

Pre-registration student nurses' preconceptions, attitudes and
experience regarding clinical placement in primary health care

Submitted by

Zach Byfield

Student number: 220032985

School of Health, University of New England

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Supervisors

Professor Jane Conway

Associate Professor Leah East

Abstract

Background: There is a renewed focus on the role of primary health care within health systems owing to an ageing population, increasing cost of acute health care services and an emphasis on developing healthier communities. Associated with this focus is the need for increasing the primary health care workforce capacity. However, primary health care is rarely prioritised within pre-registration nursing curricula. By understanding the perspectives and experiences of student nurses regarding clinical placement in primary health care, educators and industry will be better informed to support the student nurse within this setting.

Aim: The aim of this study was to investigate the preconceptions, attitudes and experience of pre-registration nursing students who were assigned clinical placement at a primary health care clinic.

Method: Naturalistic inquiry and qualitative research methods were used in this study. Eight pre-registration student nurses who had attended clinical placement within a primary health care clinic were recruited and individually interviewed. Interview transcripts were thematically analysed, and findings were developed according to the Preconceptions and Learning Framework (Meheut, 2012).

Findings: Three themes were modelled on the Preconceptions and Learning Framework. Theme one is *preconceptions*, which refers to the varying preconceived ideas the participants held towards primary health care. Theme two is *learning* and this theme relates to the way in which the clinical placement experience in primary health care altered some participants' preconceived ideas towards this setting. The third theme is *knowledge*, and it relates to the increased understanding the participants held towards primary health care, and the broader health care system, as a result of the clinical placement experience.

Conclusions: To ensure pre-registration student nurses are properly prepared to enter the workforce, they need to be provided nursing education that acknowledges and values the role of primary health care within the healthcare system. Hence, primary health care needs to be integrated throughout pre-registration nursing curricula to ensure understanding and value, and such integration should include clinical placement within this setting.

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First, I would like to thank the eight student nurses who were willing to participate in this study and share their experiences and preconceptions associated with primary health care and their clinical placement experience.

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I acknowledge that this thesis has undergone professional editing through the company Elite Editing.

Thank you.



Zach Byfield

Candidate's Certificate

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any assistance received in preparing this thesis and all sources used have been acknowledged in this thesis.

Signature:



Date:

08/07/2019

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List of Terms and Abbreviations

Australian Health Professional Regulation Agency (AHPRA): The national agency that oversees and supports relevant bodies that regulate several health professions in Australia, including nursing.

Australian Institute of Health and Welfare (AIHW): An Australian government agency responsible for monitoring and reporting statistical data related to Australia's health.

Australian Nurses and Midwifery Accreditation Council (ANMAC): An independent accrediting authority for nursing and midwifery education in Australia.

Australian Primary Health Care Nurses Association (APNA): The peak professional body for Australian nurses working in primary health care.

Australian Qualifications Framework (AQF): A national framework specifying the standards of Australian educational qualifications.

Assistant in Nursing (AIN): A healthcare provider who has completed healthcare training (equivalent to AQF level 3) and performs health-related activities under the supervision of a registered nurse.

Bachelor of Nursing: A Bachelor degree (AQF 7) that has been designed to lead to qualification as a registered nurse in Australia.

Clinical Placement: A block of time in which the student nurse attends a clinical setting for a structured experiential learning and assessment in partial or complete fulfilment of the requirements of a specific unit of study.

Domestic Student: Used in this thesis to refer to an individual enrolled in an Australian university who is an Australian citizen, an Australian permanent resident or a New Zealand citizen.

Endorsed Enrolled Nurse (EEN): A healthcare professional who has undergone a minimum of a Diploma (AQF 5) and/or Advanced Diploma (AQF 6) level nursing education. Used synonymously with the term enrolled nurse (EN) throughout this thesis to fit participant narrative or cited literature.

International Student: Used in this thesis to refer to a person enrolled in an Australian university who is a temporary resident of Australia, a permanent resident (visa status) of New Zealand or a resident or citizen of any other country.

Pre-Registration Student Nurse: A student enrolled in a nursing degree, aiming to become qualified as a registered nurse. This term has been adopted in this thesis to include both Bachelor of Nursing student nurses as well as those students enrolled in other pre-registration degrees of study, such as the Masters of Nursing Practice.

Registered Nurse: A healthcare professional who has undergone either Bachelor level (AQF 7) nursing education or who underwent hospital-based training, holds relevant diploma (AQF 5) qualifications and is registered through the AHPRA.

Masters of Nursing Practice: A Masters level qualification (AQF Level 9) that has been designed to lead to qualification as a registered nurse in Australia.

National Health and Medical Research Council (NHMRC): Australia's leading expert body in health and medical research, responsible for oversight of healthcare research funding and policy.

Primary Health Care (PHC): A component of many structured healthcare systems, which is responsible for delivering a fundamental level of care in the community. Also styled primary healthcare; both terms have been used interchangeably throughout this thesis to fit participant narrative or cited literature. A more in-depth definition of primary health care has been provided in Chapter 1 of this thesis.

World Health Organization (WHO): An international organisation whose primary role is to direct and coordinate international health within the United Nations system.

