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Belongingness: A critique of the concept and implications for nursing education

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Summary Clinical experience is recognised as central to nursing education. Quality clinical placements across a range of venues are vital to the development of competent and confident professionals. However there is evidence, both empirical and anecdotal, suggesting that nursing students' clinical placement experiences are often fraught with problems. These problems are long standing and multi-dimensional. For many students clinical placements are typified by feelings of alienation and a lack of belongingness. This paper proposes that the problematic nature of clinical placements may be better understood through the lens of 'belongingness'. A critical review of selected studies drawn from the psychological and social science literature provides insight and useful direction for a more focused review of the nursing literature. The potential relationships between belongingness, nursing students, and their clinical placement experiences are then exemplified by excerpts taken from the nursing literature (including unpublished material). Finally, an ongoing study that seeks to address the paucity of empirical research in this area is highlighted.

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Introduction

Clinical experience is recognised as central to nursing education. Quality clinical placements across a range of venues are vital to the development of competent and confident professionals. However there is evidence, both empirical and anecdotal,

suggesting that nursing students' clinical placement experiences are often fraught with problems (e.g. [Clare et al., 2003](#)). These problems are long standing and multi-dimensional. For many students clinical placements are typified by feelings of alienation and a lack of belongingness ([Goh and Watt, 2003](#)). This paper proposes that the problematic nature of clinical placements may be better understood through the lens of 'belongingness'. A critical review of selected studies drawn from the psychological and social science literature provides insight and useful direction for a more focused review of the nursing literature. The potential relationships between belongingness, nursing students, and their clinical placement experiences are then exemplified by excerpts taken from the nursing literature (including unpublished material). Finally, an ongoing study that seeks to address the paucity of empirical research in this area is highlighted.

Belongingness – the concept

Human beings are social creatures; the need to belong and be accepted is fundamental and drives much of human pursuit, activity and thinking. In turn, the converse of social exclusion can be devastating ([Baumeister and Leary, 1995](#)). There is a broad range of social science and psychological literature that details the importance of belonging, as well as the deleterious emotional, psychological, physical and behavioural consequences of having this need thwarted. Before turning to an examination of these factors, belongingness will firstly be defined.

There are several complementary definitions of belongingness in the literature that reflect elements of the discipline from which they originated. Social scientists have defined belongingness as the experience of personal involvement (in a system or environment) to the extent that the individual feels himself (sic) to be an integral part of that system ([Anant, 1967](#)). In undertaking a concept analysis of belongingness [Hagerty et al. \(1992\)](#) identified two additional defining attributes: valued involvement (the experience of being valued, needed and accepted), and fit (that is the person's perception that his characteristics articulate with or complement the system or environment). [Maslow \(1987\)](#), in a seminal work aimed at understanding what constitutes human need, reiterates these descriptions in his explanation of belongingness as the human need to be accepted, recognised, valued and appreciated by a group of other people.

Perhaps the most comprehensive definition of belongingness is based on the work of the psychologists [Baumeister and Leary \(1995\)](#) and further developed by [Somers \(1999, p.16\)](#). It defines belongingness as 'the need to be and perception of being involved with others at differing interpersonal levels...which contributes to one's sense of connectedness (being part of, feeling accepted, and fitting in), and esteem (being cared about, valued and respected by others), while providing reciprocal acceptance, caring and valuing to others'.

Theoretical perspectives

[Maslow \(1987\)](#) posited a motivational hierarchy with five sets of goals or 'basic needs': physiological, safety and security, belonging and acceptance, self-esteem and finally self-actualisation. He theorized that unless each stage of the needs hierarchy is met, people will be unable to focus successfully on the needs of the next level. Thus in terms of belongingness, according to Maslow, progress towards achieving self-esteem or true self-actualisation will be thwarted unless belongingness, acceptance and appreciation are experienced first. However, as pointed out by [Baumeister and Leary \(1995\)](#), this theory was accompanied neither by original data nor review of previous findings. Maslow himself readily admitted that while his theory conformed to known facts, clinical, observational and experimental, it was derived mostly from clinical experience ([Maslow, 2000](#)). He further suggested that his theory should "stand or fall, not so much on facts currently available or evidence presented, as upon researches yet to be done ([Maslow, 2000, p. 253](#))".

