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Nursing students' experiences of clinical placement in community settings: a qualitative study

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Nursing students' experiences of clinical placement in community settings: a qualitative study

Abstract

Background Changing community demographics and the rising incidence of chronic and complex conditions has exacerbated the primary care workload. Encouraging beginning nurses to view primary care nursing as a viable career option will help alleviate the workforce stress of this specialty. Whilst higher education institutions (HEI's) have increased the exposure of pre-registration nurses to community settings, there has been limited exploration of this experience from the perspective of pre-registration nurses. As potential key service providers, it is important to identify factors which influence how pre-registration nurses view primary care placements in the community. **Aim** This study seeks to explore the experiences of pre-registration nursing students following community based clinical placements and to explore the impact of this placement on their learning. **Design** A qualitative design was employed in this study. **Participants** Nine pre-registration nursing students were recruited from a research intensive single campus of an Australian university. **Methods** In-depth semi-structured interviews. **Findings** Findings are presented in the following four themes: (1) autonomy in practice: "you make your own decisions", (2) working with highly skilled nurses: "their knowledge was just incredible", (3) focusing on holistic care: "they'd obviously built rapport with these people", and (4) showing genuine interest in educating students: "they got me involved". **Conclusion** Exposure to community settings was a positive learning experience for pre-registration nursing students. Further research needs to focus on the impact of these placements on both clinical skills acquisition and job choices into the future.

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Nursing students' experiences of clinical placement in community settings: A qualitative study

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Conflict of Interest

Nil conflicts

Contributions

A3 conceived and designed the study. A1 conducted the data collection and, together with A2 undertook the data analysis. A3 assisted in refining the analysis. All authors participated in drafting and critically revising the paper.

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SUMMARY

Background: A growing focus on promoting healthy lifestyles and improving the health literacy of the broader community has exacerbated the primary care workload. Encouraging beginning nurses to view primary care nursing as a viable career option will help alleviate the workforce stress of this specialty. Whilst higher education institutions (HEI's) have increased the exposure of pre-registration nurses to community settings, there has been limited exploration of this experience from the perspective of pre-registration nurses. As potential key service providers, it is important to identify factors which influence how pre-registration nurses view primary care placements in the community.

Aim: This study seeks to explore the experiences of pre-registration nursing students community based clinical placements and to explore the impact of this placement on their learning.

Design: A qualitative design was employed in this study.

Participants: Nine pre-registration nursing students were recruited from a research intensive single campus of an Australian university.

Methods: In-depth semi-structured interviews.

Findings: Findings are presented in the following four themes; (1) Autonomy in practice: "you make your own decisions", (2) Working with highly skilled nurses: "their knowledge was just incredible", (3) Focusing on holistic care: "they'd obviously built rapport with these people", and (4) Showing genuine interest in educating students: "they got me involved".

Conclusion: Exposure to community settings was a positive learning experience for pre-registration nursing students. Further research needs to focus on the impact of these placements on both clinical skills acquisition and job choices into the future.

Introduction

Internationally, primary health care needs have increased exponentially, largely due to increased life expectancy but also due to the rising burden of complex and chronic disease. This substantially increases demands on the existing primary health care workforce and poses significant challenges in providing greater numbers of skilled primary health care professionals to service this demand (International Council of Nurses, 2007).

Nursing education is now predominately undertaken within higher education institutions through either baccalaureate (undergraduate) or graduate entry pre-registration courses. A key component of this pre-registration nurse education is clinical placement experience. Placements provide an opportunity for students to be socialized into the health system, practice clinical skills in a real-life setting and observe the delivery of care by others. Despite the obvious benefits of placements for students, poor relationships with the supervising nurse, environments that fail to promote belongingness and lack of supervision / support have been demonstrated to be strongly associated with elevated stress and anxiety, a poorer learning experience and increased attrition from nursing programs (Andrews et al., 2006; Courtney-Pratt, FitzGerald, Ford, Marsden, & Marlow, 2012; Levett-Jones, Lathlean, Higgins, & McMillan, 2009; Warne et al., 2010). Conversely, there is significant evidence that high quality placements which make the student feel welcome and supported can influence career choices following registration as a nurse (Happell, 1999; McKenna, McCall, & Wray, 2010). In order to promote primary health care as a career choice it is important to understand the experience of pre-registration students in these settings during clinical placement.

