevant information and were blamed for happenings which may have been out of their control. Lateral violence seems to be present at all levels of nursing, between upper managers and managers, and between managers and nursing staff. This has created a toxic environment leading to staff in various sectors feeling frustrated, ignored and belittled.

### **5.5. The organisational input impacting the study**

Following completion of my study, through my own reflection, I identified that many participants browsed through social media platforms and had been able to draw on this information for informal learning. As previously noted in the literature review in page 72, for one to seek information one requires motivation. Contrary to what I had envisioned, I encountered a situation where there was scarcely any interaction on the Facebook page. Nonetheless, Caine and Pilicastro's (2011) study indicated similar findings to mine, therefore suggesting that low participation may be a result of not being directed by formal courses. In addition, Kirschner (2015) argued against Facebook being a space for learning as it is generally a platform used to exhibit oneself, not for creating and maintaining learning opportunities. It appeared that informal learning and social interaction were dependent on the organisation. As described in the findings and discussion chapter, I encountered a situation where staff were held back by the hierarchy of care presented within the local mental health setting. This was a result of traditional management and leadership styles.

Learning within organisations is twofold: it is dependent on individual learning as well as the experiences and actions of the individuals who collectively help the organisation learn (Argyris & Schön, 1997). Learning, according to Brown and Duguid (2001, p. 201), “always and inevitably reflects the social context in which the individual learns it and in which they put into practice”. Learning within an organisation can be considered to be a social constructivist concept whereby situated learning occurs based on the social context in which the knowledge is understood to be. It is therefore a multifaceted process whereby the acquisition of knowledge relies on several aspects (Brown & Duguid, 2001, p. 200). This is why Teece (1994) established that learning is not just related to formal establishments of traditional learning such as teacher-student or mentor-apprentice but involves social skill, suggesting that learning is not individualistic but a collective phenomenon including joint contributions. Here, the author understood the social component of learning, that the learning process and learning support are social and collective and are based on several factors that constitute the organisation. Bateson (1972, p.5) implied that the term learning “undoubtedly denoted change of some kind. To say what kind of change is a delicate matter.” Change is a process and according to Bateson (1972) the process itself is dynamic, thus subject to change, but change needs to be a process that people acknowledge and embrace. Learning that occurs within a workplace environment inevitably includes formal practices relevant to the profession as well as unwritten idiosyncratic social forces including unwritten norms and values that influence the organisation (Brown & Duguid, 2001). It is a process that requires an acknowledgement that change is necessary to improve practices.

As a result of the findings above, I concluded that the organisation one works in is key to determining whether learning and cohesion occur. The employee becomes immersed within the system and becomes an essential link within the organisation. Therefore, irrespective of whether the person feels valued, appreciated for their input and allowed to voice their opinion



and irrespective of the state the organisation is in, the person will become part of the organisation. As described in the literature review, Schein (1996) argued that culture played an essential role in the way organisations learn and support is provided between the individuals forming the organisation. In my study, culture impacted the way learning occurred and the way individuals offered support. My findings indicate that whilst psychiatric mental health nurses feel there is an opportunity to make use of a social media platform to harness informal learning opportunities, this is dependent on the culture of the organisation, which needs to inspire change. This change needs to be reflective of international evidence-based approaches which use a completely different type of approach to foster effective working relationships amongst the various sections and areas of the organisation.

## **5.6.Conclusion**

In this chapter I have discussed the two main research questions in the light of the findings, which considered whether informal learning can occur through the use of a social media platform and whether a community of practice can be cultivated amongst the members of the group.

I found that informal learning occurred at a superficial level, as most of the participants were willing to take on board the information offered to them through the secret Facebook page. However, one could easily infer the dearth in critical thinking, where the participants encountered difficulties in discussing posts and understanding the wider context in which their work is set. Meanwhile, I found that a community of practice for psychiatric mental health nurses could not be cultivated through the secret Facebook page. There were various possible reasons for this: issues related to the nurses' professionalism, especially the feeling of being subordinate to other professionals; poor and tattered infrastructure and environment that presented the nursing staff with a constantly challenging situation; and finally the lack of

communication that affected the leadership style fostered by the organisation, the culture of blame and lateral violence that was experienced by the employees of the organisation. There seemed to be no culture of support and each person, regardless of the position held, had to struggle through a figurative labyrinth which continuously changed because there was no working ethos and no policies and guidelines to offer the necessary direction.

I believe that a harmonious organisation will allow individuals to thrive, learn and form part of a wider community. Nevertheless, my findings indicate that learning and cohesion are currently impacted by a failing system. The participants of this study have, in my humble opinion, lost their 'spark' and have become inert. This conclusion is drawn from the four conceptual categories related to individual usage, organisational influences, collaboration through a community of practice and the underlying structures around which the organisation functions. It is through the findings, through the concepts I have developed and through the discussion that I design my theory, which will be outlined in the next chapter.

## **6. Theory**

## **6.1.Introduction**

The application of a constructivist grounded theory approach as suggested by Charmaz (2006) and Charmaz (2014) provided me with insights I had not anticipated. Understanding the impact of the multifactorial interrelationship between the organisation and the psychiatric mental health nurses that work for it provided insights into the complexities that influence informal learning and community of practice. The study offered a glimpse into the current system psychiatric nurses operate in, which comprises adherence to practices within the system and work in isolation, compounded by the absence of an aspiration to change practices, and managed by individuals who may not have knowledge of mental healthcare. In this chapter, I will describe the substantive theory which has been created through the data to explain the process of informal learning and cultivation of a community of practice amongst a homogeneous group of nurses. Before presenting the substantive theory, I will first describe the process through which I designed the theory, setting it in the context of other, more established research.

## **6.2. A messy process**

Of particular significance is the utterly messy process I stumbled upon when designing the categories and understanding the data. In her various texts and writings, for example Charmaz (2006), Charmaz (2009) and Charmaz 2014) uses the term ‘grapple’ on multiple occasions. This term fits perfectly the complex process through which a constructivist grounded theory approach is designed. In my opinion, the term ‘grapple’ referred to the constant shifting when trying to comprehend what the data was showing. I concur with this term as this resembled my own journey. I describe this journey as untangling a ball of yarn,

moving back and forth through data, initial and focused coding, continuing to ask for clarification and confirmation to comprehend the complexity that this study presented.

### 6.3. Identifying a conceptual category through a theoretical coding lens

Embarking on a constructivist grounded theory approach (Charmaz, 2014), I formed part of the scene and collaborated with the participants to establish and confirm the findings with them. This process of confirming the data with the participants did not cease with the collection of data but continued throughout the write-up of the findings and discussion chapters to be more reflective of a collaborative account of the participants' experiences and of the data I unearthed.

A brief overview of the four conceptual categories from the Findings chapter has been provided in Table 6.1. as a reiteration.

*Table 6-1: The conceptual categories*

<b>Category</b>	<b>Title of category</b>	<b>Sub-divided</b>
Conceptual Category 1	Personal knowledge	<ol style="list-style-type: none"> <li>1. Issues related to oneself</li> <li>2. One's personal use of group</li> <li>3. Accessing social media for learning and support</li> </ol>
Conceptual Category 2	Organisational influences	<ol style="list-style-type: none"> <li>1. Issues related to practice</li> <li>2. Organisational issues</li> <li>3. The manager's input</li> </ol>
Conceptual Category 3	Moulding an online community	<ol style="list-style-type: none"> <li>1. Paving the way - from formal to informal learning and its influence on practice</li> </ol>
Conceptual Category 4	Paradox of an organisational culture	<ol style="list-style-type: none"> <li>1. The broader context</li> </ol>

Despite the four conceptual categories I have presented here, during the early phases of analysing the data I had thought of presenting my findings under three categories to describe the impact of the participants' experiences of using the secret Facebook page as an informal

platform for learning and creating a platform for support: issues related to oneself, the use of social media, and forming part of the community. However, I found it lacked cohesion, as it described the participants' experiences from a distance. All participants mentioned that the organisation has affected and influenced their learning and the way they interact together. By identifying this, I later established my final category. This allowed my analysis to be coherent with the context it was set in and was nested in the other three categories. Sieving through the data, through my own continual process of constant comparison, I found that this particular conceptual category was drawn from what Glaser (1978) referred to as a theoretical coding. Charmaz (2014, p. 151) described theoretical coding as giving the researcher an opportunity to outline the significance of the category, which is sustained through collaboration.

Employing an analytic edge to the findings, the theoretical code was considered to be a substantive account (Glaser, 1978). Glaser furthered this by stating that "Substantive codes conceptualize the empirical substance of the area of research. Theoretical codes conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into the theory" (Glaser, 1978, p. 55). Referring to the seminal work by Glaser and Strauss (1967) and later by Glaser (1978), the theoretical code allowed me to 'discover' the other conceptual codes, therefore understanding the context much better. Through my personal reflections, I found that the code entitled 'The broader context' to refer to as a theoretical code. This code emerged through reflexivity where I grappled with the data to understand the wider context. This code provided a holistic lens through which the canvas on which the other situations find themselves occurring can be viewed. This code later became a category where I was able to set the stage to construct my substantive theory.

The theoretical category that I created here was what Glaser (1978) referred to as the 'Six C's': the causes, contexts, contingencies, consequences, covariances and conditions embedded within. Here, I was able to shed some light by providing a comprehensive picture

of influences on the other categories. Glaser (1978) warned that the researcher should not force theoretical coding as these codes allow for an aura of objectivity (Charmaz, 2006). I stumbled upon this category through my analysis, through my ‘grappling’. I was able to envision a theoretical perspective of the data in order to relate, organise and integrate my findings into a constructivist grounded theory approach (Thornberg & Charmaz, 2012). This itself was in consultation with participants where my conclusions were drawn together. In addition, I was able to achieve this by continuously requesting their feedback throughout the whole process. This was not limited to seeking confirmation during the process of examining the findings but also during the process of writing up the discussion. This reflects the constructive and collaborative process which is synonymous with a constructivist grounded theory approach.

#### **6.4. Constructing the theory**

Thornberg and Charmaz (2012, p. 41) stated that a theory establishes ‘relationships between the abstract concepts and may aim for either explaining or understanding’ and that there are two types of theories: an objectivist (or positivistic) theory and an interpretivist theory (Charmaz, 2014). An objectivist theory seeks generalisability through probing causes and looking for explanations, whereas an interpretative theory emphasises on the abstract. My study focused on the abstract, inquiring about the participants’ experiences of using a secret Facebook page to harness learning and cultivate a community of practice. To describe the abstract, I used a collaborative approach where I, together with the participants, embarked on a journey of collective understanding. This study has sought indeterminacy, especially where I could not offer a cause, provide patterns or seek connections. This ensured an interpretivist stance under which social constructivism operates. Henceforth, the substantive theory aimed at designing an interpretivist theory. Charmaz (2014, p. 239) summarised the process of

coding to categories which lead to theoretical conceptualisation by stating that “a constructivist approach theorises the interpretive work that research participants do, but also *acknowledges that the resulting theory is an interpretation*. The theory depends on the researcher’s view: it does not and cannot stand outside of it.” (italics are my own emphasis). Here, the theorist seeks an indeterminacy rather than seeking a cause and establishing patterns or connections (Charmaz, 2014). Therefore, interpretivist theory aims to understand the meaning of the actions and construct. Charmaz continued that

...these theorists bring in the subjectivity of the actor and may recognise the subjectivity of the researcher. It calls upon the imaginative understanding of the studied phenomenon. This type of theory assumes emergent, multiple realities; indeterminacy; facts and values as linked; truth as provisional; and social life as processual. (Charmaz, 2014, p. 231).