Testing the hypothesis

[Baumeister and Leary \(1995\)](#) also theorised that belongingness is a fundamental human motivation. In an extensive critical review of empirical evidence from the last three decades, these authors hypothesised that the need to belong is a fundamental human motivation. They proffered that for a motivation to be truly fundamental it should influence a broad range of human activity and be capable of offering viable and consistent interpretations of patterns observed in historical, economic, or sociological studies. Furthermore [Baumeister and Leary \(1995\)](#) suggested that if belongingness is a fundamental need then aversive reactions to a loss of belongingness should include ill effects such as maladjustment, stress, behavioural

or psychological pathology, and health problems. These researchers concluded that existing evidence does support the hypothesis that the need to belong is a universal, strong, fundamental, and extremely pervasive human motivation and their summary of the evidence related to the need to belong is quite convincing. On close inspection the counter examples reviewed did not refute this hypothesis. It seems clear that there is a universal desire to develop and maintain stable, fulfilling interpersonal relationships and that the consequences of not belonging are significant.

To belong or not to belong

The universality of a motivation like belongingness indicates the likelihood of an evolutionary basis. According to most evolutionary psychology and anthropological perspectives earlier societies lived in environments in which individuals who were on their own found it difficult to survive and successfully reproduce (Buss and Kendrick, 1998; Coon, 1946; Johanson and Edgar, 1996). The environment of evolutionary adaptation was complex and difficult to navigate, and individuals were forced to rely on other group members to complete necessary survival activities, for example, locating and securing food sources and shelter, defending against predators, reproducing and raising offspring (Lakin, 2003; Somers, 1999). The groups in which most early humans lived became the locus of many of these important behavioural activities (Lewin, 1993; Poirier and McKee, 1999). Individuals who were cooperative and able to maintain harmonious group relationships were more likely to continue to be included in the group and were therefore at an evolutionary advantage (Lakin, 2003; Lewin, 1993; Poirier and McKee, 1999). Individuals who were excluded were less likely to survive. This may explain why people tend to avoid exclusion from groups and have developed a strong need to belong.

The psychological literature identifies a range of deleterious consequences of social exclusion. These have been explored through the use of two research approaches. The first involves the identification of people who claim to have been excluded from significant groups and subsequent examination of theoretically related variables. Research using this approach has shown that anxiety, stress and depression are potential consequences of a diminished sense of belonging (Anant, 1967, 1969; Baumeister and Tice, 1990; Hagerty and Williams, 1999; Snyder, 1994). In other studies using the same approach, a decrease in general well-being and happiness is also cited as a consequence of

not belonging (Baumeister and Leary, 1995; Baumeister et al., 2002; Lakin, 2003).

A second approach uses experimentation to study the consequences of diminished belongingness. This is described more frequently in the literature and uses methods such as the exclusion of participants from a particular group and assessment of the emotional, psychological and behavioural consequences of this exclusion. Such research suggests that a lack of belongingness has a number of negative consequences. One of these is a decrease in self-esteem, especially when the exclusion is a result of group choice rather than random factors (Leary et al., 2001; Miller, 1991). This is congruent with Maslow's (1987) contention that a person must experience belongingness and acceptance as a necessary precursor to the development of self-esteem. Closely related to self-esteem is the notion of self-concept which is defined as "a relatively enduring organisation of affective and evaluative beliefs about oneself" (Arthur, 1992). A variety of approaches and conceptualisations of the construct of self-concept are evident in the literature, many of which link closely with the concept of belongingness.

The experimental approach has also revealed a number of behavioural consequences of a diminished sense of belongingness. Social exclusion lowers performance on cognitively complex tasks such as IQ tests, although simple information processing performance appears not to be affected (Baumeister et al., 2002). In addition, exclusion from a significant group may cause people to act more aggressively (Twenge et al., 2002) and lead to derogation of the rejecters (Bourgeois and Leary, 2001). These findings should be read with caution however as experimental approaches that examine the concept of belongingness can be problematic in that in trying to isolate variables they tend to exclude the social context within which people operate.

