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Care home nursing

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INTRODUCTION

"The teacher is no longer merely the-one-who teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teaches. They become jointly responsible for a process in which all grow." –Paulo Freire (1993)

The notion of student learners co-creating the higher education curriculum promotes active engagement by both students and staff in understanding both the actual and the desired learning and teaching culture. Conceptually this draws on learner centred teaching (Weimer 2002) and a model of significant learning experiences (Fink 2003). Student participation in curricular development is reported to increase levels of individual and collective student responsibility for their learning, enhance student performance and teachers' satisfaction (Bovill 2014), at the same time enhancing student engagement (Health Education Authority 2015). In co-creation through collaborative enquiry, student learners can become meaningful contributors to the planning and approval processes of programme and course content in developing a nursing curriculum responsive to population needs.

Populations internationally are ageing and the need to provide long term care is rising (World Health Organisation 2014). Worldwide between 2 and 5% of the older adult population receive 24-hour care in an institutional setting providing long term care (Ribbe et al 1997). Terminology for long term care providers varies internationally e.g. in Australia, Aged Care, in Canada, long term care or assisted living. In the United Kingdom (UK), the location of this study, the majority of long term care is provided by staff working in Care Homes. In the UK there are two types of care home: residential homes and nursing homes. Residential homes provide accommodation and 24 hour personal care, such as washing and dressing. Nursing homes also provide accommodation and personal care but are registered to provide nursing care and therefore will have at least one registered nurse on each shift. Care homes in the UK may be run by private companies (for profit), voluntary or charity organisation (not for profit) or by local councils (NHS UK 2019). Residents in care homes receive medical support from visiting primary care physicians and community-based nurses and therapist employed by the National Health Service (NHS) (Gordon et al 2018). Approximately 416,000 people live in care homes in the UK. This is 4% of the population aged 65 years and over, rising to 16% of those aged 85 or more (Laing and Buisson survey 2016).

The care home population has increasingly complex care needs relating to the combination of age (85+), multi-morbidity, cognitive impairment, limited mobility, polypharmacy and the need for palliative care (Gordon et al 2014). Internationally, the need for well-educated nurses to meet these complex needs is recognised (Spilsbury et al 2015, Kiljunen et al 2016). This necessitates the embedding of older people nursing in settings such as care homes in responsive curricula and education programmes, including practice placements, and there are examples of this occurring internationally e.g. Finland (Kiljunen et al 2019), Australia (Loffler et al 2018), the Netherlands (Snoeren et 2016) and in the UK (Tiplady et al 2018). However, in the UK, student nurses in Higher Education Institutions (HEI) receive the majority of their clinical placement learning in acute care nursing (Spilsbury et al 2015).

Care home nursing internationally is at a critical juncture with a crisis in recruitment (Chenoweth et al 2010). Innovative thinking is required to address this gap. One such innovation is in development in Scotland, led by one of the co-authors of this article: a radical vision for a 'teaching research care home' (AUTHOR et al 2016). Student nurses have a unique role to play in offering solutions through contributing to curriculum development and this paper addresses this gap. For the authors of this article, a first step in achieving this was to explore

student nurses' attitudes and engagement with care home nursing as a launch pad for including teaching and learning about care home nursing in the Bachelor in Nursing with Honours degree curriculum at the University of XXX. To this end, a grant available to University of XXX staff for the enhancement of learning and teaching was secured.

RESEARCH OBJECTIVES

- To engage student nurses with thinking about care home nursing
- To explore student nurses' attitudes towards care home nursing.
- To explore student nurses' attitudes to, and knowledge of, educational opportunities within the care home setting.
- To consider ways of fully embedding care home nursing in the curriculum
- To inform the development of a 'teaching research care home'.

METHODS

Study Design

A theoretical framework of co-creation through collaborative enquiry (Bovill 2014) guided the study design. Focus groups, and interviews were conducted with undergraduate student nurses from Years one to four enrolled on a Bachelor in Nursing with Honours degree at the University of XXX. Focus groups allow insights into how participants conceptualise, work out and negotiate their attitudes towards a topic (Mason 2010) and are also recognised as a method for creating a space for dialogue and mutual learning, consciousness-raising, and working together towards solutions (Freeman 2006). On two occasions only one student attended a planned focus group and therefore a one to one interview was conducted by a nurse researcher. The nature of the questioning in interviews is informed by the theoretical framework underpinning a study (Jackson et al 2008) therefore the interviews were conducted in a manner which allowed dialogue and mutual learning, in keeping with the spirit of co-creation. The research team conducting focus groups/interviews was a collaboration of two nurse researchers experienced in qualitative research, both involved in developing a 'teaching research care home' and not known to the students (AUTHOR INITIALS), and a Professor of Nurse Education known to the students (AUTHOR INITIALS). The Ethics Committee of the School of Health in Social Science, University of XXX granted ethical approval.