List of Outputs and Outcomes of This Thesis

Journal Articles

Byfield, Z., East, L., & Conway, J. (2019). An integrative literature review of pre-registration nursing students' attitudes and perceptions towards primary health care. *Collegian*. Advance online publication. doi.10.1016/j.colegn.2019.01.004

Conference Presentations

Byfield, Z., East, L., & Conway, J. (2019). *Attitudes, experiences and perspectives of student nurses towards primary health care*. Paper presented at the Sigma Theta Tau International Nursing Research Congress, Melbourne, VIC.

Byfield, Z., East, L., & Conway, J. (2018). Podium Presentation: *Experiences and perspectives of pre-registration student nurses towards primary health care*. Paper presented at the Australian Primary Health Care Nurses Association National Conference, Adelaide, SA.

Byfield, Z., East, L., & Conway, J. (2018). Podium Presentation: *Integrative literature review of pre-registration nursing students' perceptions of the primary health care setting*. Paper presented at the University of New England Post Graduate Conference, Armidale, NSW.

Chapter 1: Introduction

1.1 Background

Primary health care is an approach to health that focuses on empowering individuals and communities to achieve their essential healthcare needs and is concerned with addressing health disparities of communities and populations as well as the accessibility and affordability of healthcare (World Health Organization [WHO], 2003). Primary health care involves a range of approaches, including health promotion, illness prevention, community health development and individual and community advocacy (Powell Davies et al., 2008; Wakerman et al., 2008; WHO, 2003). While these approaches are provided across several points of care within the healthcare system, primary health care is often provided in the non-hospital setting, unlike the secondary or tertiary healthcare setting, which is more focused on the acute and episodic or specialised treatment of individuals during a period of poor health (Australian Institute of Health and Welfare [AIHW], 2014).

While primary health care has always been an essential component of healthcare delivery, workforce shortages exist in this sector both at a national and an international level (AIHW, 2014). Contemporary pressures on health delivery, such as an ageing population and an increased prevalence of chronic disease, have exacerbated workforce shortages and resulted in a renewed emphasis on increasing the capacity of the primary health care nursing workforce (Australian Primary Health Care Nurses Association [APNA], 2017; Health Workforce Australia, 2014). Despite the primary health care nurse shortage, pre-registration nursing curricula often have greater focus on the tertiary setting. One strategy to expand the primary health care workforce is by developing pre-registration nursing curricula to have a more balanced approach, allowing for a greater

appreciation of primary health care and increased ability of nurses to enter the primary health care workforce (Anderson, 2009; Betony, 2012).

To assist with developing the pre-registration nursing curricula, an important consideration is the clinical placement requirement of a pre-registration nursing degree. For clinical placement to be most effective within the pre-registration nursing curricula, the placement experience should take into account contemporary workplace expectations to ensure graduates are provided the opportunity to experience the range of settings in which healthcare is delivered (Australian Nursing and Midwifery Accreditation Council [ANMAC], 2012; Levett-Jones, Fahy, Parsons, & Mitchell, 2006).

Historically, Australian university programs have tended to offer nursing education that focuses on acute care or hospital-based services, rather than primary health care, in preparing students for practice (Keleher, Parker, & Francis, 2010). As the Australian healthcare sector increasingly focuses upon delivering integrated care, nursing curricula need to incorporate a range of clinical placement experiences that allow the pre-registration student nurse to provide care for clients across broad healthcare settings outside the hospital environment (Peters, McInnes, & Halcomb, 2014). However, nurse education providers face numerous challenges in providing this changing focus in clinical placement experiences (McInnes, Peters, Hardy, & Halcomb, 2015a). These challenges include addressing the theoretical content students require as well as sourcing appropriate facilities for their primary health care clinical placement experience (J. Cooper, Courtney-Pratt, & Fitzgerald, 2015; Ford et al., 2016).

To effectively prepare the nursing workforce for a healthcare system with changing needs, nursing curricula must reflect contemporary and future nursing practice. Indeed, broad experience and knowledge of primary health care settings are

assumed components of the nursing curricula under the National Health Reform Agreement, which aims to deliver a nationally unified, although locally controlled, health system (ANMAC, 2012). Despite the assumed knowledge and importance of primary health care within Australia, nurses often feel ill-equipped to work in the primary health care setting (Ashley, Halcomb, Brown, & Peters, 2018).

Further, numerous negative perceptions exist regarding primary health care both within, and outside, the nursing profession (Leh, 2011). Since preconceived ideas can influence learning and engagement, it is important to understand the attitudes and preconceptions of the pre-registration student nurse towards primary health care settings. Such understanding will allow the provision of education that appreciates and values the range of settings in which nurses work (Leh, 2011). Through these educational opportunities, pre-registration student nurses will be better equipped with the knowledge and skills to enter the workforce with a broader view of the nursing profession, increased understanding of the healthcare system and the skills to work across diverse practice settings, such as primary health care.