The process of constructive grounded theory approach is a recursive and iterative design where I was able to identify the theoretical codes and build a substantive theory (Birks & Mills, 2015) which were based on various interpretations including my own. In the light of this, the findings cannot be generalised. Transferability of the study can be taken into consideration by framing and appreciating my positionality as a researcher and the culture the study was located in.

#### **6.4.1. Designing the theory**

Having completed the process of sorting focused codes into conceptual categories, I was able to give a title to each group. Charmaz (2014) stated that the sorting process provides a logical explanation for organising analysis whilst prompting theoretical links and instigating comparisons between categories. Grappling with the data and categories, I was able to derive my preliminary findings.



#### **6.4.2. Theoretical playfulness for theoretical understanding**

It is interesting that Charmaz (2006) and Charmaz (2014) recognised that the construction of a theory, regardless of whether it is a substantive or formal theory, should not be a mechanical process. She suggested the concept of theoretical playfulness, which allows the researcher to learn about the data, the codes and the categories which were identified by the study and how these are presented in literature. The method of abduction, as described in the methodology chapter could not be followed without being creative and flexible, and theoretical playfulness becomes an essential feature in the contribution of understanding (Charmaz, 2006; Charmaz 2014; Thornberg & Dunne, 2019). Theoretical playfulness allows for the researcher to play with ideas and be flexible, using preconceived ideas and notions in a novel or unorthodox fashion to further conceptualise the interplay between the critical and creative concepts or thoughts to generate new connections (Thornberg & Dunnes, 2019). The assumption of theoretical playfulness arises from what Thornberg (2012, p. 235) discussed when he related qualitative inquiry to creative thinking as suggested by Patton (2002). He argued that critical thinking needed to be combined with creative thinking to generate new possibilities (Patton, 2002; Thornberg, 2012, p. 235). This is what Corbin and Strauss (2008, p.90) referred to as giving qualitative research a soul and what Glaser (1978) termed as reading for ideas.

For this study, I used a theoretical playfulness approach to construct my substantive theory. The data indicated that the organisation was the most prominent feature that often-hindered additional efforts for informal learning as well as the formation and survival of communities of practice. Visualising the proposed theory was somewhat challenging for me as I found myself grappling with the data. Using theoretical playfulness as suggested by the authors above, I was able to retrieve but re-interpret a model of care and a mid-range theory.

To initiate this discussion, I shall provide my descriptions of the Tidal Model, which summarised my grasp of the findings I have presented. The Tidal Model revolves around the concept that “Life is a voyage undertaken on an ocean of experience. All human development - including the experience of health and illness - involves discoveries made on that oceanic journey” (Baker, 2001, p.235; The Tidal Model, 2015a). In summary, the Tidal Model uses the concept of a tide as a metaphor to explain the turbulent times a person experiences. It is during these turbulent moments that we, as psychiatric mental health nurses, meet those in need. We become the vessel through which discoveries are made and the service-user relearns how to find themselves again. This borrows from Barker’s understanding of the chaos theory, where Barker acknowledged that the human experience is fluid in nature, therefore is in incessant change and unpredictability (Barker, 2001, p. 235; Barker, 1996). I found that Barker’s understanding of the Tidal Model reflected my understanding of the findings. I am of the opinion that the tide represents the fluidity of life, our journey. Life is in continuous motion, where we require support from others, thus we also form part of a vessel that has multiple roles where the best care is provided. Yet, in the local setting, the role of the nurse encouraging the person to relearn and adapt to their life is not represented. Locally, we tend to rely on a traditional and custodial model of care which places focus on the hierarchy whereby the medical profession is seen to hold the key to one’s recovery, a situation where nurses feel constrained to follow orders and not share their views. This unique situation does not have the service-user at its heart, but rather personal gain. Upper, middle and line management seem disconnected and this cascades into the interactions between management and psychiatric mental health nurses. The voyage no longer becomes a journey of discovery but rather a journey of conforming to expectations which does not include the service-user. This understanding can be further described by the Mid-Range Theory of Intellectual Capital by Covell (2008). This theory, basing its underlying assumption in nursing practices, has

been developed from an economic, accounting and organisational learning perspective where it is proposed that there is a relationship between the concepts of human capital, structural capital and relational capital and business performance outcomes (Covell, 2008, p. 95).

Covell here understood that nursing should not be seen as an independent profession, but rather as a profession with interrelationships associated with the following:

- collective nurses' knowledge;
- collective nurses' skill;
- collective nurses' experience, focusing on the experience acquired from continuous professional development;
- and patient and organisational outcomes.

(Covell, 2008).

Overall, this theory envisions that nurses form part of a group, therefore form part of the organisation, and cannot be seen as an independent profession working towards achieving the best care for their service-users and their carers. Covell (2008) argued that nurses should be seen in a larger, more complex context: as the interlink between their working environment, their collective nursing knowledge and skill and the experience obtained through learning opportunities and its correlation to patient and organisational outcomes.

There are five constructs pertaining to the Mid-Range Theory of Intellectual Capital which I shall reiterate, identifying the similarities of these concepts with my own findings. The first construct is that of human capital. Covell (2008) has described this as belonging solely to the employee, thus it is considered to be an intangible asset. This includes the employee's knowledge, skills and experience. Organisations invest in human resources, that is human capital, by offering opportunities for employment and by also offering opportunities for continuous professional development. The latter is achieved through formal and informal learning opportunities to improve one's performance, thus also adding to the organisation's

stock of knowledge. In the context of this study, the organisation has invested in nurses as human capital, their intangible assets being their qualifications. The organisation gives staff the opportunity to access formal learning opportunities to acquire further qualifications through continuous professional development. Those who hold a BSc. (Hons.) Mental Health Nursing are offered the opportunity to read for a Masters in Mental Health Nursing or another Master's Degree related to their practice. Nursing staff who hold a Diploma in Nursing or a BSc. (Hons.) Nursing are also offered similar opportunities: to pursue a BSc. (Hons.) Mental Health Nursing or a Master's Degree. Both of these formal learning opportunities and continuous professional development courses allow the nurses to study whilst working<sup>4</sup>. Informal learning opportunities are also supported by the organisation and here nurses are urged to collaborate with each other and with other professionals to improve practice. Another construct of the Mid-Range Theory is that of structural capital. Covell (2008) described this as the stock of knowledge which is converted by nurses into information that exists within the organisation. This is inclusive of systems, databases, and documentation which have been created for the use of the organisation. Although dependent on the human capital, structural capital supports human capital and vice versa as it belongs to the organisation and is rooted in its practice. Therefore, it is anticipated that through formal and informal learning opportunities, nurses would reflect and propose changes to current practices to fit the needs of the service-users. These changes are informed by evidence-based practices and the demands of the service. Once the change has been incorporated into the organisation, it no longer remains human capital but becomes structural capital, essentially creating a platform for a community of practice whereby psychiatric mental health nurses are

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<sup>4</sup> Locally, nurses are on par with public officers, hence the same principles are applicable. As per the document 'Sponsorship and paid study leave manual' (Institute for the Public Service, 2018) all public officers would have to sign a binding contract to ensure their return to service for a period of time after completion of the course.

offered the opportunity to communicate and collaborate through a supportive environment to change practices.

The third construct is that of relational capital. Covell (2008) described relational capital as knowledge which is embedded in the organisation, therefore dependent on the organisation's relationship with internal and external stakeholders. According to Covell (2008) this is difficult to maintain as it is influenced by external factors. In the local scenario this is best described by Axiak (2018b) when she explained that the current mental health system in Malta is disfranchised, depending on the current government administration to make formal decisions. Thus, decisions are considered to external. In addition, internal forces include decisions made by individuals who may not possess the necessary skills and qualifications to make the decisions yet are in a position to do so.

Business performance outcomes have been best described as investing in the future of the organisation, by creating opportunities to improve intellectual assets. Within the local mental health setting and as described elsewhere, a mental health strategy has been devised for the period 2020-2030, therefore offering projections as to what mental health care should be transformed into and by when this should be achieved (Office of the Deputy Prime Minister, Ministry of Health, 2019).

The final constructs are those of human capital investment and human capital depletion. According to Covell (2008) the former concept is related to the organisation's support for human capital. Locally, this is carried out by supporting training opportunities, but when an employee leaves or separates from the organisation, their stock of knowledge departs as well, resulting in human capital depletion.

Both of these theories provided me with the opportunity to enhance my comprehension of the results of the study I carried out in the local setting. Through the Tidal Model, I was able to identify that psychiatric mental health nurses may have lost their voice and no longer worked

in collaboration with the service-user but in compliance with the organisation. There was no room for informal learning and its application even though investments were made in this cohort of staff. Therefore, the vessel that people rely on was eroding.

According to the findings of my study, psychiatric mental health nurses saw themselves as subordinates, viewing themselves as low in the hierarchy. Participants in my study felt lost and oppressed by the organisation, hence struggled to keep the vessel afloat until it reaches its destination. Rather than working in collaboration, there seems to be a dissonance between the participants. The silo effect was evident, with nurses in different areas not communicating amongst themselves, nursing staff and managers not communicating well either, and also very little communication between managers and upper managers. The work environment too was neglected and not conducive to inspiring hope, which made the participants feel even more disengaged. It seemed that the organisational influences and the environment in which the organisational influences existed were disconnected from the participants, but still influenced day-to-day practices. This resulted in a manipulation one's personal knowledge; which hindered the moulding an online community of practice amongst the members of the group.

