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Nursing education for community care

Effect of curriculum-redesign on students' perceptions and choices in caregiving

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Publication date

2021

[Link to publication](#)

Citation for published version (APA):

van Iersel, M. (2021). *Nursing education for community care: Effect of curriculum-redesign on students' perceptions and choices in caregiving*.

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Chapter 1

INTRODUCTION AND OUTLINE OF THIS THESIS

Introduction

Education is said to be ‘an eminent tool to improve the lives of others’¹. From the perspective of nursing education, who are ‘the others’? Populations are aging almost everywhere in the world, with major implications for healthcare systems². The global share of people aged 60 or over increased from 9.2% in 1990 to 11.7% in 2013 and will increase further to an expected 21.1% in 2050³. This older population is itself also aging: the share in the older population of those older than 80 was 14% in 2013 and is expected to grow to 19% in 2050³. Parallel to this development, one of the major epidemiologic trends this century has been the rise of chronic diseases and multimorbidity^{4,5}, leading to a shift in healthcare. Where ‘hospital-centrism’ (i.e. a healthcare system built around hospitals and specialists) used to be the norm, the demand for healthcare outside facility walls, tailored to the specificity of each community and individual situation, has greatly increased^{2,6}. Shorter hospital stays for patients have led to more care-dependent elderly people, often with more and chronic health problems, who need healthcare at home⁷. In 2010, the Department of Human Resources for Health of the World Health Organisation formulated new strategic directions for the nursing profession, tying in with healthcare extramuralisation and with a strong emphasis on public health and community care⁸. Although this re-orientation was necessary to respond adequately to a growing group of patients requiring treatment in their own homes, it also caused a major challenge for the field of community care in many Western countries⁶.

Discrepancy between healthcare needs and students’ career preferences

One of the challenges of the community care field is related to the labour market situation. Despite society’s growing need for well-educated community nurses, there is a limited influx of new nursing graduates who choose to pursue a professional career in this field⁹. Students’ limited interest in a career in community care is creating a discrepancy between the field’s needs and the available workforce¹⁰. Most students have clear ideas as to the fields in which they wish to practice after graduation. Traditionally, they prefer intramural settings for their future career – particularly hospitals, which they see as an attractive and interesting working environment¹¹⁻¹⁶. In some respect, this is also a form of ‘hospital-centrism’. The media emphasise and reinforce this image, often representing the nursing profession with images of women dressed in a white uniform and working in a medical/technical environment^{17,18}.

The limited interest in community care is due to the fact that nursing students attribute qualities to this field that they perceive as belonging to a long-term care profile. They expect to utilise few technical skills in community care, and as they perceive this type of care more as 'guidance in everyday life', the field offers little challenge to them¹⁴. This negative perception of the field is further reinforced by their expectation of providing care to a large number of elderly patients^{13,14}. Many students have stereotypical and negative perceptions of working with the elderly, as they see them as unhealthy, dependant and difficult to understand¹⁹⁻²². Most research on students' career preferences and the reasons for them are qualitative in nature, with fewer quantitative studies on career choice available. Of those few, Kloster et al. in Norway¹⁴ found that 6.5% of graduating nursing students choose community care, and McCann et al.¹³ in Australia described that 0% of students wanted to work in 'aged care' upon completion of their training. Given the demographic ageing situation and the call of the WHO, it is clear that this is a major problem.

Influencing students' perceptions of community care

It seems that students are not really aware of what qualities the field of community care has to offer, as their perceptions do not accurately reflect the realities of what the profession entails: the autonomous position and patients' generalist care needs require broad and deep knowledge and a wide range of communication and technical skills. It follows that strategies to improve students' understanding of what the community nurse's tasks and responsibilities entail are urgently needed.

The fact that students have scant knowledge and awareness of the challenges of community care may be the result of the intramural orientation of traditional nursing teaching programmes^{10,23}. Nowadays, nursing curricula in many Western countries have been redesigned and include more themes related to various types of community care (see for example the USA²⁴, the UK²⁵ and the Netherlands²⁶). New nursing curricula involving more elements of community care in intramural education as well as in attractive placements may help correct stereotypical views and unrealistic expectations of the field²⁷⁻³². However, there is a need for further research into the content of the curriculum to be effective in changing students' negative perceptions and in preparing them to take on the role of an independently working community nurse. More insights into these topics may contribute to strategies to influence the career choices of nursing students, which will hopefully decrease the labour market shortage in community care in the future.

A pivotal role for community nurses in the Netherlands

The Netherlands is witnessing similar developments with regard to the central role of the community nurse. In line with government policies to support the independent living of the elderly in their own homes^{33,34}, community nurses with a Bachelor's diploma were authorised to allocate care in 2015, giving them the opportunity and the responsibility to determine independently which type of care was needed in particular situations^{35,36}. However, despite the increased importance of this professional group, labour market shortages in community care^{37,38} and the lack of interest among nursing students in working with the elderly³⁹ also played an important role here. Parallel to healthcare extramuralisation and on the advice of the Netherlands Association of Universities of Applied Sciences (HBO-raad)⁴⁰, the country's nursing education institutions developed a new national education profile as a guideline for Bachelor's programmes, named Bachelor Nursing 2020 (BN2020)²⁶, in which the area of expertise of community care was given increased attention⁴¹.