Another behavioural consequence of diminished belongingness is an increase in affiliative behaviours such as unquestioning agreement with another person's decision, acquiescence, modification of behaviour, or engaging in negative behaviours sanctioned by group members (Baumeister and Leary, 1995; Clark, 1992; Lakin, 2003; Williams and Sommer, 1997). Group conformity may be viewed in the context of enhancing one's chances of inclusion in groups (Mooreland and Levine, 1989). Although the anti-social behaviour typical of gangs and other adolescent subcultures may at first glance be regarded as a potential counter argument for the belongingness hypothesis (because antisocial behaviour alienates others), it is

readily apparent that belongingness has close ties to it (Clark, 1992). Members of some groups are pressured to commit criminal acts ranging from vandalism to terrorism, to be accepted by, and to demonstrate commitment to a group (Breitman, 1991). It is no accident that people seem most likely to be prejudiced against members of groups to which they aspire to join but have little or no opportunity to belong (Meindl and Lerner, 1984). Clark (1992) explored the concept of belonging as it relates to adolescents, and proposed that gangs and other adolescent subcultures provide the sense of belonging that may be absent in homes, schools and communities. To be alienated is to lack a sense of belonging, to feel cut off from family, friends, school or work. Gangs and other adolescent subcultures may offer what is lacking in the adolescent's life: companionship, loyalty, identity and status. The price of membership is usually total conformity and commitment to the group.

Deprivation of stable social relationships has been linked to an array of pathological consequences with those who lack belongingness suffering higher levels of both somatic and psychosomatic illness (Baumeister and Leary, 1995). In summarizing the evidence from many studies Lynch (1979, p. 38) stated that "US mortality rates for all causes of death ... are consistently higher for divorced, single, and widowed individuals' than for married individuals". This is a view supported by a number of studies. Loneliness appears to be a risk factor for heart disease (Hawkley et al., 2003), mental health problems (McInnis and White, 2001), and a decrease in immunocompetence (Kiecolt-Glaser et al., 1984). These findings may be subject to alternative explanations; however the weight of evidence suggests that a diminished or absent sense of belonging may be a primary cause of multiple and diverse pathologies.

Social capital theory

In the discussion so far the emphasis has been on the consequences of belonging for the individual. It may be however that belongingness has wider implications for communities and society. The term '*social capital*' refers to the ways in which people's lives and the communities within which they operate are made more productive by social connectedness and belonging (Prusak, 2001; Walker, 2005). By analogy with notions of physical and human capital, the tools and training that enhance productivity, the core concept of social capital theory is that social networks have value and result in both personal and collective benefits (Putnam,

2000, p. 19). Social capital includes the connections among individuals and their social networks, as well as the reciprocity and mutuality that are a consequence of those connections (Bourdieu and Wacquant, 1992). Supporting this assertion are numerous studies that show that a "framework of mutual concern produces relationships qualitatively different from those based on self-interested social exchange" (Baumeister and Leary, 1995, p. 505). Although social capital theory is not a new idea, having been a feature of the social science literature for nearly a century, Putnam's (2000) comprehensive review of the empirical literature surrounding this concept provides a convincing argument for the human need to belong to a community of peers, whether at work or in meaningful social or family groups.

There are distinctions that can be drawn between types of social capital and perhaps the most significant is the distinction between bridging (inclusive) and bonding (exclusive) social capital (Putnam, 2000, pp. 22–23). Bonding social capital, either by choice or necessity, is inward looking, reinforcing exclusive identities and homogenous groups. By creating strong in-group loyalty this type of social capital may also create strong out-group antagonism and negative external effects are more common with this type of social capital. By contrast, bridging social capital is outward looking, accepting, welcoming and encompassing of diversity, with powerful and positive social effects (Putnam, 2000).

This review has shown links between belongingness and cognitive processes, emotional patterns, behavioural responses, health and well-being, and communities. Although this discussion about the social and psychological literature is not comprehensive it nevertheless supports the idea that human beings are fundamentally and pervasively motivated by a need to belong. Not only is the experience of belonging personally fulfilling, there are also wider societal and community benefits that result. The growing body of empirical evidence continues to lend support to these conclusions. Baumeister and Leary (1995, p. 514) go as far as to suggest that the desire for interpersonal attachment may well be one of the most far reaching and integrative constructs currently available to understand human behaviour.