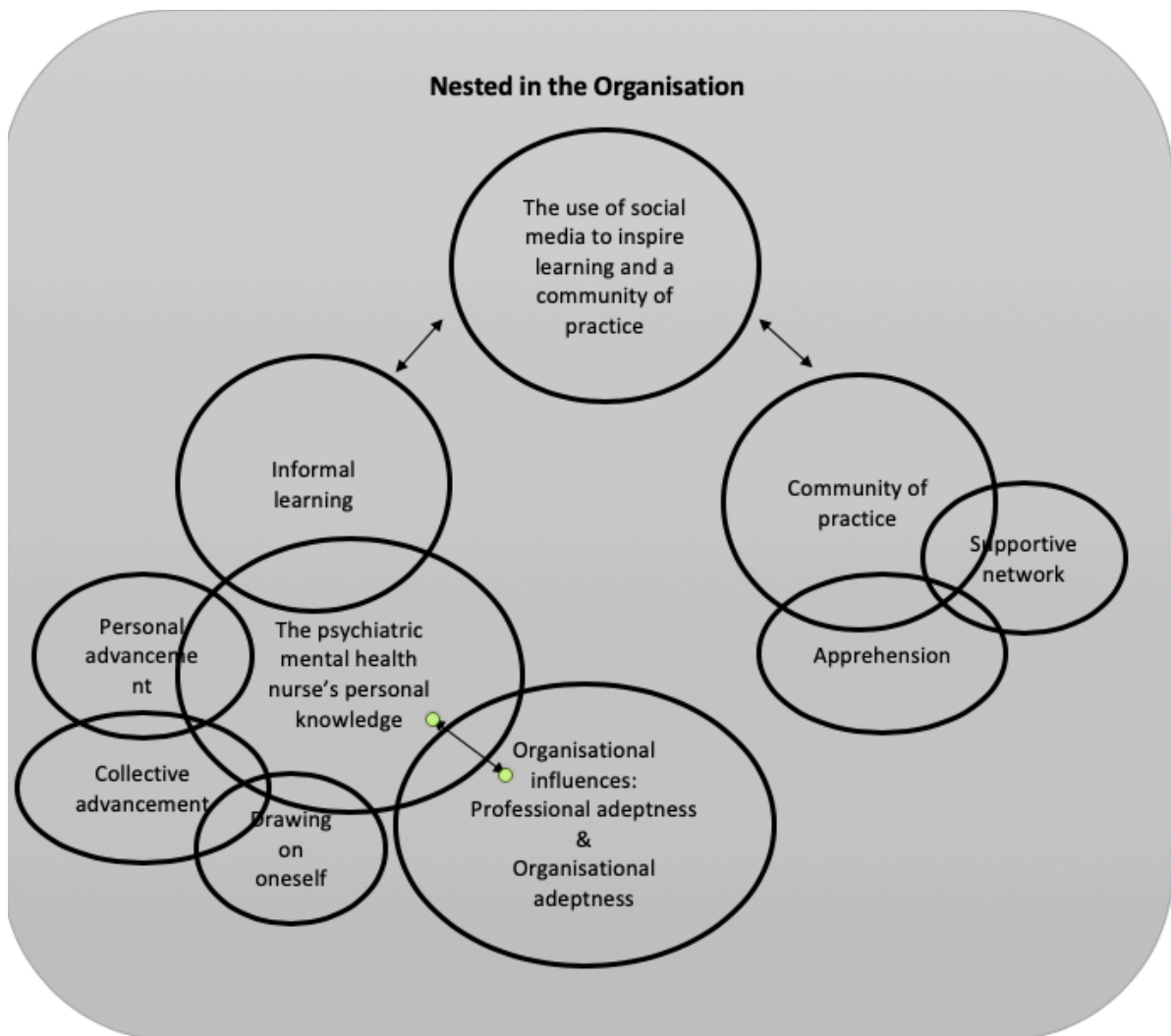
The Mid-Range Theory of intellectual capital helped me further understand my findings within a nursing structure. I found that the constructs of this theory resemble many of the conceptual and theoretical concepts I have worked with. As identified in the findings and discussion chapters, the organisation has offered support to nurses to continue to advance in their profession. In addition, the organisation also claims it supports informal learning opportunities, investing in the necessary human capital by investing in the individual stock of knowledge. Yet, it is pertinent to note that support for formal and informal learning opportunities does not necessarily imply that initiatives to improve practices are endorsed by the organisation. The relational capital has been influenced by poor knowledge and seems to

focus on image, due to inadequate management and concordant with a hierarchical medical model approach. There is little support for structural capital as the environment does not inspire change, resulting in dissonance. Therefore the organisation has not managed to create an environment where informal learning and independent communities of practice can prosper.

If the structural capital is adequately supported by the relational capital, it will produce a sense of belonging and possibly a sense of community. However, due to the complex multifactorial issues, poor business performance outcomes often result and once again, the state (which is responsible for the hospital) has to intervene to raise the profile of the organization. This often includes raising the profile of the nurses who are employed to work in the mental health services. However, the mental health strategy for 2020-2030 will not bring about any positive changes, unless it is recognised that human capital and structural capital form the largest building blocks in the organisation. Because of the current sense of dissonance resulting in demotivation, and feelings of belittlement leading to frustration, nurses often let go. Letting go or depletion of human capital may not necessarily mean terminating one's employment but becoming a submissive servant with no motivation to bring about positive change.

These theories led me to design the final visual understanding of my findings (Figure 6.1.) where I am able to provide a structure to the study. This understanding later formed the foundation of the substantive theory, which I will discuss further.

Figure 6-11.: A visual representation of my conceptualisation of the research findings.



### 6.5. Designing the substantive theory

Substantive theory, which will be referred to as theory in future text, has been described by Charmaz (2014, p. 344) as theoretical interpretations of a delimiting problem. Glaser and Strauss (1967, p. 79) wrote that substantive theory "...is grounded in research on one particular substantive area, it might be taken to apply only to that specific area". This reference is still significant because while it acknowledges that substantive theory is localised in the presented data, the theory is not generalisable. This is what Urquhart (2019, p. 104)



perceived as a limitation of grounded theory, as it is seen as creating rich qualitative data of micro phenomena, but it cannot be adopted to explain other instances. Nevertheless, Glaser and Strauss (1967) hold that substantive theories help formulate formal theories whilst being grounded in the data collected. The benefit of generating a grounded theory, according to Glaser and Strauss (1967), is that substantive theory helps reformulate previously established theories (Glaser & Strauss, 1967, p. 34). Substantive theories offer empirical research, therefore offer validity through novelty (Urquhart, 2019). Substantive theories should be recognised as offering an opportunity to pave the way for formal and generalisable theories. In the case of this study, I feel that I was able to generate a model of understanding of the field rather than a substantive theory. The term model seems to be better suited to describe the reality in which my study is conceptualised. As described by Mills et al. (2006) the construction of the final result is a unique balancing act, where it describes the connections made through the analytical findings and the reality of the study is set in. The following section describes the model in detail and ends with a visual representation of the model in Figure 6.2.

### **6.5.1. Explaining the model of understanding**

The model I have designed lay primarily in my understanding of the data I have portrayed in Figure 6.1. As discussed previously, I designed the model with the concept of the organisation playing an essential role in this particular study. The organisation played a major, significant role in psychiatric mental health nurses' formation. The organisation and the nurses could not be seen as independent of each other but relied on each other to function and work. Therefore, these have to be seen collectively as a whole, even though they *are* independent of each other in the sense that nurses are free to enter and exit the organisation at their own pace.

The organisation has two significant influences: the paradox of the organisation and organisational influences. The paradox of the organisation is where the theoretical category is situated. Here, the contradictory conduct resulted in a situation where psychiatric mental health nurses expressed the desire to change but remained inert. Staff commented that poor infrastructure, which included structural and professional dimensions, impacted their work. This was described as poor environment, ineffective communication and issues of familiarity affecting work practices, leading to a culture of blame and avoidant behaviour from management. This influenced the organisational culture, which is the second category, involving professional and organisation adeptness which were characterised by the following;

- Professional adeptness:
  - Traditional practices;
  - Professional pride; and
  - Insufficient human resources.
- Organisational adeptness:
  - Organisational issues;
  - Manager's input in influencing a community of practice.

As previously discussed, the context of organisational influences resulted in a situation where traditional values and custodial practices were predominant, and staff remained in stuck in the past. There seemed to be very little effort to modernise practices. A belief of 'why fix it if it ain't broke?' triumphed. This notion had particular significance where nursing managers viewed their role as having an aura of authority, viewing themselves a cut above the rest of the staff. Their lack of involvement as possible role models and integral participants in a community of practice to support staff may have implied that staff need to work in isolation as unity does not help sustain the overall running of the organisation.

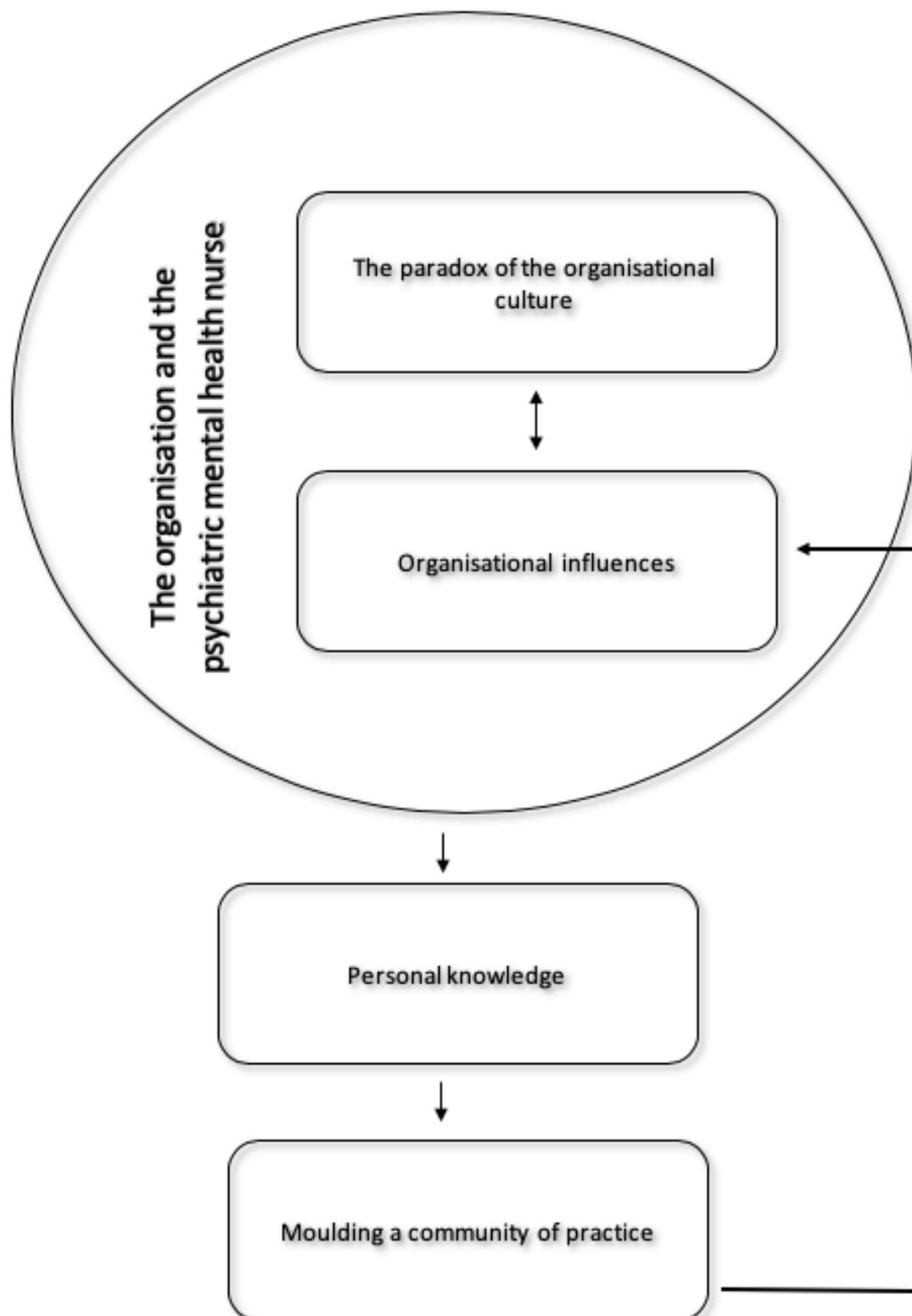
The individuality and the collectiveness of psychiatric mental health nurses could be observed with regard to informal learning and a community of practice. Firstly, personal knowledge draws from the concept of formal knowledge, hence drawing on psychiatric mental health nurses' formal training. Although efforts were made to inform staff of evidence-based practices to inform current practice, this seemed to be lost within the organisation. Perhaps the nurses' formal training courses adopted an instrumental style of learning and did not promote critical thinking. Possibly, the organisation did not insist on modernising practices and did not acknowledge an informal learning approach to improve practice. There were learning opportunities within the organisation, but these were scarcely used. Ultimately, informal learning did not contribute much to psychiatric mental health nurses' personal knowledge. This isolated them further and they were too timid to work together to support one another. Their weariness of each other, impacted by a sense of apprehension and the belief that they were able to deal effectively with situations, continued to sustain an environment where each section of the hospital became a silo. I encountered a situation where moulding a community of practice could not be achieved, as identified in the third category. Most of this was affected by the first category, as it was affected by personal knowledge, but there was also much apprehension. The attempt to mould a community of practice was hampered by an overall feeling of lack of recognition for the need to create and cultivate a community of support, therefore staff continued to work in isolation. As described in the Findings chapter, there was little use of the online medium to offer support, and morale seemed to be influenced by the degrading environment nurses encountered on a daily basis. Younger members of staff may have come to depend on the use of mobile devices, hence isolating themselves. All of this led to difficulties in moulding and cultivating a community of practice. The paradox of the organisational culture and organisational influences also seemed to inhibit a supportive network amongst staff. Both personal knowledge and the

moulding of a community of practice fed back to organisational influences which themselves influenced the paradox of the organisational culture and ultimately the organisation with the psychiatric mental health nurses within it.