1.2 Aim and research question

Considering the need to better prepare pre-registration student nurses regarding primary health care, the aim of this study was to investigate the preconceptions, attitudes and experience of pre-registration nursing students who were assigned clinical placement at a primary health care clinic. In particular, the study aimed to understand how the research participants' experiences of clinical placement contributed to their understanding of primary health care, and how any preconceptions and attitudes towards primary health care may have changed as a result of the clinical placement experience.

In line with this aim, the question which directed this study was: ‘What are the preconceptions, attitudes and experiences of the pre-registration student nurse attending clinical placement at a primary health care clinic?’

1.3 Defining Primary Health Care

The WHO (1978) first defined primary health care in the Declaration of Alma Ata as:

Essential healthcare based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. (p. 1)

Primary health care has undergone redefinition since the Declaration of Alma Ata. However, the contemporary view of primary health care continues to be that it is an approach towards health that focuses on providing appropriate and accessible essential healthcare with a particular emphasis on meeting the specific needs of communities and increasing self-reliance (WHO, 2016).

Since primary health care is largely concerned with community and context, the WHO definition has been further adapted to fit the particular needs of the Australian health context. Further, as primary health care can refer to a broad practice setting as well as an overall philosophy of health, it was essential to define primary health care for the purposes of this study. For this study, the Standing Council on Health. (2013) definition was adopted, namely, that primary health care is the range of ‘evidence based healthcare approaches and technology which focuses upon community needs to provide accessible and appropriate healthcare aiming towards addressing health inequalities and encouraging self-determination’ p.13. Primary health care can also occur across a

variety of healthcare settings and by various healthcare professionals providing healthcare services. This definition was also used to guide the inclusion of literature in the literature review provided in Chapter 2 and to provide a boundary to focus the study in the data analysis and discussion chapters.

1.4 The Setting

This study explored the preconceptions, attitudes and experiences of pre-registration student nurses attending clinical placement in a single primary health care setting, specifically the Coledale Health and Education Clinic, which operates as a partnership between Wallhallow Aboriginal Corporation and the School of Health, University of New England. This clinic is based in the regional centre of Tamworth, New South Wales, and is a multidisciplinary primary health care service that emphasises community engagement and client-centred care. Healthcare professionals working in the clinic also conduct outreach services providing primary health care services to rural areas.

As part of the School of Health's participation in the partnership, student nurses attend clinical placement at the Coledale Health and Education Clinic to gain clinical experience in the primary health care setting. Students from either the second year of the Bachelor of Nursing, or the second trimester of study in the Master of Nursing Practice can attend this clinic for clinical placement. The duration of these placements is 2–4 weeks, equivalent to 80–160 hours of placement experience. An outline of the major healthcare services and professionals available at this clinic, with whom the pre-registration student nurse may interact while on placement, is presented in the Coledale Clinical Placement Brochure provided in Appendix 1.

1.5 Thesis Outline

This chapter is the first chapter of the thesis and has introduced the study, inclusive of its aim and context. A discussion on primary health care and the associated importance of this setting within the context of health care needs has been provided. The term primary health care has been defined for the purpose of this study, and the clinic that serves as the setting for this study and in which the participants undertook clinical placement has been detailed. Finally, the thesis outline is provided to guide the reader through the thesis.

Chapter 2 is an integrative literature review. This literature review seeks to understand current knowledge regarding pre-registration student nurses' attitudes, experiences and perceptions towards primary health care. The findings from this literature review have been published in *Collegian*, as per the citation provided in the list of outputs and outcomes of this thesis.

Chapter 3 details the methodological approach and the research methods employed to undertake the study. An overview of the research design is provided in addition to a discussion on data collection and analysis. A discussion of the strategies employed to enhance the trustworthiness of findings and to maintain ethical standards is also included.

Chapter 4 presents the findings of this study. A pseudonym and short description are provided for each of the eight student nurse participants in the study to assist in providing context to their comments. A description of the findings is provided, and the three themes that arose during data analysis are elucidated.

Chapter 5 provides a discussion of the study and the findings in relation to the wider body of nursing literature. The study findings are summarised and the significance of each theme as they relate to nursing and nursing education is discussed.

Chapter 6 summarises and concludes the thesis. The major findings of the study are summarised and its strengths and limitations are outlined. Recommendations about steps that could be taken to address the findings and concluding comments are also provided.

1.6 Summary

This chapter provided an introduction to the study and this thesis. It highlighted background information on the role of primary health care and the importance of primary health care for the nursing profession. The aims of the research and the research question were outlined. The term primary health care was defined to provide scope to this study, and the clinical placement setting was explained. Finally, an outline was provided to familiarise the reader with this thesis. The following chapter reviews the literature surrounding the topic of student nurses' attitudes, perspective and experiences towards primary health care.

Chapter 2: Literature Review

2.1 Introduction

This literature review chapter provides an overview of the peer-reviewed evidence relevant to this study. The question that guided this review was, ‘What are the attitudes, perceptions and experiences of student nurses attending clinical placement within primary health care?’. The review explored the established literature to determine current knowledge about student nurses’ attitudes, perceptions and experiences regarding clinical placement within a primary health care setting. The literature was analysed thematically, with two interrelated themes emerging.