The overview of literature from the social and psychological sciences presents a background to further study, raises a number of important questions, and provides a springboard for an extensive but focused search of the nursing literature. Although belongingness is closely related to other important social constructs such as self-concept,

loneliness, and alienation, and is encapsulated within social capital theory, in reviewing the nursing literature primacy was given initially to studies that explored belongingness, its surrogate terms, and its impact on nursing student's clinical placement experiences.

Search strategy

Although the importance of belonging is mentioned frequently in the nursing literature, in this discipline it is an area that has not been widely researched. An extensive search of the electronic data bases was undertaken using the terms belonging, belongingness, sense of belonging, inclusion, connectedness, value, esteem, fit, acceptance, nursing student. The search revealed few research studies linking belonging and nursing students and was therefore expanded to include beginning and new graduate nurses. The aim of the search was to identify both positive and negative cases of belongingness.

The search sought to identify published (in peer reviewed journals or reference books) and unpublished studies. The search for published papers from 1980 onwards, included electronic data bases: CINAHL, Journals@Ovid Full Text, Proquest, Medline, PsycINFO and Current Contents. In addition Dissertation Abstracts International (1992–1999) and Proceedings First (1992–1999) were searched to identify any unpublished research. In view of resource limitations the search was restricted to research reported in the English language. Each study was reviewed for methodological quality and critically appraised using a checklist designed by Fahy (2005).

Belongingness in nursing

There is widespread agreement that clinical placement experiences are at the heart of nursing education and that they are crucial in the consolidation of student learning (Clare et al., 2002). It is clear however that clinical placements represent a very challenging component of nursing education; there is a range of literature that provides evidence of the longstanding and multi-dimensional nature of the problems that surround student's clinical placements (Elliot, 2002; Heath et al., 2002; Reid, 1994; Timmins and Kaliszer, 2002). One way of exploring these problems and reconceptualising nursing students' clinical experiences is through the lens of 'belongingness'. Below are excerpts taken from a broad review of the nursing literature. The excerpts have been selected to

exemplify some of the potential relationships between belongingness and nursing students, and to provide a sound justification for further research.

Work satisfaction

In the only quantitative research study identified in the review, Winter-Collins and McDaniel (2000) explored the relationship between sense of belonging and job satisfaction in novice nurses using a modified version of the Hagerty–Putusky Sense of Belonging Instrument (SOBI) (Hagerty and Patusky, 1995) and McCloskey–Mueller's Satisfaction Scale (Mueller and McCloskey, 1990). Both instruments have been examined for construct validity. Nurses who took the state board exam between January 1996 and January 1997 were randomly selected from an Indiana Health Professions Bureau mailing list of graduates. Two hundred and fifty graduates were mailed an anonymous survey. One hundred and seven replied and ninety-five met the specified criteria, giving a response rate of 38%.

Sense of belonging ranged from 1.9 to 3.5 on a 4-point scale, with a mean of 2.9. Low scores equal low sense of belonging, high scores represent a greater sense of belonging. Total satisfaction ranged from 1.9 to 4.5 on a 5-point scale, with a mean of 3.5. Low scores indicate low satisfaction and high scores are associated with higher levels of satisfaction. A significant positive relationship between sense of belonging and job total satisfaction in graduate nurses was identified.

The authors concluded that a strong sense of belonging is associated with a graduate's satisfaction in his or her job and further suggested that the quality of interactions with co-workers influence graduates' sense of belonging, although this was not explored in any depth. The relationship between belongingness and job satisfaction seems quite convincing although the low response rate weakens the strength of any statistical findings. Additionally, as Brodie et al. (2005) comment, there is a possibility in studies such as this, that respondents may differ in character or attitudes from non-respondents. It may be that respondents with strong views regarding their own experiences are more likely to respond, although the degree to which this occurred in this study cannot be ascertained.