Metaphorically speaking, I regard my model as closely resembling an iron chain made of interconnecting hoops. The chain may be old and rusty, but still serves its purpose. It is evident that this chain is no longer equipped with the necessary strength. However, it works adequately, so the chain remains largely unchanged. Similar to any other worn out chain, new loops are replaced or added. However, these too soon become rusty as it requires that the whole chain is replaced. This resembles closely to the understanding of the organisation in which this study took place. The system which it has adapted is now an outdated, old system; yet functional. Occasionally, nursing staff try to change, but the system seems stuck in their traditional practices. Staff find it trying to adopt a change in practice and revert back to those traditional practices which are supported by the organisation. A drastic change is required to improve, and this might mean starting afresh and developing new services with new staff and new ideology.

A visual representation of this part of the model is presented in Figure 6.2.

Figure 6-2: The overall presentation of the model



## 6.6. Concluding thoughts and way forward

This chapter provided a holistic account of the experiences of the psychiatric mental health nursing staff who participated in the secret Facebook page. Through using a constructivist grounded theory approach (Charmaz, 2014; Charmaz, 2006) I was able to identify four conceptual categories, relating to personal usage of the Facebook page, organisational influences on sustaining informal learning, the creation and cultivation of a community of practice and other issues that were nested in the others, determining the success or failure of the secret Facebook page. The categories were multidimensional, identifying how the organisation influences individuals and vice versa. Through sorting, naming and memo writing, I was able to conclude that three out of the four categories were conceptual in nature as drawn from the findings of the data I collected. The fourth category was theoretical in nature, and this was drawn from my grappling with the data. This method allowed me to capture the dynamic interplay which existed in the data. The process of collecting the data was a collaborative one. Similar to previous authors, I found the process of data collection to be non-linear: it consisted of going back and forth through constant comparison to arrive at the conclusions.

The findings brought home to me that working environments could not be separated from the individual; each aspect influenced the other. Also, professional and personal issues seem to influence each other within a wider context in the organisation. One needs to work in harmony to encourage personal and informal learning and build a community of practice.

## **7. Conclusion**

## 7.1. Introduction

By adopting a constructivist grounded theory approach as suggested by Charmaz (2006) and Charmaz (2014), this study has identified that harnessing informal learning and a community of practice through an online social media platform can be achieved if the organisation works harmoniously and in synergy with its workers. The organisation is interdependent with the workers within it to foster practices which adapt to the constantly changing climate experienced in the sector. The implementation of formal learning can transcend into informing practices, and through practice, informal learning opportunities arise by learning from and reflecting on work experiences, during one's own personal journey. Informal learning then offers a unique opportunity for organisations to continue to transcend their practices and adapt to change by investing in further research into practice. It is through this that a community of practice is formed, and through the community of practice that the organisation supports its employees to adopt change through mutual support and encouragement. The community may also seek to structure its own research, therefore looking at evidence-based practices to improve current trends.

I espoused this premise in my study. Here, I created a secret Facebook page to work in collaboration with a group of psychiatric mental health nurses for informal learning and to cultivate a community of practice. However, the organisation within this study appeared to distance itself from its workers. By employing a homogeneous sample of psychiatric mental health nurses as suggested by Wenger et al. (2002) when designing this study. This, I had thought would encourage a community of practice as the members of this group all came from the same organisation. Yet, what I encountered was a situation of conflict which resulted in restricting psychiatric mental health nurses from communicating amongst themselves. According to the participants of this study, the organisation had its own agenda which departed from the patient-centred approach advocated by local and international



platforms. It transpired that the organisation did not offer a harmonious environment. Rather, it supported practices which were adopted through traditional and custodial models of care, managed by crisis and autocratic styles. The participants also detailed that they lacked autonomy and felt dominated by a hierarchy of care led by the medical profession. In addition, it transpired that management did not support contemporary leadership styles. This may have reinforced practices which were authoritarian in nature. Along with the authoritarian approach, there was a culture of blame and lateral violence. This too impacted the professional integrity of the psychiatric mental health nurse, possibly with the ramifications of limited informal learning and limiting critical thinking. Consequently, the participants, whose formal education was at par with that of other professions, viewed themselves as subordinates and subservient. This may have led to staff withholding their involvement hence tending to miss critical thinking opportunities to improve practices in the organisation. Although psychiatric mental health nurses strove to offer the best practices possible in their situation, they were demotivated, belittled and remained inert even though claiming to desire change. All these factors together with the lack of professional support from the organisation hindered the achievement of the aims of my study. Therefore, whilst psychiatric mental health nurses may have felt that informal learning occurred through the secret Facebook page, they themselves held very little debate online and encountered difficulty in critically discussing posts during the interviews. It seemed that the organisation had withered their desire to practice. A detailed comprehensive overview is provided below.

## **7.2. Comprehensive overview**

The scope of this study was to endorse an online social media platform to offer a homogeneous group of nurses informal learning opportunities and to help create a community of practice between them. Therefore, the aims were twofold. It was anticipated

that by creating an online platform, nurses could access informal learning opportunities. The underlying principle was that nurses did not have to attend formal learning opportunities to be equipped with the necessary information to bridge the theory and practice gap and keep abreast of evidence-based practices. Thus, through the application of a social media platform, nurses could access evidence-based information, current local and international guidelines and memos to learn from. Using a social media platform - which was easily and freely accessible and constantly available - allowed nurses to access information at their leisure. The attractiveness of using a social media platform consisted in it also being a medium for communication. It is within the concept of communication that the second aim was located. I envisioned that an online medium would cultivate a community of practice among the participants hence fostering a sense of support within the group. The primary concept of a community of practice was defined by Wenger et al. (2002) as a community of people sharing the same ideas and passions amongst other things, furthering their knowledge by interacting with each other. These aims coincided with the main aims of my research question.

In the second chapter, I address the literature and theoretical underpinnings. Here I draw on several concepts to inform my study, broadening my own understanding. This chapter continued to evolve as I later used it to understand the landscape of my study. The literature allowed me to understand the concept of informal learning, comparing it to other means of learning. Looking into theories from the field of learning such as instrumental learning, constructivist and collaborative learning, I began to frame my appreciation for learning, grasping the dynamic interplay each theory offers. This was followed by examining Wenger et al.'s (2002) concepts of a community of practice. I also used the activity theory by Engeström (1987) and Engeström (2014) to be in a position to understand how a community of practice reflects on activities and expands members' informal learning. I gathered further

insight into the overall learning aspect, which is designed on collaborative and constructivist learning techniques. Understanding the creation and application of social media allowed me to conceptualise the study I wanted to carry out by applying a social networking site such as Facebook as a platform for informal learning and cultivation of a community of practice. Without understanding the context of the study, I would not have been able to design the study or discern the findings. This is then followed by looking at organisational learning and leadership and management styles, where I was able to address a number of underlying issues nested in the context of the study.

I describe my philosophical perspective, my methodology and method in the third chapter. I recognised that for this study, I identified with a social constructivist approach which is rooted in an interpretivist philosophical perspective. After reading up on different methodologies, I concluded that a constructivist grounded theory approach would be the ideal approach to adopt for this study. This design granted me the opportunity to create my own understanding of the field by using a collaborative approach: together with the participants, I explored their experience of using a social media platform for informal learning and cultivation of a community of practice.

Following an initial interview, the majority of participants expressed the wish to use Facebook as the social networking site for the study. Taking their suggestion on board, I was able to create a secret Facebook page that gave the participants easy access to a site they were already familiar with. This approach is novel and unique in design; at the time when I started the process, I could not locate a study which took an approach similar to mine. Hence, with great anticipation, I embarked on a journey of uncovering the experiences of staff. I was of the opinion that this study would be successful in achieving its aims.

In the Findings chapter, I discuss the data I collected from my semi-structured interviews. The interviews revealed quite a number of expected and some unexpected findings.

Primarily, I encountered a situation where psychiatric mental health nurses felt that the secret Facebook page assisted in their informal learning. The participants commented that they enjoyed accessing the secret Facebook page for learning and felt that they learnt from the posts. However, I observed that staff did not participate very much and that there were few discussions on the Facebook page. I inquired about this further during the interviews, and participants confided that they were apprehensive in expressing their thoughts for a number of reasons, mainly related to their own personal fears and issues related to professionalism. Personal fears involved apprehension about sharing their thoughts for fear of being ridiculed by their colleagues. Professional issues were related to participants' professionalism, because they felt subservient to other professionals especially doctors, resulting in nurses not being able to critically discuss their thoughts. So, whilst some informal learning had happened, through closer examination I found that the participants struggled to think critically. This often led them to conform to traditional and custodial practices as they were too demotivated to challenge the situation. Through their professional issues, I found that the staff could not create and cultivate a community of practice.

In addition to my findings, staff informed me that the organisation hindered cohesiveness. This was further divided into two main issues. One issue involved the poor infrastructure, consisting of the poor physical structure itself and of the ill-equipped individuals who were in upper management and management positions. The participants informed me that these individuals did not always have a background in mental health care, nor were they trained in management and leadership. The second issue that was raised by the participants and which influenced the creation of a community of practice was ineffective communication; participants informed me that they experienced a culture of blame and encountered lateral violence.

In the discussion chapter, I explained my realisation that the organisation had an impact on the psychiatric mental health nurses who took part in the study. Even though I intended to create an opportunity for informal learning and cultivation of a community of practice that existed outside the confines of the institution, the nurses who participated in the study were also part of the organisation they worked in. Therefore, the study was nested in the organisation. Consequently, the organisation impacted their learning trajectory and supportive approaches. Since the organisation identified with a medical model, traditional and custodial practices were endorsed. As a repercussion, the participants felt that their professionalism was disregarded and commented that they were not seen as equal to other health care professionals, with insufficient human resources and a squalid environment. By understanding the context in which the study was performed, I was able to design the model of understanding in Chapter Six. Application of the Tidal Model (Barker, 2001; Barker, 1996) and the mid-range theory for intellectual capital (Covell, 2008) assisted me to frame my theory, whereby I explained that the organisation and the psychiatric mental health nurse depended on each other. This was influenced by the paradox of the organisation: the organisation supports formal and informal learning but does not endorse it. Hence, the organisation allowed and encouraged staff to attend continuous professional advancement courses yet failed to create a culture where such learning was put into practice. Meanwhile, the organisational influences were dominated by ill-trained individuals and poor leadership and managerial skills. This continued to bolster the paradox of the organisation and in turn affected the running of the organisation and the employees within it.

The situation I have discussed here portrayed an inauspicious scenario. The participants were tired of trying to overcome the organisation, hence became demotivated and hopeless. The spark which may have enticed these individuals to become psychiatric mental health nurses seemed to be absent. Yet, the participants had insight into their situation and hoped that

someday change would occur to improve practice, but at the time of the study remained inert. In view of this, I have devised a number of recommendations for practice. These shall be discussed in the following section.