Recruitment and Sample

All student nurses in each of the four years were eligible to take part and were invited by email by a nurse researcher to attend a focus group. They were given an information sheet and consent form and an opportunity to ask questions. Face to face reminders were given by the nurse educator. An option of two dates was given for each year group with a maximum of eight spaces in each focus group.

Data Generation

Focus groups/interviews took place between October 2017 and March 2018. Refreshments were provided and the aim was to create a relaxed atmosphere to enhance mutual learning.

Written consent was obtained at the beginning of the focus groups/interviews and all discussions were digitally recorded and fully transcribed with permission. All names were removed and each participant given a unique code. This was to allow participants to speak freely without identification. A semi-structured guide allowed topics of interest to be covered while maintaining flexibility to respond to emerging themes and foster dialogue (Table 1)(Mason 2010). An animated film, produced by one of the nurse researchers as part of the development of the 'teaching research care home' (AUHTOR NAME et al 2016), was used as a tool to engage students in further dialogue about possibilities for enhancing nursing care in care homes.

Data Analysis

A three stage analysis process was employed (Miles and Huberman 1994). NVIVO software was used to manage the data.
- Data reduction: each researcher undertook an initial reading of the transcripts and an initial list of codes were derived to identify key themes.
- Data display: two researchers one an experienced qualitative researcher (AUTHOR INITIALS) and one a novice researcher (AUTHOR INITIALS) undertook a second level of analysis to explore the relationships between key themes.
- Conclusion drawing: two researchers (AUTHOR INTIALS) further analysed and theorised, identifying areas of agreement and disagreement until consensus was reached on the key themes and the links between them resulting in the formation of possible theories that explained the data.

FINDINGS

Thirty six students participated in six focus groups and two one-to-one interviews (Table 2). Findings are organised into three overarching themes, shown below, which reflect what is important to consider in engaging student nurses with the learning experiences within care home nursing and embedding this learning into the curriculum. Each quote is labelled with a year of study identifier plus a unique participant code.

The influences shaping Student Nurses' Attitudes towards care home nursing

Student nurses discussed a variety of both positive and negative experiences influencing their attitudes towards care home nursing including visiting relatives in a care home, care home work experience while at school, visiting care homes with Community Nurses and from the media.

Negative experiences while visiting relatives and from work experience were shaped by observing task-orientated care which was not personalised to residents preferences, and which was delivered in a dull, un-personalised environment.

> *"Inside it was just really old … almost like a place that people would have been sent to… finish their lives. It wasn't like they were living anymore, it was kind of like, oh we're just going to shove them all in there….their rooms weren't personalised or anything, so it didn't really feel like home for them, I don't think. And then, they'd just put residents in front of the TV, and none of them would actually be watching it, and they'd all just be sitting in chairs, just around a TV…"* (Y3B3)

Conversely, many students described positive experiences, witnessing staff building relationships with residents and families, and providing person-centred care in a homely environment. The quote below is from a student whose grandmother was in a care home and whose experience was mixed:

> *"...some of the care is amazing... but it's just very variable. Like, some of the care's fantastic and some of it's less so"* (Y4A3)

Students had visited care homes with community nurses whilst on placement and again their experiences were mixed:

> *"And the nursing home that we went in to...I felt it was a bit... mixed feelings... the social activities that were going on were amazing ...but then upstairs when we were up one day, there was a patient who had quite far on dementia. And...the nurses were struggling to... they were trying to get her in bed or something or trying to do some personal care. And they got really frustrated. ... they weren't acting with much dignity or anything for the patient"* (Y4A7)

Media portrayals of nursing strongly shaped students' career aspirations. Many described wanting to work in '*exciting*' and '*fast paced*' hospital environments, mentioning TV shows which illustrate hospital nursing.

> *"And I think it's maybe partly due to the media, as well... all the programmes that you see nurses, like it's always hospitals...like Casualty and 24 Hours in A&E, it's always hospitals...there's not a good programme based in a care home"* (Y3B3)

Moreover, media portrayals of care homes were predominantly negative.