The first theme is *attitudes and perspectives towards primary health care*, which describes the varying preconceived ideas held by pre-registration student nurses towards primary health care. The second theme is *experience with primary health care on clinical placement*, and this theme describes the pre-registration student nurse’s clinical placement experience within the primary health care setting. As previously stated, aspects of this review literature review have been published as per the citation in the list of outputs and outcomes of this thesis on page 7.

2.2 Background

Primary health care is a frontline component of the Australian healthcare system. The Standing Council on Health (2013) describes primary health care as consisting of a broad range of multidisciplinary services intended to address the social determinants of health, to influence the health of individuals and communities. In Australia, primary health care has received renewed attention over the past decade because of many factors, including changing population demographics, increasing cost of acute healthcare services and an emphasis on developing healthier communities (AIHW, 2014).

In terms of delivering pre-registration nursing education in Australia, standard four of the *Registered Nurse Accreditation Standards* requires higher-education providers to deliver a curriculum that includes content about local and national healthcare priorities. In addition, standard eight requires that student nurses be provided clinical placement experiences, which reflect health priorities across a broad range of clinical contexts (ANMAC, 2012). By meeting the requirements of the standards, higher-education providers are able to prepare nursing students to enter a healthcare industry which, by necessity, constantly changes to respond to healthcare priorities.

Clinical placement provides student nurses an opportunity to apply their knowledge in the clinical environment and to learn from the clinical setting. Further, clinical placement needs to provide nursing students opportunities to develop competence (Levett-Jones et al., 2006). Australia also has a nationwide requirement for a minimum of 800 hours of clinical experience in all pre-registration nursing programs of study through varied healthcare clinical placements (ANMAC, 2012). However, owing to the competitive nature of securing placements, placement availability and a requirement to achieve competence in set clinical skills, student nurses have greater exposure to acute care settings rather than primary health care (Keleher et al., 2010). Such a skewed exposure may influence understanding of the healthcare system as a whole and influence perceptions towards areas in which students have had less clinical experience and exposure (Mackey et al., 2018).

Nursing education providers need to ensure that the curricula are developed to align with changing workforce requirements and healthcare priorities (Bastable, 2003; WHO, 2003). In recent years, there has been a global shift in the focus of healthcare policy, with a move from hospital-based acute services to recognising the integrated nature of primary, secondary and tertiary level healthcare delivery (WHO, 2016). To

address the increased focus on primary health care services, the Australian healthcare workforce has recently emphasised the need to consider the professional development of the primary health care workforce (AIHW, 2014; Health Workforce Australia, 2014) particular the recruitment and development of primary health care nurses. However, while professional development can help increase the capacity of the primary health care nursing workforce, both retention and recruitment continue to be issues within the setting (Ashley et al., 2018). For this reason, strategies have been implemented to encourage the development of clinical experience for student nurses and other healthcare professionals within primary health care (Health Workforce Australia, 2014).

Primary health care is expanding and is becoming increasingly important in ensuring a functioning healthcare system. Hence, it is essential to ensure the student nurse is equipped with the skills and knowledge required to work within primary health care. For providers of higher education to meet these needs, it is important to identify the perceptions and attitudes student nurses may hold regarding clinical placement in primary health care since these will determine the manner in which the student nurses will approach the setting and their motivation to learn (Bos, Alinaghizadeh, Saarikoski, & Kaila, 2015; Leh, 2007). By identifying perceptions, theoretical content can be tailored to enable students to meet the requirements of the nursing curriculum, in addition to developing an understanding of primary health care (Clark, 2015).

2.3 Methods

This review of the literature used an integrative approach, which accommodates inclusion of studies with diverse methodologies and enables presentation of a comprehensive understanding of the issue (Coughlan & Cronin, 2016; Whittemore & Knafl, 2005). The review was conducted using Whittemore and Knafl's (2005) updated methodology for an integrative review that specifies the identified phases of question

identification, literature search, data evaluation, data analysis and presentation of results, and this process is detailed below.

2.3.1 Question identification

The aim of this integrative review was to explore the established literature to determine and understand what is known about the student nurses' attitudes, perceptions and experiences within the primary health care setting and associated clinical placements. The question directing this literature review was:

What are the attitudes, perceptions and experiences of student nurses attending clinical placement within primary health care?

2.3.2 Literature search

A search of electronic databases, including Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, ProQuest, Informit, Scopus, ClinicalKey and Google Scholar, was undertaken using the following key words and Medical Subject Heading terms:

'Student OR pre-registration OR undergraduate' AND

'Nurs' AND*

'Attitude OR experience OR perception OR perspective OR understanding OR impression OR opinion OR view' AND

'Primary health OR primary care OR community health cent* OR Community health* clinic'.*

The literature in the 10-year period of January 2007 to December 2017 was searched. A 10-year review is consistent with the accepted approach of an integrative review (Coughlan & Cronin, 2016) and was selected to gather a wide range of recent literature.

2.3.3 Data evaluation

During the initial search, 290 articles were identified. Duplicates were removed, and studies were excluded based on titles, which indicated a focus on other disciplines or acute care, resulting in 54 abstracts being evaluated. Based on reading of abstracts, 35 studies were further excluded, with 19 full-text articles read. Of these 19 articles, eight studies were excluded because of failure to meet inclusion criteria, resulting in 11 studies being included in the final review.