### **7.3. My Contribution**

My study is very much located within a specific country at a specific moment in time, and as such the findings cannot claim unconstrained generalisability to psychiatric mental health nursing universally. However, beyond reaching the central aim of the study, which was to answer the research questions, my study can offer further, valuable contributions at least within a local or national sphere. These are located in four main areas: contribution to knowledge; contribution to practice, which focuses on management; and my contribution to theory and my contribution to education. My contribution to knowledge lies in furthering the understanding of the complexities which exist in the context of psychiatric mental health nursing and the organisation they work in. My study which makes an original contribution highlighted the multiple levels and influences present in organisations, which impact learning and support. The employee cannot be regarded separately from the organisation; therefore, future studies need to take this into consideration. Even though the study does portray the grim situation that psychiatric mental health nurses in Malta work in, it also makes recommendations to improve outcomes. The insider perspective I offered allows the reader to conceptualise the realities encountered in the workplace setting and how the workplace interacts with learning and the dynamics of a community of practice.

My study is a powerful reference for the management of local mental health services.

Through this study, I have demonstrated that a community of practice can exist, if this is given the opportunity to flourish. My contribution to practice indicates that it is essential for the current management of local mental health care services to embody a leadership style,

whereby contemporary approaches such as those of distributed leadership (Gronn, 2000) and transformational leadership (Fischer, 2016) are cultivated. Harmonious and synergic relationships, which recognise the interlink between the professional and the organisation are extremely important in impacting the micro functioning of the organisation. Organisations are made up from individuals who need to feel included and respected in order to champion the organisation's aim. This needs to be achieved by establishing a partnership between the employee and the organisation, where personal and professional contributions of the individual are acknowledged to positively impact the smooth running of the organisation. The recommendations of my study relate to improving services; recognising the need for collective reflection and supporting team building so as to establish positive working relationships built on trust and respect. This will provoke the necessary change needed to move away from traditional and custodial practices which hinder the psychiatric mental health nurse from implementing change. My study established that the person and the organisation cannot be separated from each other; each constituent is inextricably linked. Thus, a community of practice can only thrive and stimulate positive change when the work done by the individuals is acknowledged, strengthening a sense of self-worth in those individuals who form part of a community of practice. However, an essential feature for a community of practice to be successful is the recognition of education and the need for continuous professional development. This is brought about by promoting educational opportunities which range from specific and broader training opportunities to extend one's wealth of knowledge.

My contribution to education is influenced by several distinct areas of my study. The first area is that of methodology. Adopting a collaborative approach as suggested through the application of the constructivist grounded theory (Charmaz, 2006; Charmaz, 2014) remained continuous throughout the study. This approach has permitted a non-linear process of

understanding the data, together with the literature whilst maintaining a close relationship with the participants who formed a crucial part of this study. Adopting such an approach, allowed the work I undertook in this study to be carried out in real time. It is as if the thesis was brought to life by continuously grappling with the data to understand the scene and context in which the thesis is written. My study has adhered to a social constructivist approach which corresponds well with my positionality and my professional characteristics and stance. I understand that the real world is reflective of my own understanding and by the understanding of others who in turn, help formulate a new understanding of the world around me.

Another area of contribution is that of theory. The substantive theory that I have developed is rooted in community of practice theory (Wegner et al., 20002) and in activity theory as suggested by Engeström (1987) and Engeström (2014). By understanding how the community of practice theory and how activity theory influence informal learning and the cultivation of a community of practice, I was able to apply the mid-range theory for intellectual capital by Covell (2008) and the Tidal Model by Barker (2001) and Barker (1996) to design a theory which is located within the local context and unique to the setting it is situated in. Meanwhile the substantive theory is not only reflective of the theory and literature which helped me to draw my conclusion, but also helps me recognise the training associated with receive a qualification in psychiatric mental health nursing.

My final contribution is towards education. In the introduction chapter, I had initially identified a lacuna, whereby efforts made to understand or work within the Standards of Care (MAPN, 2017) were not been well received by psychiatric mental health nurses. Alarming, this thesis has identified a much wider gap, whereby psychiatric mental health nursing is not always seen as a speciality whilst psychiatric mental health nurse training is not perceived as an opportunity to enhance education. On the contrary, education did not seem to inspire



professionalism. This led to staff remaining subservient towards other health care professionals, unwilling to challenge their practice and engage in critical thinking. They remained on the side-lines, rather than taking an active role in participating in patients' care. The recommendations which follow from the findings and discussion of this study have aimed to address this lacuna and hopefully improve the local status of psychiatric mental health nurses.

#### **7.4. Recommendations: The way forward**

This study offered insight as to how the organisation impacts the worker and vice versa, thus one cannot exclude the person or the organisation from the equation. It seems that historical understanding of how nurses were perceived may have impacted the way contemporary practices were not endorsed within the hospital. Yet, rather than dwelling on the unfortunate situation I encountered in this study, it would be best to use these findings to improve the services offered by the state mental health service.

The recommendations I offer are designed around the research questions, the findings and discussion chapters. To facilitate the following discussion of the proposed recommendations, I have divided these into three sections: recommendations for professional attainment, organisational improvements and general recommendations. These serve to answer the research questions where I wanted to inquire whether a social media platform can sustain informal learning and whether I was able to cultivate a community of practice within the local setting. Moreover, the recommendations are not only linked with the research questions but also address questions which arose during the course of my study. Specifically, the recommendations related to professional attainment and organisational improvements are related to questions which arose from the findings of this study. Thus, address the

shortcomings of the professional body and of the organisation in an attempt to create a harmonious and synergic setting for psychiatric mental health nurses to be considered as key players who can significantly contribute to the smooth running of the organisation. In addition, these recommendations aim at boosting the local profile of psychiatric mental health nurses, boost their self-esteem and no longer be a subject of lateral violence. The general recommendations offer further insight into improving the study design should this be replicated.

#### **7.4.1. Professional attainment**

1. As stated elsewhere, nurses who work in the mental health setting are often deployed to work in this area with limited training. Most generally trained nurses would have been exposed to work in mental health settings for only a very short period of time during their training, therefore have limited knowledge of mental health and mental illness. As pointed out in the findings, this practice deprives the individuals who access the service of adequate professional care (Office of the Commissioner for Mental Health, 2018). Regrettably, the stigma associated with mental ill health has also contributed to lower enrolment rates for students in mental health nursing. To possibly overcome this, there need to be more campaigns to attract potential students to follow training in mental health nursing. This can be done by providing information about mental health and mental wellbeing at a young age to normalise mental illness and place it at par with other health conditions. Meanwhile, nursing staff who work within a mental health setting should be asked to follow continuous professional education courses in mental health conditions. This will hopefully reduce the common misperception many nurses seem to have that working in a mental health setting is less challenging (A4MH, 2016).

Nevertheless, training schemes should not cease upon completing the nursing course. As established elsewhere in this study, once approved by the local nursing and midwifery council, a nurse is registered for life. There are very few initiatives for continuous professional education once qualified. When courses are offered to upgrade qualifications, many complete the training solely to acquire a higher salary rather than through real interest in the training. In addition, presently staff are only asked to complete a competency framework booklet to acquire higher seniority and higher wage (Nursing Directorate Service, 2016). In spite of the fact that evidence-based practice and keeping abreast of contemporary approaches is recommended by the local nursing directorate, there seems to be no enforcement. As one of the study participants remarked, there are no key performance indicators to urge staff to attend continuous professional development courses. Axiak (2018b) suggested that registration with the nursing and midwifery council should not be lifelong but revalidated over a period of time. I concur with this suggestion. To revalidate nurses, the United Kingdom Nursing and Midwifery Council (NMC) requires nurses to provide proof of completion of a certain number of hours of continuous professional education in line with its code of practice. Revalidation occurs every three years (NMC, 2019). If a system similar to this had to be implemented in Malta, it could possibly raise the profile of psychiatric mental health nursing, since training would become a prerequisite to remaining in employment.

2. Whilst education and continuous professional development are essential to improve clinical practice, it appears that psychiatric mental health nurses who have completed their training at both Bachelor's and Master's level are not enabled and empowered to implement their learning. The organisation does not encourage that those psychiatric mental health nurses who have completed their studies in a specific area apply their findings to improve services. It can easily happen that these nurses lose interest in

working in a field where their studies are not applicable. For example, a newly qualified psychiatric mental health nurse who has completed their studies in psychogeriatric care, such as caring for a person with dementia, may be deployed in an adult acute care setting without dementia cases, therefore the nurse cannot apply specialised knowledge into practice. This kind of occurrence may continue to reinforce the notion that further training has the sole purpose of gaining a higher wage. To overcome this, the organisation should deploy nurses specialised in particular areas in such a way as to take full advantage of their knowledge. This might reduce feelings of demotivation and allow for more contemporary practices to be implemented, as the nurses can apply their knowledge and share it with other health care professionals. In turn, this may enhance critical thinking skills which seem to be present during formal education but limited in practice, whilst raising the professional profile of nurses.

Another recommendation is that of learning schemes through continuous professional development. This proposal takes into consideration the organisational needs to improve and implement contemporary initiatives in mental health nursing whilst encouraging nurses to participate in and contribute to these initiatives. These may include, for example, training on and implementation of Safewards in an in-patient setting or endorsing the Tidal Model in community settings. It is possible that the inclusion of psychiatric mental health nurses in these learning schemes will encourage them to be more proactive and favourable to implementing the initiatives in practice. Such schemes place the psychiatric mental health nurse in a better position to be directly involved in decision making and service planning, actively involved in their own learning and collaborating with others.

The state psychiatric mental health services are considered to be a small, tightly knit community. If staff are encouraged to interact with each other, possibly in areas outside

the hospital and with different individuals who participate in continuous professional development, their professional network may be widened. Widening one's social circle results in exposure to people who may think differently, thus encouraging critical thinking.

3. When performing my study, I found that nurses were working in silos. Participants regarded the area they worked in as essential, but there was no collaboration with other areas in the organisation. Thus, the participants I interviewed did not recognise themselves as forming part of a wider context. As Malta is a very small country with centralised mental healthcare services, I suggest that nurses should be encouraged to change their place of work over a period of time, so as not to stagnate in a particular area. This may instil a sense of cohesion among staff members, whilst driving home the idea that each area is essential for a patient-centred approach. It is expected that this would increase collaboration.

Clinical supervision offers the opportunity for two nurses (one of whom is a skilled facilitator) to consult, discuss and learn from work-related matters in a non-judgemental confidential manner, with the aim of enabling practitioners to develop and further their knowledge. The scope of clinical supervision is to improve patient-centred care and treatment (Royal College of Nursing, 2002). The United Kingdom NMC (2010) advised mental health nurses to perform clinical supervision, to help construct leadership, management and team skills. In Malta, clinical supervision has been identified as an essential feature within psychiatric mental health nursing practice, but there are no formally organised sessions. Consolidating a system whereby clinical supervision is endorsed by the organisation may help nurses understand their own limitations and possibly see themselves as forming part of a larger context. This too can promote collaboration and instil a sense of support, thus reducing the sense of working in

isolation, feeling demoralised and unsupported. Purpora and Blegen (2015) highlighted that when staff are offered the opportunity to employ peer support and supervision, job satisfaction increases. It creates an environment where one can communicate and reflect on stress encountered in the workplace, whilst helping to deal with lateral violence (Purpora & Blegen, 2015). Therefore, endorsing practices where psychiatric mental health nurses can undertake clinical supervision offers room for personal growth. Clinical supervision should not be limited to psychiatric mental health nurses and other nursing staff but should also be offered to nursing managers. Offering professionals the opportunity to spend time to reflect on their practices and draw on experiences to improve can positively impact their professionalism, managerial and leadership styles and well-being (Clearly et al., 2011; Purpora & Blegen, 2015; Olsen et al., 2017). Another aspect that may counter the both feeling of working in isolation and issues with professionalism is that of reflective practice. Similar to clinical supervision, reflective practice offers the opportunity for staff to individually or collectively reflect on their work. Using the model suggested by Schön (1983), reflection *in* action and reflection *on* action are two techniques which can easily be adopted in various settings to give staff the opportunity to reflect on their work. This has also been recommended by the United Kingdom NMC and the Royal College of Nursing, to be performed in conjunction with clinical supervision. Reflective practice together with clinical supervision helps staff deal with burnout and cope with their own frustration. It becomes a medium through which staff are offered an opportunity to vent and gather advice on alternative courses of action to deal with situations more effectively. For this to be a viable option, it needs to be supported by the organisation. This shall be addressed in the organisational recommendations.