Background

Much of the contemporary clinical placement literature focusses on placements in acute care settings (Bjørk, Berntsen, Brynildsen, & Hestetun, 2014). This reflects the continuing predominance of acute care placements within contemporary nursing education (Health Workforce Australia, 2013b). However, two key factors are impacting on clinical education into the future. Firstly, there are insufficient numbers of acute care placements for pre-registration students in many regions. Secondly, there is growing recognition that pre-registration students need to be exposed to clinical practice in primary health care. These two factors are combining to increase interest in clinical placements in primary health care settings (Halcomb, Peters, & McInnes, 2012; Peters, Halcomb, & McInnes, 2013).

In their investigation of the preparedness of English novice nurses to work in primary care settings, Ali et al. (2011) found that whilst some primary care nurses perceived novice nurses to be well prepared, others were felt to be unprepared for work in primary care settings. Similarly, in their investigation of Australian nursing curricula, Keleher et al. (2010) identified that the preparation of students in Australia for employment in primary care settings was “patchy and not keeping pace with reform agendas that promote expanded roles for nurses in primary health care, prevention and health promotion” (p. 211).

In addition to the attention required to the curriculum to enhance preparation of new graduates for employment in primary care, consideration also needs to be given to the quality of and satisfaction with clinical placement opportunities. There is an increasing body of evidence around clinical placement in Australian general practice (Halcomb et al., 2012; Peters et al., 2013). These papers highlight the potential of

general practice as a viable placement opportunity, but also identify some of the challenges of placement in this setting. Whilst this provides important insights into clinical placement of nursing students in general practice, primary health care is more diverse and includes a range of settings including schools, community services, Aboriginal Medical Centers, and Ambulatory Care settings (Adrian, 2009). Exploration of the student experience in these broader community settings is essential to understanding their impact on clinical learning. Therefore, this paper reports on a study of pre-registration nursing students' experiences of community based clinical placements to explore the impact of this placement on their learning.

Methods

Research Design

This study used telephone interviews to gather experiential narratives of pre-registration nursing students who completed a clinical placement in an Australian community setting. A descriptive qualitative approach was selected in order to facilitate in-depth exploration of the experiences.

Recruitment and Data Collection

Participants were recruited from the graduate entry and combined degree Master of Nursing course at a single campus Australian university. Students who had undertaken a community-based clinical placement were identified by the clinical placement team and provided with information about the study. The researcher contacted interested students to provide them with additional information about the study and a consent form. A mutually convenient time was arranged to conduct the interview. Interviews were semi-structured and consisted of open-ended questions

relating to the clinical placement experience (Figure 1). All interviews were conducted via telephone due to the geographical location of participants and researchers. All interviews were audio-recorded and then transcribed verbatim by a professional transcription company for analysis. The collection of interview data continued until data saturation was achieved, that is, that subsequent interviews failed to reveal any new data.

1. Can you tell me about your understanding of what nurses do in general practice?
2. What words would you use to describe your feelings about having a clinical placement in general practice?
3. What words would you use to describe your clinical placement in general practice? What happened to make you feel this way?
4. What did you gain from the placement experience? Did you gain what you thought from the placement? Why / why not?
5. What did you observe about the nurses role in the general practice?
6. Were you sufficiently prepared for the placement? Why / why not?
7. What was the biggest challenge on your general practice placement?
8. How did this placement differ from your acute care placements?
9. Would you consider a position in a general practice once you graduate? Why / why not?

Figure 1: Interview guide

Data Analysis

Interview transcripts were thematically analysed. Initially, participants' narratives were read and re-read whilst listening to the audio recordings. Engaging with the data in this manner familiarised the researcher with the interview content, provided confirmation of the accuracy of transcriptions, and augmented the context of the written word. Following this, as recommended by Braun and Clarke (2006), noteworthy sections of individual transcripts were highlighted and common content between transcripts were coded and grouped into themes. Themes were then designated titles, reviewed and further developed to ensure final themes were coherent with the research question (Silverman, 2005; Tesch, 1990).

Rigour

To demonstrate rigour we used the principles of credibility and confirmability. In this study, credibility was established by two researchers examining the data independently and eliciting themes (Creswell & Miller, 2000). The use of direct quotes within the results section of the paper is evidence of confirmability (Polit & Beck, 2014). Further, as pre-conceived ideas may influence research findings (Darawsheh, 2014), reflexivity was employed. That is, the authors consciously considered their own preconceptions and understandings as well as the positioning of the participants at every stage of the research process. This ensured that participants' narratives were not influenced by the researchers' assumptions and were accurately represented in the research findings.