Only peer-reviewed studies written in English were included in this integrative review. The focus of the studies was to include the clinical experience of the student nurse in the primary health care setting or the attitudes and perceptions of the student nurse towards clinical placement within primary health care. Literature from countries other than Australia was included if the countries were deemed to have both a comparable healthcare and educational system in the context of nursing, as defined by the AIHW (2014). No studies were excluded on the basis of country alone.

Following the initial search of the literature, alerts were left within each of the databases to identify further articles of relevance to this study. As of February 2019, a further 46 studies were flagged as matching the original search criteria. Applying the same exclusion process resulted in no further studies being identified that meet the criteria of this review. The entire search process is illustrated in Figure 2.1.

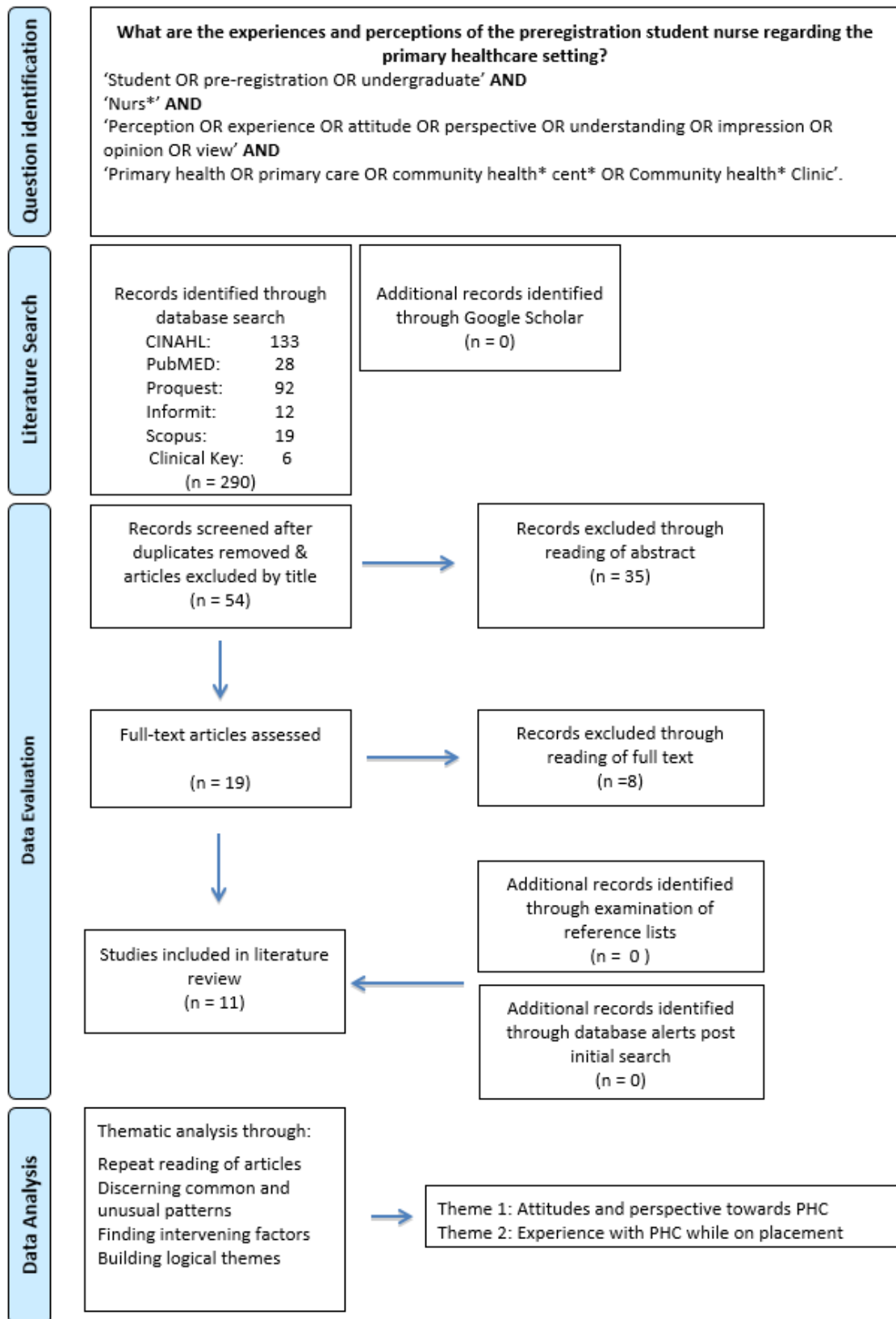


Figure 2.1. Literature search process.

Since the review resulted in studies with diverse methodologies, quality appraisal of the selected studies was performed using Pluye, Gagnon, Griffiths and Johnson-Lafleur's (2009) Mixed Methods Appraisal Tool (MMAT). The MMAT has benefits over traditional appraisal tools in that it can be used to measure quality of articles with diverse methodologies (Pace et al., 2012). Qualitative studies were examined for a clear data collection process and acknowledgement of researcher bias to meet the requirements of inclusion as per the MMAT (Pluye et al., 2009).