> *I definitely feel the media has portrayed care homes quite ... sort of poorly* (Y3A3)

Teaching and practice placements, appeared to have little influence on student nurses' attitudes. None of those who participated had been in a care home on a practice placement. The influences described above shaped student nurses' attitudes towards care home nursing in particular ways, described in the next section.

<u>Student nurses' attitudes towards care home nursing</u>
Student nurses attitudes towards care home nursing shifted between two contradictory positions: firstly that care home nursing requires few skills, but is physically demanding work; and secondly that care home nursing carries an unacceptably high level of responsibility. Neither position was seen as an attractive career option for newly qualified nurses, bar a few exceptional cases. At the beginning of the focus group discussions the dominant view, particularly among fourth year nurses anticipating their first job, was that care home nursing is unskilled and therefore not a good career option:

> *As a young nurse, going out, a care home isn't really somewhere I would initially be wanting to work. I think you would lose quite a lot of your clinical skills and stuff. Like, I want to work somewhere that's busy and I can learn lots of stuff and have interesting cases. Whereas in a care home, I don't really know if I would get that.* (Y4A5)

This was a concern, not only post-registration, but also for student placements:

> *I know from my management placement, I want to go somewhere where I can do as many things as possible as a student before I have to do it as a qualified staff nurse. And I'd be worried if I go out to a care home for 12 weeks then I wouldn't be able to get as much experience in doing loads of different things.* (Y4A3)

The student above felt that as a final placement her priorities were to be confident in clinical skills such as inserting urinary catheters or nasogastric tubes and doing wound dressings, which she did not think she would get in a care home. For some less experienced students, care home nursing was seen as unstimulating:

> *I feel like the staff as well were very unstimulated… although they had a lot to do…they weren't using all of their knowledge…they weren't faced with new situations every day, they weren't faced with things that would necessarily be mentally taxing.* (Y2A1)

This was tied to a perception of a lack of career opportunities and not what they envisioned as a career in nursing:

> *I don't feel there is progression in a care home… you don't go to university to not progress.* (Y2A1)

There was a view that care home nursing was not a choice but a last resort for the majority of nurses which contributed to the problem of care homes not being an attractive place to work:

> *I think there is a lot of stigma about care homes. So not many people come out of nursing and want to work in them…whenever you look at the… listing for jobs, there's loads in care homes. And I think… that ends up making people work there who don't want to work in care homes, so they don't really put all their energy into it…it can make a really negative environment.* (Y3B3)

Interestingly the notion of stigma around care home nursing was raised by two students who do want to work in a care home in the future.

Many student nurses were unclear what care home nurses actually do:

> *I'm not sure what nurses really do…Do they do much clinical skills in a care home? I don't really know what they do. But I just feel like you get a lot more opportunity to do it in a ward environment and you'd be supported as well. Whereas I'd feel quite nervous if I wasn't really that confident doing it in a care home.* (Y4A5)

As the dialogue progressed, the students turned their minds to thinking about what care home nursing entails. In addition to perceiving care home work to be physically and mentally exhausting due to the high dependency levels of residents and the prevalence of dementia, they began to think about other challenges. Nursing in a care home was seen as a somewhat isolated role due to the absence of other on-site nurses, doctors and allied health professionals such as physiotherapists. This led participants to recognise the high level of responsibility held by nurses in care homes:

> *But there's more a sense of responsibility maybe, being a nurse. Because you're in a situation with a lot of palliative patients, and lots of health care assistants.* (Y3A4)

This realisation led the students to argue that care home nursing requires considerable experience and might be something people might consider later in their career when they are more experienced and more emotionally mature to deal with the issues:

> *I think families might be more confident in your care if you are a bit older and experienced. They might be more reluctant to let their relative go to some care home if a 25 year old newly qualified nurse is sort of running it, so I think you need the life experience.* (Y2A1)

By drawing on experiences of caring for frail older people in other settings, despite not having had care home placements, students were able to imagine some of the needs of residents in care homes. Knowledge of the high level of need of residents led to concerns about not being able to give the standard of care you would like to give:

> *I think if you don't have enough staff, then you think, okay this person is not going to get the best care, or I'm going to be really burned out trying to do everything…So I think that can put a lot of people off.* (Y4B2)

The wider health and social care policy landscape in the UK also created discomfort with the way that care home care is funded and further contributed to a negative attitude:

> *I think it still is completely wrong to hand over any aspect of healthcare to private businesses…the care of people should be prioritised first above money, above anything else, and that's why I'm going into nursing.*