Ethical Considerations

The relevant Human Research Ethics Committees provided approval for the conduct of this study prior to commencing data analysis. Prior to each interview all participants provided informed consent to participate. As a means of assuring confidentiality all interview transcripts were de-identified, with any potentially identifying words removed. Each participant was allocated a pseudonym and no real names were used in reporting of the data.

Findings

Twenty-four students participated in the interviews. As seen in Table 1, a majority of students (n=15) completed a general practice placement. Findings from this cohort of students were treated separately and are the subject of a complementary paper. Given the disparity in placement locations it was not felt appropriate to group all interview data together as the rich data around the placements outside general practice would be lost. This current paper reports the findings of the remaining 9 nursing students who agreed to be interviewed to discuss their experiences of clinical placement in a community based setting.

Placement location	Number of participants
General practice	15
Community	4
Aboriginal Medical Centre	2
Remote area	1
Ambulatory Care	1
School	1

Aspects this cohort of students found most appealing about their clinical placements in a community setting included the holistic focus that was in stark contrast to the acute care setting and the autonomy the nurses in these roles had in their practice. In order to take on these roles however, participants acknowledged that these nurses were highly skilled and appreciated the knowledge that they could pass on to them. Findings from the interview data were grouped under the following four themes: (1) Autonomy in practice: “you make your own decisions”, (2) Working with highly skilled nurses: “their knowledge was just incredible”, (3) Focusing on holistic care: “they’d obviously built rapport with these people”, and (4) Showing genuine interest in educating students: “they got me involved”.

Autonomy in practice: “You make your own decisions”

Undertaking clinical placements in a community setting was considered a valuable experience by participants. They identified that nurses working in this setting practiced under a very different framework than they had previously been exposed to in an acute care setting. Simone attended her clinical placement in a remote area (RA) and conveys:

Specifically there was so much being involved with nurses who were actually primarily involved in assessing, diagnosing and treating as opposed to taking knowledge from the doctors or working within a team. It was very kind of independent because of the knowledge the nurse needed to treat the patient. I found it really interesting because they need to have a large scope of general knowledge to be able to achieve that. (Simone, RA)

While it stands to reason that clinicians in remote areas may have greater autonomy, participants also recognised major variances between the roles of nurse clinicians in local community settings compared to their counterparts employed in tertiary hospitals. The most prominent difference perceived by participants was the varying levels of independence demonstrated in their observations of clinical practice, with community nurses perceived as being more autonomous. This is reflected in the following excerpt of Laura's transcript:

You make your own decisions to achieve and to see the patient being happy at the end of the day and being able to manage the illness - the chronic illness - and to be able to see the positive result at the end of the day. Or like when I went for an acute care placement. It wasn't like that. It was like you have to do it this way. (Laura, Community)

Working with highly skilled nurses: "their knowledge was just incredible"

Participants noted that in order for the nurses to work autonomously in community settings, they required broad expertise. They reported witnessing such expertise in the everyday clinical practice of their supervising nurses and described additional benefits and opportunities for experiential learning due to their vast experience.

I had the opportunity to work with some incredibly skilled nurses. ... all of them had over 30 years' experience in nursing and the majority of that in remote area nursing, so their knowledge was just incredible. Also I lived with a nurse as well, so we had shared meal times and a lot of contact, so I was able to get a lot of extra information - all the extra stories about her clinical experience. (Simone, RA).

Participants described both the skill and understanding demonstrated by the nurses when delivering care in the community setting. For example Rosalie who attended an ambulatory care (AC) placement, highlights the perception that community nurses are skilled in negotiating care delivery with their patients and in providing individualistic care which was highly regarded by participants.