Further, quantitative studies were required to clearly explain data collection tools as well as sampling strategies and the final participant response rate (Pluye et al., 2009). Mixed method studies were required to meet the aforementioned qualitative and quantitative requirements and were also appraised on the manner in which data were integrative (Pluye et al., 2009). The 11 studies were all found to meet the quality standard set by MMAT tool and were included in this review. Evidence of the application of the MMAT tool is provided in Appendix 8.

2.3.4 Data analysis

The identified articles were analysed thematically and informed by Pope, Ziebland and Mays (2000), who suggest the following pattern for the process of literature analysis:

1. gaining a thorough understanding of the data through reading and identifying common codes;
2. clustering codes into subcategories; and
3. grouping subcategories into final overarching themes.

2.4 Results

In this review, 11 articles were included, of which six were published in 2012–2017 and five in 2007–2011. Seven articles employed a qualitative approach, three were

quantitative and one utilised a mixed methodology. Seven articles were from Australia (Bennett, Jones, Brown, & Barlow, 2013; S. Cooper, Cant, Browning, & Robinson, 2014; McInnes et al, 2015a; McInnes, Peters, Hardy, & Halcomb, 2015b; McKenna, Parry, Kirby, Gilbert, & Griffiths, 2014; Peters et al., 2014; Warner, Jelinek, & Davidson, 2010) with the remaining four articles from the United Kingdom (Anderson, 2009; Baglin & Rugg, 2009; Chowthi-Williams, Woolmer, Harris, & Curzio, 2010; Löfmark, Hansebo, Nilsson, & Törnkvist, 2008). One study focused on an interprofessional clinic, three studies focused on primary care and the remainder considered primary health care in general terms without focusing on a specific setting. A summary of these studies are provided in the table of evidence in Appendix 7.

Two key themes emerged from the data analysis and are presented individually. The first theme *primary health care clinical experience* comprises three subthemes: learning on placement; context of care; and support on placement. This theme discusses students' understanding of primary health care practice and learning. The second theme is *attitudes towards primary health care* and also comprises three subthemes: focus on acute care; usefulness of placement; and autonomy in practice. This theme highlights some of the mixed perspectives and attitudes pre-registration student nurses hold towards nursing within primary health care and their clinical placement experience.

2.4.1 Primary health care clinical experience

Nine of the included studies examined the student nurses' understanding and experience of primary health care through exploration of their clinical placement experience. These studies aimed to understand their experiences on placement either through the evaluation of existing placement processes, or a trial of new methods of providing effective placement experiences. This theme has three subthemes, as shown in Table 2.1.

Table 2.1

Clinical Placement Experience

Subtheme	Study
Learning on placement	Löfmark, Hansebo, Nilsson, & Törnkvist (2008). Anderson (2009). Baglin & Rugg (2009). Warner, Jelinek, & Davidson (2010). Bennett, Jones, Brown, & Barlow (2013). McKenna, Parry, Kirby, Gilbert, & Griffiths (2014). McInnes, Peters, Hardy, & Halcomb (2015a). McInnes, Peters, Hardy, & Halcomb (2015b).
Context of care	Löfmark, Hansebo, Nilsson, & Törnkvist (2008). Anderson (2009). Baglin & Rugg (2009). McKenna, Parry, Kirby, Gilbert, & Griffiths (2014).
Support on placement	Löfmark, Hansebo, Nilsson, & Törnkvist (2008). Baglin & Rugg (2009). Peters, McInnes, & Halcomb (2014). McInnes, Peters, Hardy, & Halcomb (2015a).

2.4.2 Learning on placement

Eight articles identified learning during placement as an essential component of the student nurse's clinical experience. Learning was discussed in a variety of ways, including developing skills (McKenna et al., 2014; Warner et al., 2010), developing clinical reasoning (Anderson, 2009), increasing confidence with practice (Baglin & Rugg, 2009; Bennett et al., 2013; Warner et al., 2010) and providing placement-specific educational content during placement (Löfmark et al., 2008), and factors affecting the learning experience were identified (McInnes et al., 2015a, 2015b).

Further, Warner et al. (2010) and McKenna et al. (2014) found that primary health care provided many opportunities to practice clinical skills and increase skill acquisition. Warner et al. (2010) found that student nurses reported increased

confidence in practicing clinical skills via a self-rating Likert scale, and this finding was supported by pre- and post-examination of participants' skills in relation to practicing blood pressure monitoring. McKenna et al. (2014) found that student nurses had the ability to practice a variety of clinical skills specific to their learning goals. Participants in both studies identified that the primary health care setting provided effective clinical placement.

However, Baglin and Rugg (2009) identified that the primary health care placement might not be useful in skill acquisition across all settings. Participants in this study documented their experiences with placement in primary health care through reflective journals. They repeatedly reflected on not having the opportunity to practice specific clinical skills, such as intravenous medication administration, owing to the nature of the primary health care setting providing limited opportunities to engage in certain skills. This limitation affected their abilities to achieve the learning outcomes attached to the clinical placement (Baglin & Rugg, 2009).