Thus, greater responsibility from the NHS was seen as necessary:

> *I think the NHS needs to merge more with social care and actually do something, because it's not going well, and I feel like people are almost like bringing out the evidence of like the care homes are failing, or some of them might be*

However, the valuable opportunity care home nursing provides to build relationships with residents and families was seen as rewarding:

> *There's lots of building relationships…that can be quite rewarding when you've built a relationship and a rapport with someone and you see that, the fact that when you come in or when you do certain things or when you're there and you see that they're just slightly happier, to have made someone…to have made a difference…*(Y2A1)

The importance of building caring relationships as a therapeutic goal in itself was recognised, alongside the complexity of doing so with people who were at the late or last stages of their lives:

> *You'd have to be able to form bonds and relationships with people, but then you also have to realise that a lot of your patients might die in your care, and then to learn to keep being able to build those relationships and not close yourself off from them because you will inevitably get upset. I think that that's an important thing to have.* (Y1A7)

As the dialogue progressed, more positive views of care home nursing continued to emerge:

> *It's kind of a daunting prospect 'cause you are just there yourself and you have to know lots of things, but I think it would actually be…I would quite enjoy… having that role. I think it…instead of having all the other nurses and doctors as well, it would be quite nice just to do things my way…I'd feel like… it was even more rewarding.* (Y4A5)

Seeing the potential of nurses to make an impact began to build:

> *…you can make a big impact just from who you are, and what you do. So I love that thought, yeah.* (Y4B2)

<u>Changes needed in the Bachelor in Nursing degree curriculum</u>
There were three broad categories of students in relation to their views of working in a care home: those who would never consider it; those who were open to considering it; those whose ambition was to work in a care home. These categories have different learning needs and priorities which need to be addressed in the curriculum. This section explores some suggestions made by students.

The first step is to challenge negative attitudes towards care home nursing:

> *I just have this horrible image of the nurses in care homes. So I think it's important, to start with, if you want to make a change, we need to change what we think, and why we think it, and actually be informed.* (Y3A4)

The students suggested various ways in which this can be done in the curriculum. One suggestion was to hear positive stories from care home nurses to counteract the negative stories which were felt to predominate:

> *I feel like all we hear is the negativity aspects of working in a care home. So I think it'd be nice to hear maybe some positive…maybe people who have worked there have got positive opinions of it …people that come in and talk to you* (Y4A7)

Speaking more about care homes, whether in lectures or in tutorials or in curricular development opportunities would engage students:

> *I feel like it's something that, having spoken about it here, it seems a lot better than I thought it was coming in to this [focus group]. So it's one of those things I feel like if you had this, sort of, discussion with everyone, then it might change a few people's minds.* (Y4A7)

Taking the opportunity to 'plant the seed' was seen as having the potential to bear fruit in the future:

> *It's planting that seed and watching hundreds of people go out there, and maybe five of them will come back, but that's five more than if you didn't plant that seed.* (Y2A1)

Other students suggested more exposure to care homes through sending groups of students to do particular activities in care homes, and shadowing a person being discharged from hospital to a care home to get a better understanding of where care homes sit in the wider system. There was considerable concern amongst students about whether, as things currently stand, practice placements in care homes would be a positive learning experience. However, even

those who definitely did not want to work in a care home in the future, could see the value of placements:

> *I think that your placements should be wide spread because even if it's not necessarily for you it can be something that someone else might not have thought of, but then if they get that placement, they fall in love with it and they realise that's what they want to do.* (Y1A5)

There was discussion as to which year in the four year programme would be best for a placement, with some seeing early *'exposure'* as important and an opportunity to learn about essential care in a less stressful environment, but others suggesting that later would be better. This latter view was based on experiences of caring for older people in hospital settings and recognition of the complexity of care. Good practice placements are particularly vital for those who do want to work in a care home:

> *I would like to open a care home, I kind of have like a vision of what I would want it to be like… so, if you had it in the curriculum, and then you had a placement there, although it wouldn't be up to that standard, probably, you can start to see changes you could make.* (Y3B3)

DISCUSSION

Changing demographics worldwide demand a review of nursing curricula to address the demand for well-educated nurses to meet the increasingly complex needs of older people in long term care settings such as care homes. This project sought to address this challenge through engaging student nurses with care home nursing and creating a space for dialogic exploration of attitudes and an opportunity to co-create curricular content. The findings show that, with appropriate support, students are able to apply, integrate and critically review both their established content knowledge and experiential knowledge gained from practice, thereby deepening their understanding and appraisal of the desired professional and academic learning priorities. During focus groups, students were able to reflect on their values. At the same time, they could explore the reality of the professional care needs of the populations they serve that must be met in a truly responsive nursing curriculum.