How the patient showed courtesy towards the nurse or was reluctant to take medication. There I could see how the nurse was trying to communicate and educate the patient on one side but also be supportive and understanding towards the patient. So I think the community care was fantastic. But in the community, the nurse is on her own, so she needs to do a lot of critical thinking. (Rosalie, AC)

Focusing on holistic care: “they'd obviously built rapport with these people”

The way in which the community nurses engaged with the patients on an individual level was commended by participants. They were able to identify the importance of building relationships with patients and recognised the burgeoning demand for community care. This is highlighted by Cheryl in the following narrative:

I think for a nurse to be part of that is really, really important as well and it has the value that I'm interested in which is holistic care. You talk to people about prevention, you talk to people about lifestyle choices and changes and you see people come in through their life, through their pregnancies and through old age and things like that. (Cheryl, Community)

Participants considered the nurses' ability to build a rapport with patients a unique skill, and they acknowledged that this was integral to effective care delivery and

positive patient outcomes. Amy shares her observations of the relationship between the nurses and their patients below:

I liked to see a lot where you actually just go in and you had these nurses who - they were nursing these patients for months or years and they had that rapport and the relationship there. You really had the opportunity to do a complete holistic assessment, where you're looking at their whole, you're looking at their - I mean you're looking at their support structure as well as your actual medical concerns. At a hospital you don't really see that unfortunately because you're just running from patient to patient or clients and you don't actually have time to chat and here you do. Yeah. (Amy, Community)

Importantly, students also observed that nurses appreciated patients' input into their health care decisions, acknowledging the valuable contribution they could make.

Well, the thing I gathered was that the person in this situation that knows the most, the expert here is actually the person, the patient.....I think a lot of the time, community nurses actually learn from their patients because they're the experts. They live with the condition and the disease, and they manage it or don't. (Thomas, Community).

Showing genuine interest in educating students: “they got me involved”

The nursing students who participated in this study perceived the community nurses were genuinely interested in their education and invested time in ensuring their placement was worthwhile and contributed to their clinical learning. They conveyed that the nurses constantly exposed them to, and engaged them in new learning experiences. This is highlighted by Rosalie in the following excerpt:

I think I've gained so much great knowledge about wound care because I was exposed to different types of wounds, I was exposed to different types of dressings. The educator there, she was always prepared - she always found something for us to do, to learn, on computer or in services and, I don't know, education in services about wounds, about dementia. So I think I learnt a lot of the practical and also theoretical wound care (Rosalie, AC)

Similarly, Laura articulated her appreciation of the inclusiveness of the nurses in being willing for students to undertake a wide variety of tasks under supervision.

I really enjoyed a lot of teamwork, you know a lot of support from them. I was actually carried along in so many things that they did. They didn't leave me alone, I was like you know, they [saw the eagerness] because I wanted to [learn], so they got me involved. So I actually enjoyed it. I really got a lot out of it (Laura, Community)

Participants also appreciated the additional time the nurses spent with them to answer their concerns and clarify information. This enhanced their clinical learning experience, providing time for clarification and consolidation of knowledge and clinical practice skills.

I was very supported. The pace is slower anyway so the nurses had, I think, a lot more time to talk me through things and explain things. I suppose we spent a lot of time in the car so I had them one on one to be able to ask any questions and things. That little time between each patient was a really, really cool time to debrief and ask questions, yeah, and you do not get that in an acute hospital... ..because it's frantic. You rarely get time to ask the quality questions and really clear it up at the time. Loose ends are left all over the place in hospitals I find. (Thomas, Community)

A similar experience was conveyed by Jillian who was placed in an Aboriginal Medical Centre (AMC). She found that supervising nurses in community settings often had additional time to explain clinical procedures. This resulted in participants feeling valued and proved effective in building confidence and competence in clinical practice skills. For example, whilst giving an IV injection Jillian explained how she *was walked through it, I had someone sitting next to me explaining exactly the rationale behind it, what I should be doing, why I shouldn't do it this way. So I felt like I was able to help my knowledge into practice a lot more. I felt confident in doing it instead of just thinking I don't know what I'm doing, no-one's correcting me, I don't know if I'm doing this right. It was like having a mentor by my side at all times, just explaining why they did things, and giving me feedback. (Jillian, AMC)*

Discussion

Overall, participants of this study valued and enjoyed their clinical placements in community settings. This resonates with findings from previous research which highlights that undergraduate nursing students appreciate the learning opportunities they are exposed to in placements outside the hospital setting (Bjørk et al., 2014; Halcomb et al., 2012; Peters et al., 2013)(Authors Own). One of the most positive aspects of their clinical placement in a community setting was the slower pace which meant that the supervising nurse could spend additional time with them. Adequate time for clarification of student enquiries, and their participation in safe and effective care is clearly fundamental to a good clinical education experience for students (Henderson & Eaton, 2013; Stayt & Merriman, 2012). In many acute care settings nurse preceptors are time poor and as a result are not able to fully engage with the student learning experience (Waldock, 2010; Warne et al., 2010).