Focus of this study

BN2020 should make a positive contribution to solving the labour market problems in community care and improve the knowledge and skills that nursing graduates need to provide often complex care in patients' homes. However, it is insufficiently clear whether and how the limited influx of nursing graduates into community care is related to negative perceptions of the field. In addition, it is unclear to what extent a more 'community-oriented' curriculum would positively affect these perceptions. It is also uncertain whether new themes in this community-oriented curriculum lead to different choices in caregiving in such a way that students integrate the new themes (e.g., self-management) in their nursing interventions. This thesis focuses on two topics: how students of the Bachelor's programme in Nursing perceive community care and their choices in caregiving, based on the new themes in Bachelor Nursing 2020.

The curriculum-redesign

The curriculum-redesign, i.e., the intervention in this research project, aims to broaden – and also correct – the student's image of nursing, showing that modern nursing is more than hospital care. The redesign is based on (1) the influence of the lecturer in the classroom, (2) ensuring that students see their placement in community care as a positive experience, and (3) new themes in the curriculum, based on the aforementioned new education profile BN2020.

With regard to the influence of the lecturer, efforts have been made to ensure that students meet attractive role models, for example community nurses, who teach about patient cases they encounter in their daily practice. With respect to ensuring positive placement experiences, the university and community care organisations have worked together to improve the quality of the placement experience, specifically of the mentor, who is an important factor in ensuring that the placement ties in with the students' learning goals ²⁸. Finally, the four-year curriculum has undergone a redesign involving the integration of the themes in BN2020, all related to community care: (1) fostering patient self-management, (2) shared decision-making, (3) collaboration with the patients' social system, (4) healthcare technology, and (5) allocation of care. In addition to these main themes, which are presented to all students in Years 1 and 2, a 'pathway' towards community care has been created in the curriculum for Years 3 and 4 for students who become interested in the field in Years 1 and 2.

During the development process, two extra perspectives gave direction to elements of the curriculum-redesign: insights into students' conceptions and misconceptions regarding different areas of nursing (derived from two quantitative and qualitative studies into students' perceptions at the start of their studies) and insights gained from similar developments in other educational institutions ⁴¹. These results were used to refine the curriculum-design for the four-year period during which students attend the programme.

Collaboration on a national scale

The curriculum was developed as an iterative process in collaboration with the other Bachelor nursing education institutions in the Netherlands during development and implementation of BN2020, which took place from 2014 to 2020. Although all institutions shared a single educational competence profile after 2016, the road towards the graduation level varied, and for several reasons there was no intention to design a single national curriculum for the Bachelor's programme in Nursing. Nevertheless, a task force of educational designers exchanged ideas and experiences and all schools moved towards a more community-oriented curriculum. The general idea behind the students' orientation towards working in the community was to 'seduce, but not mislead'; in other words, to help them make well-informed career choices. The assumption is that this curriculum-redesign will lead to more and better educated and informed nursing graduates at Bachelor's level who choose community care, and who make this choice based upon perceptions that reflect the reality of the profession. Hopefully, this will lead to reducing the 'gap' between

students' career preferences and the society's need for highly-skilled nurses to work in the community.

Research design

To gain insights into nursing students' perceptions at the start of their education, first-year students' perceptions of community care and placement preferences were measured at six institutions for nursing education at Bachelor's level in the Netherlands. These institutions were selected for maximum variation in possible influential characteristics, i.e., geographic spread, Christian identity and the degree of urbanisation. A subsequent qualitative study was conducted with nursing students from the Amsterdam University of Applied Sciences to explore students' perceptions of six larger healthcare areas (i.e., medical rehabilitation, mental healthcare, care for the mentally handicapped, community care, elderly care and general hospital care).

The research project continued at this institution. The 'curriculum-redesign' intervention was carried out for full-time students starting their education in 2014. The outcomes 'perceptions of community care' and 'intervention choice' were measured in this cohort during the period of graduation in May/June 2018. The results were compared with a historic control group consisting of students that studied the old curriculum and therefore graduated in the years before 2018. For the outcome 'perceptions of community care', the historic control group consisted of three cohorts that graduated in 2015, 2016 and 2017. As an instrument to measure the outcome 'intervention choice' had to be developed first, the historic control group for this outcome consisted of two student cohorts that graduated in 2016 and 2017. In addition, students' perceptions were measured annually in the intervention cohort to gain an insight into the effect of separate parts of the curriculum-redesign [Figure 1].