Similar to skill development, confidence within clinical practice was a significant component of the clinical placement experience. Bennett et al. (2013) focused on confidence, employing a mixed method approach using both Likert scale confidence logs and post-placement interviews to identify the impact of placement on student nurses' confidence in primary health care. They identified that a primary health care clinical placement was effective in developing confidence in communication and the provision of person-centred care as well as developing the participant's confidence in working within the primary health care setting. Likewise, Warner et al. (2010) identified significant increase in the student's confidence, not only with performing specific clinical skills but also the overall practice of nursing. In contrast, the participants in Baglin and Rugg's (2009) study did not identify an increase in skill

acquisition, although they reported increased confidence in their nursing practice and within the clinical environment.

Related to both skill development and confidence in practice is the development of clinical reasoning. Anderson (2009) explored the student nurses' views on learning as a result of placement within the primary health care setting. Through focus groups, the researcher identified that clinical placements in primary health care facilitated the development of the clinical skills associated with nursing as well as clinical reasoning. Participants in this study reported that the placement experience in primary health care allowed the student nurse to understand the importance of clinical reasoning within nursing practice (Anderson, 2009). Seeing the level of knowledge needed by nurses within this setting also prompted the student nurses to engage in further learning. Anderson (2009) identified the ongoing post-placement learning as an essential component of the clinical placement experience.

A similar component of the learning undertaken during the clinical placement experience was the provision of placement-specific educational content during the placement. Löfmark et al. (2008) employed a quantitative approach using pre- and post-placement surveys to evaluate a supervision model for nursing placements in primary health care. The student nurse participants in this study highlighted the importance of quality educational content to support the clinical placement. The participants reported that it was difficult to prepare the student nurse for all placement settings that can be identified within primary health care, most commonly comparing the differences in roles between the nurse working in general practice and the community nurse. For this reason, placement supervisors need to be able to provide this support where needed to ensure the student is able to achieve learning outcomes (Löfmark et al., 2008).

Similarly, McInnes et al. (2015a, 2015b) identified the importance of learning within the primary health care placement experience. In the qualitative component of the study, the researchers utilised semi-structured interviews to understand the experiences of the student nurse's primary health care clinical placement (McInnes et al., 2015a). Findings of the qualitative analysis indicated that the student nurse participants felt the primary health care setting provided an opportunity to engage in quality learning and was beneficial in achieving learning outcomes. Participants in this study further identified that this care setting provided an opportunity to learn about the varying roles of the nurse working within this space. In the quantitative component of the study, McInnes et al. (2015b) employed Likert scales to better understand the view of the student nurse towards primary health care. The quantitative analysis revealed that participants who had completed clinical placement in primary health care identified this setting as an effective clinical placement option and one in which learning outcomes were clearly achievable (McInnes et al., 2015b).

2.4.3 Context of care

A significant element of the clinical placement experience within primary health care was gaining experience through the provision of care in varied contexts. The experience of being able to practice within various settings allows student nurses to gain a broader understanding of the healthcare system. Four studies identified developing a familiarity with context of care as being an essential element of the clinical placement experience in relation to primary health care (Anderson, 2009; Baglin & Rugg, 2009; Löfmark et al., 2008; McKenna et al., 2014).

Anderson (2009) identified that following the placement experience, student nurses felt they were better able to explain the contexts surrounding the provision of health, such as time, place and focus, and the effects of contexts of care upon nursing

practice, which was not a consideration for students during previous acute care clinical placements. Likewise, McKenna et al. (2014) found that clinical placement within primary health care enabled the student nurse to better understand the meaning of context of care and its role in providing person-centred care. Participants explained that following the primary health care placement, they felt more able to provide individualised care to a diverse range of people owing to the nature of the setting affording greater opportunity to provide person-centred care (McKenna et al., 2014).

An additional two studies considered student nurses' experience in primary health care in terms of the different nature of primary health care and acute care placements (Baglin & Rugg, 2009; Löfmark et al., 2008). Löfmark et al. (2008) suggested that student nurses need to be thoroughly prepared to engage in the variety of settings, such as community care or primary care, which they may encounter in primary health care to support the placement experience. Without effective preparation, which includes the provision of theoretical content, students were more likely to rate the placement experience poorly (Löfmark et al., 2008). However, Baglin and Rugg (2009) identified that the broad nature of primary health care meant that it was difficult to fully prepare the student nurse entering this setting. Participants in this study reported that they had received little theoretical content on how to practice in settings outside of acute care, or that the content they received within primary health care was not focused on the settings in which they were actually practicing (Baglin & Rugg, 2009).

2.4.4 Support on placement

Support during the clinical placement experience is essential to ensure positive outcomes for students. Four studies in this review identified support as a crucial component of the clinical placement experience within the primary health care setting (Baglin & Rugg, 2009; Löfmark et al., 2008; McInnes et al., 2015a; Peters et al., 2014).