This study reveals how first hand experiences before beginning nurse education, and minimal exposure to positive narratives or experiences during nurse education, shape student nurses attitudes to care home nursing in negative ways. Research has shown that care home nurses themselves see their role as stigmatised, partly due to perceptions of the general public, and from within the nursing profession, that their work lacks clinical sophistication and focuses on personal care, often seen as 'dirty work' associated with health care assistant roles (Thompson et al 2016). These negative views need to be counteracted in the nursing curriculum if the current crisis in recruitment is to be reversed. Garbrah et al (2016) suggest that nursing curricula reinforce the perception that modern nursing is technical with greater emphasis on acute and critical care. Changing attitudes about care homes is important for all students, whatever their career aspirations, so that they can speak well of their colleagues in care homes and gradually change attitudes more widely within the profession. Positive role models are advocated for inspiring student nurses within gerontological nursing more generally (Garbrah et al 2016). In response to these findings, the authors are working with six students to make a film involving interviews with three care home nurses and a GP about their roles. The film will be used as a teaching resource alongside the work of Stanyon et al (2017) who have developed an expert

consensus list of competences for registered nurses working in care homes which provides a basis for building a curriculum for care home nursing. Those students with a passion for older people and a desire to lead and transform struggling care homes from places where people '*are not living anymore*' to places where people live well until the end of their life, need to be encouraged and given learning opportunities to develop appropriate competencies. This would prevent any sense of stigma from taking hold. The students in this study recognised the rewards of being able to build relationships with residents over a period of time. Building relationships with people with dementia has been shown to be a complex but important therapeutic goal of care home nursing (AUTHOR 2016) which, alongside the necessary more technical clinical skills, needs to be given more value and attention in curricula.

Our findings demonstrate that students recognised that practice placements in care homes have a legitimate and important role to play in their education and understanding of the whole healthcare system, although with some disquiet about the quality of care homes as learning environments. Jack et al (2018) suggest that care homes are an underutilised resource when it comes to practice placements and can provide a rich environment to learn about person-centred care. Successful practice placements in care homes requires both high quality care providers and supportive learning environments. Work has taken place internationally on developing care homes as learning environments for student placements. In Norway the Teaching Nursing Home programme was launched in 1997 with the aim of establishing partnerships between selected nursing homes and universities, evolving to become a network of developmental centres for nursing homes and a vehicle for national quality initiatives. The programme has proven to be a sustainable innovation for improving the care of older people (Kirkevold 2018).

In Australia, the Norwegian model was further developed into Teaching and Research Aged Care Services (TRACS) with the ultimate goal of improving the quality of aged care. High quality clinical education for students is a core feature of TRACS and programme evaluation has shown that students' experiences were positive in relation to the impact on their knowledge, skills, understanding of the needs of older people and of their care, and understanding of the aged care field. Students' experiences were less positive in relation to access to, and continuity of, mentors, mentor preparation and the provision of learning infrastructure such as dedicated learning spaces (Barnett et al 2018). Loffler et al (2018) highlight the importance of investment in building respectful partnerships between aged care and education providers. Our findings add important considerations in terms of the timing of placements and development of appropriate learning outcomes across the four years of the programme. As well as contributing to curriculum development, we are using these findings in the further development of the 'teaching research care home' (AUTHOR et al 2016).

Curriculum development is only one factor in addressing the increasing need for well-educated nurses in care homes. Our findings show that students are politically astute and are concerned with wider funding issues in the care home sector and its isolation from the NHS. Internationally, policy changes are required which alleviate the moral distress felt by nurses in long term care when resources are lacking. Appropriate support and valuing of nurses in the care home setting, the integration of such care within the wider health care system and optimal models of health care delivery, are all fundamental prerequisites for future care home nursing (Gordon et al 2018, Pijl-Zieber et al 2018).

CONCLUSION

This study demonstrated that through a process of co-creative collaborative enquiry student nurses are able to engage in thinking about care home nursing and contribute to the development of a nursing curriculum responsive to population needs. It gives in-depth insights into the attitudes of student nurse towards care home nursing, how their attitudes are shaped and how they might be changed through more positive exposure and learning opportunities.

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