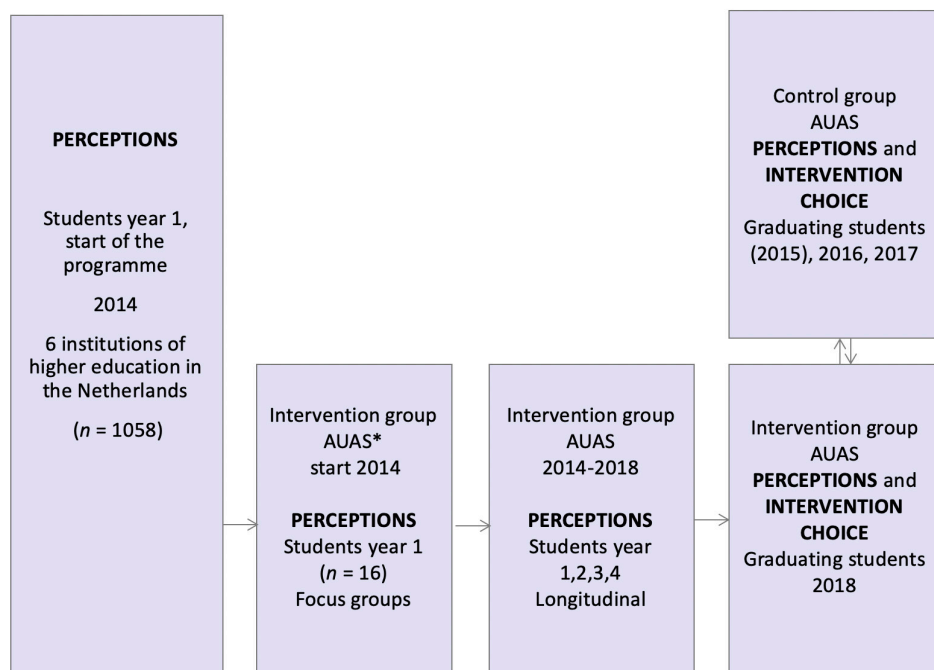


Figure 1. Research design.

*AUAS = Amsterdam University of Applied Sciences

Aims and outline of this thesis

The aim of this thesis was to study the influence of a more ‘community-oriented’ curriculum on (1) nursing students’ perceptions of community care, and (2) choices in caregiving (intervention choice) in community care.

Chapter 2 presents the results of a systematic literature study into nursing students’ perceptions of areas in healthcare. The chapter describes nursing students’ perceptions of the profession in general and how they perceive different healthcare work settings, specifically community care. The chapter also introduces the ‘Nursing Career Development Framework’, a model that charts the factors influencing nursing students’ career preferences.

Insights from this literature study were used to construct the newly developed questionnaire ‘Scale on COmmunity care PERceptions’ (SCOPE). The choices made in the development and validation of this instrument are described in **Chapter 3**.

The evaluation of SCOPE's psychometric properties included exploratory factor analysis and reliability analysis.

The following two studies were aimed at exploring first-year students' perceptions of different healthcare areas and placement preferences and gave direction to the final curriculum-redesign, the intervention in this research project. **Chapter 4** reports the results of a large multi-centre study in which 1058 students early in their educational programme from six institutions completed the SCOPE. The insights into students' perceptions from this study were built on with a subsequent qualitative study, described in **Chapter 5**. This focus group study involving 14 first-year students was aimed at exploring students' perceptions of six larger healthcare areas.

Chapter 6 describes the results of a quasi-experimental study that addressed the question whether the curriculum-redesign as a whole affected students' perceptions of community care, assessed with the SCOPE. Results from a historic control group that studied an older, hospital-oriented curriculum are compared with those from an intervention group that studied the more community-oriented redesigned curriculum.

Chapter 7 reports the results of a longitudinal study into the development of students' perceptions and placement preferences as the intervention cohort progressed through the new curriculum, with the aim of obtaining more detailed information on the influence of specific curriculum elements. Data was collected in each year of study, and specific interventions in the curriculum were compared with students' perceptions at four moments in time. The chapter uses visual schemes to chart students' individual placement preference development over time.

Chapter 8 aims to describe the development of the new vignette instrument 'Assessment of Intervention choice in Community Nursing' (AICN) and accompanying code book, needed to measure the second outcome 'intervention choice'. Choices were made regarding the type of instrument, practical usability and vignette content. Development occurred in five phases: content generation, validity testing, pilot-testing on a sample, psychometric testing and revision.

Chapter 9 describes the effect of the curriculum-redesign on nursing students' intervention choice in community care, as measured with the AICN. As part of this redesign, five new themes related to community care (e.g., fostering patient self-management, collaboration with the patients' social network, shared

decision-making, healthcare technology and allocation of care) were integrated into the study materials. The aim of the study was to determine the effect of the curriculum-redesign on students' intervention choice (more 'traditional' interventions versus interventions related to the new curriculum themes). Results from a historic control group are compared with those from an intervention group that studied the redesigned curriculum with the new themes.

Finally, in **Chapter 10** this thesis concludes with a general discussion, containing an evaluation of the findings related to developments in healthcare and education and of the methodological aspects of the study. Implications for educational and home care organisations are described, and themes that require further exploration are formulated.

Ethics approval

The Ethical Review Board of the Open University of The Netherlands approved the study in this thesis (reference U2014/07279/HVM). The board concluded that the study is in line with the ethical codes for research in Human Subjects.

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