4. Keeping abreast of current research and evidence-based practice is somewhat challenging. As described in the study, it seemed that the participants who had just completed their training in psychiatric mental health nursing did not apply evidence-based practices. It could be that their training followed teachings that might have been unable to implement in the local setting. This is why it is essential to endorse informal learning opportunities as these could facilitate the process of keeping abreast of current research. This process should be extensive, incorporating various aspects of mental healthcare: the therapeutic relationship, practices within the remits of the state code of ethics and law, and knowledge of pharmacological and non-pharmacological means to assist service-users. Through keeping up-to-date, nursing staff can participate in discussions, constructively critiquing approaches and suggesting alternative measures.

#### **7.4.2. Organisational recommendations**

1. The nurses who participated in the study felt that recognition of their work was lacking. Nurses need to feel acknowledged and praised by the organisation. The organisation needs to recognise that nurses often spontaneously manage crisis situations. There should be acknowledgment in instances where a situation was tackled effectively and/or was very challenging. Clearly (2004) performed an ethnographic study in an in-patient mental health unit in Sydney, Australia. The small tasks nurses carry out are often perceived as menial as these are invisible nursing tasks performed to support service-users. For example, nurses go to great lengths in supporting service-users to achieve the smallest of tasks and act as the link between the service-user and the multidisciplinary team. These invisible tasks deserve the necessary acknowledgement. Clearly (2004) continued that it is a struggle for nurses to make nursing visible, yet it is within the nurses' capability to make the invisible visible. Nevertheless, Roberts et al. (2009) remarked that nurses are

often silent about their contributions in patient care, hence limiting their own value and ability to deliver care. To overcome this, it is necessary that nurses find their voice and make their practices visible to the multidisciplinary team. There is no task that a nurse or a psychiatric mental health nurse performs which should be regarded as menial or subservient; each task helps strengthen and ensure a trustful therapeutic relationship. Acknowledgement and praise for a job well done may be a necessary reminder to nurses that their role is essential for the care of service-users and the smooth running of the organisation.

2. Currently, nursing managers seem to distance themselves from nursing staff, thus do not work as part of a team. As discussed elsewhere, staff felt that nursing managers did not support them. In turn, nursing managers were left on the sidelines by upper management. This sabotages opportunities for team working. Nevertheless, in the last two years the organisation has endorsed team building exercises (Dr. V. Sultana, personal communication, 23<sup>rd</sup> June, 2019). The scope of these exercises is to encourage nurses to network and form new relationships with each other. However, it seems that the team building exercises are only superficially embraced by the organisation and were seen as just a façade by study participants. No work-based relationships were formed and there were no follow-up initiatives following the team building. This is a pity, as team building exercises can help develop communities of practice and enhance service delivery. Nevertheless, the success of teambuilding activities depends on support from the organisation.

The persistent lack of recognition of the need for nurses to collaborate between themselves has impacted nursing practices. Traditional and custodial models of care may have been adopted by management, who may have thought that nurses are not in a position to propose change. Organisational literature I have cited elsewhere indicated that



team building activities that are supported by the organisation do improve relationships amongst professionals, but these need to be supported and endorsed by the organisation, especially by the nursing managers.

Nursing managers need to acknowledge the importance of improving service delivery. As discussed in the findings and discussion chapter, there seems to be two issues. Firstly, nursing managers may be educationally ill-equipped to manage. Hence, it is recommended that successful completion of continuous professional development courses to improve leadership skills should be part and parcel of their terms of employment. Leadership training should cover both leadership and management skills, because managers are seen as leaders in the Maltese setting, therefore nurse managers need training in both aspects. Contemporary leadership approaches allow managers to share their responsibilities with others, therefore cultivating stronger work relationships. Secondly, nursing managers need to be included in decision making and organisational projections. Recognising that nursing managers are the link between upper management and nursing staff is crucial to improve service delivery.

Nursing managers also need to cultivate reflective practice among staff. Reflective practice can be advocated directly by the nursing managers by, during the course of their work, offering support and speaking to staff. Rather than taking a judgemental approach, the nurse manager could gather information about the events leading up to an incident and actions taken by nursing staff to deal with the situation. Advocating for reflective practice would improve communication and understanding of the group dynamics whilst exploring myths about practice (Roberts et al., 2009). In addition, reflection helps improve managers' relationships with nursing staff, especially when an inquiry is set up to investigate incidents. Employing reflective practices may reduce feelings of finger

pointing which are associated with a culture of blame and can strengthen staff in internal inquiries or critical incident reviews.

3. In reference to the findings and discussion chapters, the phenomenon of lateral violence is present within the Maltese mental health settings and needs to be tackled with urgency. Employing some of the recommendations I have mentioned herein, such as reflective practice, contemporary leadership styles and team building activities, may help overcome feelings related to powerlessness which currently result in lateral violence. Learning to recognise anger and frustration would be beneficial for every person in the organisation. This may encourage a culture of support between members whilst fostering a sense of community where every member is valued. Continuous professional development courses especially for managers can also be utilised to counteract lateral violence; managers can be taught new techniques to handle issues related to personal on-the-job frustration. Fostering environments where everyone is supported facilitates shared decision making, thus reducing lateral violence through the promotion of inclusivity (Enterkin et al., 2012). As noted in the discussion chapter, the majority of participants were hardened to lateral violence, because it was so widespread. Workshops addressing lateral violence in the workplace would help staff identify and neutralise the phenomenon (Cerevolo, Schwatz, Foltz-Ramos & Castner, 2012). After carrying out a series of workshops, Cerevolo et al. (2012) found that reduction of lateral violence was noted over a period of three years. Increasing awareness seemed to have motivated leaders, managers and staff to consciously try to reduce lateral violence from occurring in the workplace.

It is essential that the effective management of lateral violence is addressed during nurse training programmes. Simulating events where nursing and psychiatric mental health nursing students explore their feelings towards being subjected to lateral violence has

been suggested in the literature (Sanner-Stiehr & Ward-Smith, 2017). Students need to be exposed to a neutral environment whereby they can express their thoughts and observations, bolstering their assertiveness to prepare them for their employment after their training ends. In addition, curricula should include coping techniques. Being aware of the nursing code of ethics and applicable legislation could also help counteract lateral violence. Being reminded of ethical obligations through posters (with appropriate text e.g. on being fair, maintaining professional integrity, and working in harmony within a multidisciplinary team) might also help staff be more conscientious.

It is envisioned that by effectively dealing with lateral violence, the culture of blame would be dealt a blow. Bureaucratic styles of management where someone must be held responsible or a scapegoat found need to be addressed (Wand, 2017). There are a number of measures which cost nothing and can make a difference when dealing with a culture of blame. Trueland (2019) made several suggestions. These include:

- a. Rephrasing sentences: Asking ‘what happened?’ rather than ‘what did you do?’ displaces the emphasis from the possibility that the nurse may have done something wrong;
- b. Assigning support for staff: This could be done by assigning another ward nurse to support a nurse during tense periods while assisting with emotional discomfort;
- c. Rather than addressing what happened in a particular instance, look at addressing why systems normally work and what may have happened differently on this occasion: This approach allows staff to reflect on actions, collecting their reflections in a much wider context, rather than solely focusing on wrongdoing and placing blame on a particular person;

- d. Measuring progress by assessing learning: This can be achieved by practising a just culture where staff are involved in self-assessment, recognising their own limitations and developing learning objectives which they feel they need to meet;
  - e. Listening: It is essential that one really listens to what a person has to say regardless of the situation the person is in. This can be achieved through debriefings where one can speak freely without fear of repercussions; and
  - f. Praising staff for a job well done: this can be simply done by saying thank you.
4. This research has shown that Maltese mental health setting does not have clear policies and guidelines. As described in the findings and discussion chapters, the lack of policies and guidelines left room for variable and inconsistent practices to be adopted. Additionally, in the absence of policies and guidelines, staff felt lost (Olsen et al., 2017). Participants implied that without national policies, it is a struggle for nurses to know which approach the organisation would like them to take. It may be somewhat problematic to employ international regulatory bodies' guidelines, such as those of the United Kingdom's National Institute of Clinical Excellence, as such bodies do not take into consideration the Maltese context. However, if the guidelines and policies are edited and adapted correctly to local requirements, they can improve healthcare service delivery. They offer standardisation and better equip staff to manage challenging situations. Policies and guidelines also offer legal direction and help achieve consensus within teams. Yet it is essential to note that complying with policies and guidelines can be somewhat challenging, especially as these might not meet specific individual needs or might restrict the nurse's ability to make independent clinical decisions. This in effect may limit critical thinking as this cohort of nurses may prefer to follow the instructions offered on paper, rather than question and seek means to improve standardisation.

### 7.4.3. General recommendations

1. Accreditation did not feature in this study. Through accreditation, more nurses could have been enticed to participate and to be more committed to the study. Furthermore, face-to-face meetings together with the use of a Facebook platform would possibly have increased participation and cohesion in the group.
2. Education was a major factor in this project. Staff need to be more critical of their work and question why certain practices are adopted. It is the responsibility of every educator, manager and researcher to promote a critical perspective in the work we do. We can never question enough; by questioning we can threaten the status quo.  
  
Critical thinking should not be restricted to formal learning opportunities. Educators and researchers hold the necessary tools to promote this by encouraging students and staff to strive for better practice. Aiming for better practices is not the sole responsibility of the staff in the trenches; managers too have to listen and question practices. We need to promote a culture whereby everyone tries to reflect on their work and think critically.
3. I suggest that additional studies similar to mine should be performed, using some of the various research techniques to understand the context in which nurses work and take the opportunity to identify different techniques and approaches to sustain informal learning and cultivate a community of practice.
4. One of the aims of this study was to introduce to staff the concept of informal learning opportunities as an essential part of their job. By employing a social media platform such as Facebook I was able to implant this idea amongst staff, as to some extent this was achieved in this study. I recommend that the practice unit of the institution where my study was performed ratify my study and introduce informal learning opportunities to a wider context of nursing staff who work in the mental health setting.

## 7.5. Strengths and Limitations

A constructivist grounded theory approach is an abductive approach whereby as a researcher, one understands the empirical data that has discovered within the field of inquiry (Charmaz, 2014; Thornberg, 2012). This method of data collection differs significantly from other methods of qualitative data as the as constructive grounded theory opts for an inductive approach whereas other qualitative methodologies such as phenomenology and ethnography employ a deductive approach.