Length of clinical placements

All of the nursing studies identified in this review, with the exception of Winter-Collins and McDaniel (2000) study, were qualitative studies. However,

while frequent mention was made of belongingness, no attempt was made to define or describe the concept in any of the studies. Two recently published papers describe innovative nursing curricula and clinical placement models in two Australian universities (Turner et al., 2006; Walker, 2005). In both of these studies the development of students' sense of belonging is referred to as an important program goal, yet the authors do not define or describe belonging, and the potential consequences of belonging are not explored. Furthermore, the only factor cited as impacting upon belongingness was the length of clinical placements. These authors assume that there is a relationship between length of clinical placements and belongingness. This is an assumption that needs further investigation.

The literature provides multiple perspectives on the ideal length and models of clinical placements. While the ability to provide clinical placements of optimal length, if in fact optimal can be defined, is constrained by many factors, there is some agreement that the length of time spent in clinical practice environments appears to influence the degree of belongingness experienced by some students (Reid, 1994). In Australia, a variety of short clinical rotations of 2–4 weeks (at 2–5 days per week) are typical of many contemporary undergraduate nursing programs (Turner et al., 2006; Walker, 2005). In undertaking interviews with six Australian students, Nolan (1998) concluded that these types of short clinical rotations have a negative impact upon students' sense of belonging. Nolan determined that while students are familiarizing themselves with new settings, routines and staff, they focus on little else but needing to fit in and be accepted. Additionally the fear and anxiety experienced during this familiarisation process negatively affected student learning. These results should be considered with caution as this was a localised study in North Queensland.

In a study of undergraduate nursing students conducted at another Australian university, Hart and Rotem (1994) found that the need to belong and be accepted was a recurring theme throughout all interviews, and participants specifically commented that the length of time spent on a ward influenced their sense of belongingness. This was a qualitative study of thirty final semester students. Similarly to Nolan's study, Hart and Rotem's finding are limited by the fact that this study was conducted in a single site where clinical placements were undertaken in a small rural hospital only. Nevertheless, the findings of these studies have been supported by other more recent studies (Mallik and Aylott, 2005).

In contrast to the studies cited above, other research suggests that the quantity of time spent in a clinical placement is far less influential on students experience of belongingness than the quality of the support and guidance provided during that time, a finding that is not at all surprising (Battersby and Hemmings, 1991; Edmond, 2001; Kiger, 1992). Kiger (1992, p. 265) suggested in fact that "long placements in clinical areas with bad staff, within a system which offered inadequate supportive mechanisms," would not result in the development of a sense of belonging. Conversely, this author suggests that short placements where students are well-supported by clinical staff are more likely to enhance students sense of belonging. It should be noted however that 'short' placements are defined by Kiger as those of less than thirteen weeks. Almost certainly this would be considered a 'long' placement in the Australia context.

Conformity

The relationship between diminished belongingness and the consequent increase in behaviours such as conformity and acquiescence is cited in the nursing literature, although the few related studies are limited in their scope and approach. In an unpublished report Champion et al. (1998) described the way that beginning practitioners adopted the team's and institution's values and norms and modified their behaviours as they rotated through different units in order to be accepted. Some of participants in this study claimed that they made a calculated decision to conform in order to be accepted into the nursing team. Champion et al. (1998) suggested that beginning practitioners learnt to 'fit in' by becoming what they referred to as 'chameleons', changing and continuously adapting to new environments. This was a pilot study involving eight participants, and the limited financial resources meant that the study was limited to and reflective of the experiences of beginning practitioners in that one context only.

In a grounded theory research project that used in-depth interviews, diary accounts and telephone conversations, Hemmings (1993) explored the socialisation and acculturation experiences of six beginning practitioners. She found that integration occurred when graduates learnt and applied the knowledge and behaviours appropriate to a particular ward culture. As in Champion et al.'s study (1998) these participants stated that they quickly learnt that the best way to 'fit in' and be accepted by the team was to comply with established practices and ward routines. However this did not al-

ways result in complete acquiescence to the views and behaviours of their colleagues, and at times there was some resistance to ward cultures, although rarely voiced. Conflict became intense when participants did challenge the ward staff's behaviours and attitudes and these confrontations sometimes led the participants to experience emotional and/or physical reactions, for example, crying, headache, insomnia. The potential consequences of compliance and acquiescence, and the factors that made a difference between those who conformed and those who resisted were largely overlooked in the reported findings.