While currently community nurses are in a position to spend valuable time facilitating undergraduate nursing students' clinical learning, increasing demands for health care delivery in a community setting will inevitably result in increased workloads for these nurses. Therefore, it is likely in the near future that this group of nurses will also struggle to continue to provide quality learning experiences for students. As Baglin and Rugg (2010) warn, increasing the capacity of community nursing must be balanced with the ability to adequately support the learning needs of pre-registration nurses during community based placements. Further work, therefore is needed to explore the needs of primary care nurses to effectively support nursing student placements and evaluate the impact of strategies to build capacity for clinical placement in primary care settings (Peters et al., 2013).

Participants in this study considered the primary care nurses to be highly skilled and autonomous in their practice. This is important as perceiving their mentors as credible and knowledgeable professionals has been found to be essential to student learning (Baillie, 1993). However, the perception that nurses must be highly skilled to work in primary health care settings may have negative implications for the recruitment of new graduate nurses into primary health care settings. Previous research focusing on nursing students' experience of clinical placements in general practice, found that pre-registration nursing students felt they did not have the skills required to take up such a position when newly qualified. Given the growing demands of nursing chronic illness in the community, additional research is needed to investigate if pre-registration nurses also perceive that they do not have the requisite skills to prepare them as a beginning nurse in community settings.

Despite acknowledging the autonomous and holistic nature of primary health care nursing, it was apparent that most participants did not anticipate the importance of

either in the context of community nursing. This reflects findings in previous studies that the pre-placement preparation of undergraduate nursing students does not adequately address the fundamental principles of primary health care nursing (Albutt, Ali, & Watson, 2013; Peters et al., 2013). This suggests that the current undergraduate nursing curricula may require review in terms of preparing students for a primary health care placement, particularly as learning experiences on clinical placement can be influenced by students' expectations (Baglin & Rugg, 2010).

As potential key service providers it is encouraging that pre-registration nursing students consistently provided positive feedback and support for clinical placements in primary health care settings. It is widely acknowledged that pre-registration nursing students commence their baccalaureate studies with pre-conceived ideas of the clinical area in which they wish to work (Baglin & Rugg, 2010; Happell, 1999; McKenna et al., 2010). However, future career choices may be influenced by positive placement experiences which meet the expectations of pre-registration nursing students (Andrews, Brodie, Andrews, Wong, & Thomas, 2005). Given projected nursing shortages across all health care sectors, high quality clinical placements are increasingly recognized as an important recruitment strategy to source prospective employees (Lamont, Brunero, & Woods, 2014).

Effective relationships and the involvement of patients and family in the process of care delivery is acknowledged by experienced community nurses as being key to effective care. Although participants in this study conveyed they had minimal understanding of what constituted primary care prior to their clinical placement, their narratives demonstrated a growing understanding of these fundamental principles. This suggests that such placements may be effective in providing foundational training in primary health care which may benefit newly qualified nurses interested in

employment in this setting. Given that experienced nurses from other healthcare sectors struggle to transition into primary care, exposing pre-registration nurses to nursing in the community early in the trajectory of their nursing career may facilitate future career changes across healthcare settings (Al Sayah, Szafran, Robertson, Bell, & Williams, 2014).

Nurses employed in the primary health care sector are ageing. Indeed, the age of nurses working in community settings exceeds national averages (Health Workforce Australia, 2013a; Royal College of Nursing, 2012). Whilst participants in this study were exposed to foundational primary care skills, the imminent retirement of experienced nurses is likely to impact the future transference of expertise and knowledge to early career nurses. This is likely to challenge existing support structures and place HEIs under additional pressure to train beginning nurses to deliver quality care in the primary health care sector.

Conclusion

Clinical placements in community settings can provide valuable learning opportunities for undergraduate nursing students. It is apparent however, that HEIs must strengthen the nursing curricula around primary health care and promote community nursing as a viable career option. Further, the growing demands of ageing and chronic illness necessitates the employment of beginning nurses for work in community settings and the development of new graduate programs in this area of healthcare.

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