All forms of grounded theory aim to stimulate a discussion that urges the researcher to generate new ideas. This is not a mechanical process therefore is not prescriptive of applying a systematic procedure to determine whether the data concurs or refute existent theories. To the contrary, grounded theory approach implements methodological and epistemological pluralism through bridging the dialogic spaces by adopting different theoretical approaches praxis (Given, 2008). This has been argued by Thornberg (2012, p. 250) to include a theoretical agnosticism method, thereby treating all theories and concepts as disputable and modifiable proposals. This draws from the concept of theoretical pluralism which recognises that ideas and concepts can be used from existent theories to allow a new and or flexible understanding (Dey, 1993 as cited in Thornberg, 2012).

The application of applying a constructivist grounded theory approach to explore, understand and extract the data within this study permitted me the opportunity to research the field. The identification of a theoretical framework of the community of practice allowed me to be better able create the social networking platform in which the study was conducted in. I believed I embarked on an elaborate mission where in a simplest sense, the study was driven by two theories. Thus, it involved the use of a community of practice to be able to understand the process occurring within the group of psychiatric mental health nurses who opted to take part in the study, whilst use a constructivist grounded theory approach to understand the

research field. In hindsight, it might have been viable that the study was driven further by adopting a community of practice framework to understand the research field. Using a community of practice together with qualitative means to collect data might have produced a more cohesive account of the experiences of psychiatric mental health nurses who embarked on this journey. Nevertheless, my study has produced similar findings as those identified in Axiak (2018b). To reiterate, a phenomenological approach had been used to understand the lived experiences of nurses who embarked in furthering their own education by reading for a Degree in Mental Health Nursing (Axiak, 2018b). The implication of this study together with my own findings indicate that regardless of the theoretical framework and the methodologies used to understand the research field, the issues which effect psychiatric mental health nurses are embedded in practices which seemingly go beyond contemporary understanding of organisational learning, culture and leadership.

As stated in Chapter 3, I took every possible measure to ensure the rigour of this study. However, I would say that the greatest strength and also limitation was the fact that I was an insider researcher. I was an insider because I had worked in the institution where the study was set for a long time. I was also very familiar with the participants as I was their colleague and had supported the majority of them in their own studies. Whilst this may have been perceived as a limitation, I argue that this can also be seen as a strength. Applying the core concepts of the constructivist grounded theory, I was able through my reflectivity and memo writing, to clarify that the conclusions I made were those reflected by my participants and not made by myself. Being familiar with the participants and the environment allowed me to engage better with the participants. This offered staff the opportunity to disclose information which might have been withheld had I not been their colleague and friend. Meanwhile, a constructivist grounded theory approach allowed for collaboration, a method I continuously employed throughout my research. On a number of occasions, I asked other participants to

confirm and share their thoughts on the findings I had gathered during the eleven interviews. This offered me further perspective and understanding, whilst ensuring that the findings did not represent my own thoughts and assumptions, ensuring rigour and certifying that the knowledge obtained was accurately presented.

Kirscher (2015) pointed out several limitations when utilising Facebook as a platform for learning. Here, I partly disagree with the assertions made. Facebook may indeed not have been the ideal medium to inspire informal learning and cultivate a community of practice. Using a face-to-face approach could have encouraged staff to share their thoughts. However, a face-to-face approach can certainly be supported by other media such as a social network platform. In addition, the lack of physical contact within the group may have limited communication, especially since communication only occurred through a virtual platform. Virtual platforms themselves can be a hindrance as there is limited communication and it is difficult to express non-verbal discourse, and there is also a lot of room for misinterpretation. One of the aims of my study was not achieved as I could not cultivate a community of practice amongst the professionals. However, taking these limitations in stride, I suggest that by employing the recommendations I have presented here, communication and trust may be improved hence paving the way for a community of practice. It also bears mentioning that the community of practice targeted in this study had underlying intent, as there was the specific aim of cultivating it for this study. Wenger-Trayner and Wenger-Trayner (2015) recommended that there should not be intentionality. Meanwhile, Cox (2005) had remarked that a community of practice is embedded within the organisation. Despite designing the group outside of the constraints of the organisation, the claims made by Cox (2005) and Wenger-Taryner and Wenger-Trayner (2015) prevailed in this study.

Upon reflection on the study, I realised that throughout the study the service-users were only briefly mentioned. When mentioned, this was to explain or sustain a case. Whilst the focus of



the study was to understand the experiences of nursing staff using a secret Facebook page for informal learning and cultivating a community of practice, the service-user is ultimately the locus of care. A patient-centred approach did not emerge as being the most important aspect during the interviews with the participants. This may have been a limitation of the study whereby I did not probe into the participants' perspective on the service-users. It could also be that the organisation, having adopted traditional and custodial practices, ignores service-users as it is more focused on maintaining control and authority.

The findings shed light onto the particular need to disseminate the findings among the organisation. The first step would be to publish the study in renowned journals; however this might be somewhat problematic as a decision was made to embargo the study for a period of three years after it was finalised. The decision was made to protect the participants of the study as sensitive material was discussed. During the embargo period, I will hold a meeting with the director of nursing services of mental health services. This will allow the opportunity to discuss the findings and discuss the proposed recommendations as construed from the findings of the study. The study would also benefit from exposure during local and international conferences during the same period and the publication of papers in local and international journals.

## **7.6. Closing reflections**

I must say that the journey of reading for a Ph.D. in education had its ups and downs. I recall feeling exhilarated when I was collecting the data and formulating the findings and theory, because I was making connections and establishing missing links. It did take some time to clarify my thoughts and understand the data as the process of understanding seemed interminable. The process was also somewhat stressful, because I constantly doubted myself and felt overwhelmed when balancing study, work and personal life.

In hindsight, I have learnt a lot. I had made a number of assumptions which were not supported by my study. I now understand that our personal and professional lives are on the same continuum, all intertwined.

My findings and observations were somewhat disheartening, describing a forlorn reality where psychiatric mental health nurses have lost their voice and ambition to work. I have described a situation where one would think twice of making use of the local mental healthcare system unless one absolutely had to. However, I believe that every cloud has a silver lining. I recall service-users and their loved ones thanking me earnestly for providing them a safe environment which encouraged a sense of wellbeing. I can say with confidence that psychiatric mental health nurses do a remarkable job in incredibly difficult circumstances, trying their best to offer the necessary service to the people who require it. For this I say thank you.

## **8. Reference list**

## 8.1. Reference list

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## **9. Appendices**

## 9.1. Appendices 1: Approval from ethics board at the University of Sheffield



Downloaded: 18/10/2017  
Approved: 12/10/2017

Marcia Gafa`  
Registration number: 150247171  
School of Education  
Programme: EDUR33 PhD/ Education (Malta)

Dear Marcia

**PROJECT TITLE:** Harnessing social media to trigger learning in a group of psychiatric mental health nurses  
**APPLICATION:** Reference Number 015155

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 12/10/2017 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 015155 (dated 09/09/2017).
- Participant information sheet 1035389 version 1 (09/09/2017).
- Participant consent form 1035388 version 1 (09/09/2017).

The following optional amendments were suggested:

*see comments: Approved with suggested amendments Sahaja Davis Clarify access to database and that appropriate permission is sought. Some safeguarding measures are implemented with regard to what is shared on the social media platform. Approved with suggested amendments Keith Faulkner Clarify safety of data storage and appropriate recruitment of participants. I thought that these perhaps should be compulsory amendements, but I believe I can make these suggested amendments because participants will not come forward unless the issues are resolved, thus making the review process self-regulating. Approved with suggested amendments Daniel Goodley Please add Dr David Hyatt's details to the info sheet as the contact person for complaints. He is the Chair of ethics. Also, can you add a number of example questions that you will explore with participants to the info sheet.*

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Yours sincerely

David Hyatt  
Ethics Administrator  
School of Education

## 9.2. Appendices 2: Sample letter

Sample letter seeking permission to carry out the study to the Chairperson of Psychiatry /  
Nursing Management of the Mental Health Service, Malta / the Directorate of Nursing and  
Midwifery of Malta (sent via email)

17<sup>th</sup> October, 2017

Dear .....

My name is Marcia Gafa' and I am writing to you to consider granting permission for me to carry out a research project. As you may be aware of, I am currently reading for a PhD. in education with the University of Sheffield, under the guidance of my supervisor, Profs. Cathy Nutbrown. Due to my interest in alternative methods to promote continuous education, my research will be addressing whether informal learning can be triggered through a social media platform.

I will be asking a group of Psychiatric Mental Health Nurses to consider their voluntary participation in this project. This research project will consist of the creation of a closed and private social media platform page to instigate evidence-based practice knowledge through discussions and reflective practice. It is envisioned that 20 to 25 nurses will participate in the project which is intended to run over a period of 12 to 18 months. Two one-to-one interviews with each participant will be carried out, one prior the research to gather baseline data and another during the 12 to 18 months which will ask participants whether they feel that the social media platform has provided an opportunity to further their learning.

I would be grateful that you consider this opportunity for me to carry out this study as I have already been granted consent and ethical approval from the University of Sheffield. Should you request further information, please do not hesitate to contact me or my supervisor on the details mentioned here within.

Thanking you in advance for your permission.

Yours sincerely,

Marcia Gafa'

PhD candidate, University of Sheffield

Email: [marcia.gafa@gov.mt](mailto:marcia.gafa@gov.mt)



### 9.3. Appendices 3: Approval from Chairperson of Psychiatry.

----- Forwarded message -----  
From: **Grech Anton at Health-Mental Health Services** <[anton.grech@gov.mt](mailto:anton.grech@gov.mt)>  
Date: 19 October 2017 at 07:39  
Subject: Re: Marcia Gafa  
To: Cathy Nutbrown <[c.e.nutbrown@sheffield.ac.uk](mailto:c.e.nutbrown@sheffield.ac.uk)>  
Cc: Marcia P Gafa` <[mpgafa1@sheffield.ac.uk](mailto:mpgafa1@sheffield.ac.uk)>

Thanks for this.

From my side study is approved.

Dr. Anton Grech MD PhD (Maas.) MSc (Psych)(Lond) FRCPsych(U.K.)  
Clinical Chairman (Psychiatry), Dept. of Psychiatry, within Ministry of Health, Malta  
Chairman of 'Fondazzjoni Kenn ghal Sahhtek', Malta  
Resident Senior Lecturer, University of Malta  
Senior Research Fellow, BCMHR-Cambridge University, UK

> On 18 Oct 2017, at 16:12, Cathy Nutbrown <[c.e.nutbrown@sheffield.ac.uk](mailto:c.e.nutbrown@sheffield.ac.uk)> wrote:  
>  
> Dear Antonio Grech  
> I confirm that Marcia Gafa has received ethical approval to carry out her research study as part of her PhD. She will send to you the approval notice.  
> Good wishes  
> Cathy Nutbrown  
> Director of the Malta Post graduate Programme

**9.4. Appendices 4: Approval from Nursing Management of Mental Health Services, Malta.**

**From:** Bonello Maria Assunta at Health-Mental Health Services  
**Sent:** 17 October 2017 13:59  
**To:** Gafa Marcia at Health-Mental Health Services  
**Subject:** FW: approval for study

I do approve such study.

Well Done!

Thanks and regards

Marianne

Marianne Bonello  
Chief Nursing Manager  
Health-Mental Health Services  
Mount Carmel Hospital



† +356 23304027 • maria-assunta.bonello@gov.mt | <https://health.gov.mt>

MINISTRY FOR HEALTH  
MOUNT CARMEL HOSPITAL, TRIQ NOTABILE,  
ATTARD, MALTA

## 9.5. Appendices 5: Approval from the Directorate of Nursing.

**From:** Saliba Vincent at Nursing Services-Health  
**Sent:** Thursday, 19 October 2017 06:07  
**To:** Gafa Marcia at Health-Mental Health Services  
**Subject:** RE: letter seeking permission

Dear Ms Gafa'

Permission granted to undergo data collection as described in your letter.