Discussion

The overview of social and psychological literature allows for a number of conclusions to be drawn and there is convincing evidence that belongingness is a fundamental and pervasive human motivation that drives much of human pursuit, activity and thinking. There were many examples of the deleterious emotional, psychological, behavioural and physical consequences of having the need to belong thwarted in the social and psychological literature and by contrast a paucity of studies about this important issue in the nursing literature.

Opinions about whether or not the length and variety of placements impacts upon belongingness are divided. While some authors (Kleehammer et al., 1990; Mallik and Aylott, 2005; Nolan, 1998) propose that clinical placements of short duration across a wide variety of clinical areas impact negatively on belongingness, others refute this suggestion (Battersby and Hemmings, 1991; Edmond, 2001; Kiger, 1992). The dichotomy between these viewpoints should be of particular interest to nurse regulatory authorities as well as academics that design undergraduate nursing programs, and this is an area that requires further research.

The assertion in the literature that some students conform to clinical practices, irrespective of whether they are 'best practice', in order to belong and be accepted into the nursing team (Champion et al., 1998) is of particular concern. In an era when autonomous practice and quality care is being promoted, and competency (or fitness for practice) is an ongoing area of debate, the inference that for many students the need to belong is more important than the quality of care they provide and the level of competency they achieve (Bradby, 1990; Hart and Rotem, 1994; Hemmings, 1993; Tradewell, 1996) merits investigation. Undoubtedly belongingness is not the only concept that impacts upon this phenom-

enon; however this review has identified that there may indeed be a relationship between nursing students' need to belong and their conformity with established clinical routines and practices.

It is important to also consider the relationship between belongingness and student learning. Although admittedly this is an aspect of belongingness that is rarely discussed in the nursing literature, this review would be incomplete without at least a passing mention. Stress, anxiety, depression and reduced self-esteem, consequences said to derive from a diminished sense of belonging, are reported by some authors to impede learning (Begley and White, 2003; Crawford and Kiger, 1998; Kleehammer et al., 1990; Lindop, 1999; Lo, 2002; Meisenhelder, 1987; Nolan, 1998; Timmins and Kaliszer, 2002). This, coupled with the suggestion that social exclusion also has a negative impact on cognition (Baumeister et al., 2002), has significant implications for nursing students, their clinical practice, and for the profession as a whole. Given that the clinical learning environment is where students are expected to develop clinical and professional competency by *learning* to nurse, there needs to be a greater understanding of the impact of diminished belongingness on students' clinical learning.

Suggestions for further research

If nursing academics and clinicians are to understand more fully the relationship between students' experience of belongingness and clinical placements, further research is required. It is proposed that in-depth qualitative studies that seek to understand the concept of belongingness from the perspective of nursing students are needed. Research which focuses on the impact of clinical placements on student's belongingness experience would be illuminative and go some way towards filling the gap in the literature. Furthermore multi-site studies that measure the extent to which nursing students experience belongingness would add to this literature. Educational institutions would benefit from a quantified yardstick with which to measure belongingness as one way of evaluating the effectiveness of clinical education programs. Measurement instruments should be developed, tested and replicated to provide the base line measures for decision making. Moreover the means to enhance students' sense of belonging should become the focus of future research,

research that is persuasive because the evidence is grounded in practice exemplars.

Conclusion

This review generates more questions than answers and while the importance of belongingness as a concept has been established, it is evident that there is a scarcity of nursing research about this salient issue. While there are numerous references to belongingness in the nursing literature there are few research studies. This review has demonstrated that the concept of belongingness is worthy of further investigation. The challenge for those concerned with optimising students' clinical placement experiences is to identify and understand the relationship between placements and belongingness, and to recognise those features that are conducive to the enhancement of students' sense of belonging. Such research is the topic of doctoral studies for one of the authors and a mixed-method, cross-national approach (Australia and the United Kingdom) is deliberately being adopted so that not only can the concept of belongingness be explored, but also an international perspective be gained. The mixed methods approach will allow for comparison across different cultures and systems as quantitative data, derived from surveying a large number of participants, are converged with the detail of qualitative data gained through in-depth interviews. Insights thus gained will enable a holistic picture of nursing student's experience of belongingness to emerge and will make an important contribution to the nursing literature about this important issue.

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