Vince Saliba  
Director Nursing Services

Get [Outlook for Android](#)

From: Gafa Marcia at Health-Mental Health Services  
Sent: Wednesday, October 18, 08:07  
Subject: RE: letter seeking permission  
To: Saliba Vincent at Nursing Services-Health

Dear Mr Vince Saliba,

A gentle reminder please.

Kindest Regards,

## 9.6. Appendices 6: Approval from the Practice Unit within the Mental health Services Malta.

(received via email)

PRACTICE DEVELOPMENT UNIT. MENTAL HEALTH SERVICES. MALTA

21<sup>st</sup> October 2017

Dear Marcia

**Re: PhD Research**

Thank you for your email. Your PhD study sounds extremely interesting, contemporary and relevant within the current environment of psychiatric nursing within our Organisation. The Practice Development Unit will be honoured to help you identify participants in the manner you have described and will be available should you require any further assistance as your study progresses.

Best of luck with your studies.

Sally Axiak

Senior Practice Nurse  
Practice Development Unit  
Mount Carmel Hospital  
Mental Health Services

## 9.7. Appendices 7: Sample of Information letter for potential participants

### Information sheet for potential participant.

#### 1. Research Project Title:

This project is entitled *Harnessing social media to trigger learning in a group of psychiatric mental health nurses*.

#### 2. Invitation paragraph

You are being invited to take part in this research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

#### 3. What is the project's purpose?

The purpose of this research project is very simple: it seeks to explore whether a social media platform such as Facebook, LinkedIn or twitter can be used to promote learning.

You will be questioned upon your personal journey of using a social media platform to promote learning. Therefore, you will only be required to participate on a social media platform throughout the course of this research project. No form of assessment will be carried out to measure or to test your knowledge in any form or manner.

The use of the social media platform will be built through collaboration between ourselves, thus I will act as a facilitator of the social media platform so you too can post topics you may feel are necessary to discuss. Due to the nature of this research project, topics pertaining to evidenced based practice and work related experiences will be discussed. The following is a brief guide to some of the topics:

1. The introduction of recently launched Standards of Care published by the Maltese Association of Psychiatric Nurses;
2. Discussions regarding your ideas and experiences encountered in your clinical settings;
3. Discussions around Standard Operational Policies that are implemented in clinical settings;
4. Other general information about conditions relating to mental illness, such as psychosis in relation to synthetic drug abuse, or difficult to treat conditions.

#### 4. Why have I been chosen?

You have been selected to take part in this research project as you are in the possession of a qualification in and/or is registered as a Psychiatric and Mental Health Nurse.

#### 5. Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time without it affecting you in any way. You do not have to give a reason. Deciding to not to take part or to withdraw from the study will not affect your relationship with the researcher.

#### 6. What will happen to me if I take part?

If you accept to take part in this research project, you will be required to take part in the following:

1. A brief one-to-one interview which will act as an introduction to the concept of using social media for learning and to gather other baseline information. Any other concerns or queries can be clarified within this interview. This interview shall last between 20 to 45 minutes.
2. You will then be asked to take part in the social media platform which is intended to run over a period of 12 to 18 months. During this period of time, I will approach you to participate in another one-to-one interview to express your views and feelings regarding the usage of a social media platform to promote learning amongst a group of psychiatric mental health nurses. This interview shall last from 45 minutes to 1 hour 30 minutes.

It is important for you to understand, that there are no right or wrong answers and that anything you say shall reflect your thoughts and feelings about the use of a social media platform to promote learning. You are free to answer any questions. If you wish to withdraw from the study you may do so without any prior obligation or need for an explanation.

## **7. What do I have to do?**

Due to the nature of this study, you will be asked to post or participate in discussions held on the social media platform. Other than that, you would have to participate in the interviews. You also be given the opportunity to discuss the post with your colleagues if you feel that you would like their opinion.

## **8. Will I be recorded and how will the recorded media be used?**

Once the interviews have been collected, all the data will be transcribed by myself from an audio device to written words on paper. This will provide an opportunity to compare data and draw out a number of codes. In addition, all material obtained from the social media platform will be printed out as to facilitate comparison between data and draw out codes. To ensure clarification I may ask you to read the transcripts of the interview and transcripts from the social media platform. This will allow you to clarify your thoughts and possibly add additional information. At no stage shall your name or clinical setting will be mentioned. All measures to ensure anonymity such as the use of a substitute for your name, the use of a different term to refer to the type of clinical setting and any other identifying factors will be changed to ensure that your identity cannot be established.

The only people who will have access to the data are my research supervisor and I. All audio and visual material will be stored in a password protected google drive (provided by the University of Sheffield) and in a password protected computer. Paper transcripts and other data will be stored in a password/locked press.

Therefore, material provided through the interviews and posts made on the social media platform page made during this research will be used only for analysis for illustration in the research project and possibly in conference presentations, lectures or publications. No other use will be made of them without your permission, and no one outside the project will be allowed to access to the original recording or post.

## **9. What are the possible disadvantages and risks of taking part?**

There seems to be no foreseeable risks or disadvantages should you take part in this study. However, a possible discomfort is participating in a social media platform. Should there be any further unexpected discomforts, disadvantages and risks brought immediately to my attention, will dealt with.

## **10. What are the possible benefits of taking part?**

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will promote a culture of learning through the use of a social media platform. Participation in this research project allows you to learn at your own pace whatever you feel is relevant during the time of the study. It will also be an opportunity to meet colleagues through an online social medium and learn from their experience, understanding and knowledge. Using the social media platform can

help the group discuss current challenges encountered at work and find alternative approaches to deal with these challenges. You are at liberty to discuss post both online and offline amongst yourselves.

### **11. What happens if the research study stops earlier than expected?**

It is intended that the study will run a course of 12 to 18 months. You shall be informed whether the data has been gathered prior this period of time.

### **12. What if something goes wrong?**

In the event that something goes wrong, you are cordially asked to contact the researcher and raise a complaint. Should you feel that you are not satisfied with the response given to you, you are asked to contact the research supervisor, Profs. Cathy Nutbrown on email [c.e.nutbrown@sheffield.ac.uk](mailto:c.e.nutbrown@sheffield.ac.uk) . If you are not satisfied with the response of the supervisor, you are kindly asked to contact the Chair of the Ethical Review Board - Prof David Hyatt [d.hyatt@sheffield.ac.uk](mailto:d.hyatt@sheffield.ac.uk) for further assistance.

### **13. Will my taking part in this project be kept confidential?**

All the information that is collected about you during the course of the research project and after completion will be kept strictly confidential. You, the clinical settings you are employed in nor the name of the institution you work in will be able to be identified in any reports or publications.

### **14. What will happen to the result of the research project?**

The purpose of this study is that I will produce a formal document as to whether a social media platform can be used to promote learning. This document will be in a form of a thesis and is in partial completion for a PhD in Education at the University of Sheffield. It is also envisioned that other publications proceed upon completion of the study.

### **15. Who is organising and funding the research?**

This research project is not funded. However, an application for the Endeavour Scholarship (2017-2018) from the Education Department, Malta is currently in process.

### **16. Who has ethically reviewed the project?**

This research project has been through the process of ethical approvals. Approval from Department of Education Ethical Review Committee board has been obtained for this research project. The Chairperson of Psychiatry (Malta), the Directorate for Nursing and Midwives (Malta) and the Chief Nurse Manager of Mental Health Services (Malta) have also given their approval.

### **17. Contact for further information**

I can be contacted any time throughout the duration of the study. You may contact me on the following options:

Mobile: +356 99821713

Workplace number: +356 23304121/5

Email: [mpgafal@sheffield.ac.uk](mailto:mpgafal@sheffield.ac.uk)

You may also contact my research supervisor Profs. Cathy Nutbrown on her email [c.e.nutbrown@sheffield.ac.uk](mailto:c.e.nutbrown@sheffield.ac.uk) .

Please contact me on either the above details should you wish to participate in the research project.

May I take this opportunity to thank you for your time,

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Marcia Gafa'



## 9.8. Appendices 8: Sample of Informed consent

### Participation Consent Form

**Title of project:** *Harnessing social media to trigger learning in a group of psychiatric mental health nurses.*

**Name of researcher:** Marcia Gafa'

**Participant Identification Number for this project:** \_\_\_\_\_

Please initial box

1. I confirm that I have read and understood the information sheet dated October 2017 for the above project and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I also understand that participating and or withdrawing from the study will not affect the relationship I may have with the researcher.
3. I understand that the social media platform will be a closed group with no access to the general public. No information discussed on the closed social media platform will be posted on other public or non-public social media platforms. I will also adhere to being respectful towards other participant's opinion.
4. I understand that my responses will be anonymised before analysis. I give permission for the member of the research team to have access to my anonymised responses.
5. I agree to take part in the above research project.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## 9.9. Appendices 9: Sample of questions asked in the Preliminary Work

### Questions: General information

	Information	Additional Notes
1	Name	
2	Age Range	20-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-55, 56 +
3	Type of qualification	
4	Any other qualification	
5	Years of experiences	
6	Years working as a psychiatric mental health nurse	
7	Years in clinical area	
8	What do you think is social media?	
9	Why would you use it?	
10	Do you have access to social media?	
11	Do you use it?	
12	What social media platforms do you use?	
13	Do you know that there are social networking platforms and blogs?	Show them the various types of blogs
14	What do you prefer to use to communicate with, social networking site or blogs?	
15	Do you think you are familiar with a social networking site?	
16	Which sites are you familiar with?	
17	What would you want included in the social networking site used for this research project?	
18	Is there anything you'd like to add?	

Thank participants for their co-operation.

## 9.10. Appendices 10: Sample of structure of the second set of interviews

*Note to self: Ask for process consent, inform interviewee that the interview can be terminated at any time they'd like, offer reassurance, explain that there is no incorrect answer, repeat questions, offer some observations regarding the findings of the study.*

Interview schedule (in a form of a conversation)

1. Introductory phase of interview
  - a. Can you please tell me about your experience of using the Facebook page?
  - b. What were your thoughts when you were using the Facebook page?
  - c. Did you find it easy to use and follow?
  
2. Intermediate questions:
  - a. Why do you think that the Facebook page was a useful tool to enhance your wealth of knowledge?
  - b. Where all topics posted on the page, interesting to you?
  - c. What post/s/topic/s were you most interested in? Why do you think that this occurred?
  - d. Which topic/s/post/s were you not interested in?
  - e. Can you mention something which really sparked your interest?
  - f. Why do you think you can recall this particular topic?
  - g. Could you describe how you created a post or replied to a post?
  - h. Do you feel you have obtained further understanding?
  - i. Has the use of this Facebook page, challenged your own thoughts?
  - j. Do you feel that your previous perceptions have been challenged?
  - k. Did you ever feel the need to discuss posts with other nurses (other than those who were taking part in the Facebook page)?
  - l. Can you tell me why did you choose to discuss (or not discuss) posts with other colleagues?
  
3. Ending questions
  - a. Do you feel more confident to present your debate when you are discussing with other professional?
  - b. Reflecting back to the commencement of this group, do you think you have learnt and now you are in a better position to challenge your practice?
  - c. Do you think that the group has offered you an opportunity to seek support from its members?
  - d. Do you have any reservations?
  - e. Will you suggest it to your colleagues?
  - f. Would you like that the group continues after the study commences?
  - g. There seemed to be little discussion on the Facebook page. Why do you think that this happened?