McInnes et al. (2015a) asserted that student nurses' experiences in primary health care settings were more supportive than they had previously experienced and that they felt staff were more receptive towards student nurses. The beneficial experience was largely attributed to the one-on-one supervision that occurred within the setting, although there were other influences, such as the opportunity to work in small teams commonly encountered within primary health care.

Similarly, participants in Baglin and Rugg's (2009) study reflected in their journals that the relationships in primary health care differed from previous experiences and settings, although they reflected on both positive and negative elements. Participants in this study noted the welcoming and supportive nature of the primary health care placement; however, they found it difficult to work in the already established teams. The small team size presented as a barrier to the student's ability to fully experience primary health care, with competing priorities on the clinical supervisor's time meaning the student was sometimes overlooked (Baglin & Rugg, 2009).

A further aspect of the clinical placement experience was the mentor's clinical practice. Löfmark et al. (2008) identified that student nurses rate the abilities of the primary health care nurse mentors highly compared with mentors in other settings. Further, the participants' rating of their mentor and their rating of their overall clinical experience were correlated, indicating the importance of the mentor in this context. Peters et al. (2014) emphasised the importance of having an appropriate mentor within the primary health care setting, and that these mentors also require support from the educational institute to ensure the quality of the placement experience. The student participants in Peters et al.'s (2014) study felt that primary health care nurses were more supporting of the educational needs of the student nurse and actively assisted the student

nurse to achieve their learning outcomes. Participants further reported that they felt that primary health care nurses were better able to balance their clinical role alongside the supervision role by including the student nurse in clinical practice (Peters et al., 2014).

2.4.5 Attitudes towards primary health care

Seven studies included in this review examined the student’s perspectives or attitudes towards primary health care. These perspectives and attitudes were organised into three subthemes: focus on acute care; the usefulness of a primary health care placement; and autonomy of practice. An overview of this theme is outlined in Table 2.2.

Table 2.2

Attitudes Towards Primary Health Care

Subtheme	Study
Focus on acute care	Anderson (2009). Chowthi-Williams, Woolmer, Harris, & Curzio (2010). Bennett, Jones, Brown, & Barlow (2013).
Usefulness of placement	Warner, Jelinek, & Davidson (2010). Chowthi-Williams, Woolmer, Harris, & Curzio (2010). Bennett, Jones, Brown, & Barlow (2013). S. Cooper, Cant, Browning, & Robinson (2014). McKenna, Parry, Kirby, Gilbert, & Griffiths (2014).
Autonomy	Chowthi-Williams, Woolmer, Harris, & Curzio (2010). McKenna, Parry, Kirby, Gilbert, & Griffiths (2014). McInnes, Peters, Hardy, & Halcomb (2015a).

2.4.6 Focus on acute care

A major factor observed to influence attitudes towards primary health care was informed by the student nurses’ focus on the acute care setting. Anderson (2009) identified that student nurses were hesitant to attend clinical placement in the primary health care setting because they perceived acute care was the best setting to consolidate

skills. This is consistent with the findings of Chowthi-Williams et al. (2010) who employed both focus groups and one-on-one interviews to identify student nurses' perceptions of primary health care. Participants in this study reported they felt the acute care setting to be the best place to gain technical skills, which they understood to be the core of nursing practice. As a result, this attitude continued even after the primary health care clinical placement experience (Chowthi-Williams et al., 2010).

Another significant factor for the student nurse's focus on acute care was the perception that this was the main setting in which healthcare was delivered. Participants in Bennett et al.'s (2013) study reported that their desire to experience the acute care setting was due to their understanding that this was where the majority of the nursing workforce was employed. For this reason, the students felt the acute care setting was the best area to gain practical experience. Participants in Anderson's (2009) study also expressed the perception that care delivery in primary health care would not be as continuous as the care delivered in the acute setting. Owing to the perception that primary health care is often episodic in nature, the student nurses perceived this to be a lower quality of care than the perceived constant care provided within acute care.

2.4.7 Usefulness of a primary health care placement

The attitudes of several student nurses towards primary health care were influenced by their perceptions of the usefulness of primary health care practices in the context of nursing. One component of this attitude was that primary health care was not perceived to incorporate any particular practices that would be useful in other areas of nursing, and therefore, if the student did not intend to enter this workforce the placement experience would be limited (S. Cooper et al., 2014; McKenna et al., 2014; Warner et al., 2010). Another component that contributed to the perceived usefulness of a primary health care placement was the preconception that primary health care required

a distinct set of skills, separate from those for the acute care setting, and there was little transferability of skills between the different healthcare settings (Bennett et al., 2013; S. Cooper et al., 2014).

The perceived limited relevance of primary health care to nursing practice is a noteworthy attitude held by the student nurse. S. Cooper et al. (2014) and Warner et al. (2010) identified that prior to experiencing the primary health care setting, nursing students hold an attitude that practices commonly associated with primary health care, such as health promotion or the social determinants of health, have limited value within nursing as a whole because of a poor understanding of how these concepts influence nursing practice. In both cases, the clinical placement experience was primarily responsible for confronting these attitudes and causing the student nurse to broaden their idea of nursing practice (S. Cooper et al., 2014; Warner et al., 2010). These findings were consistent with those of McKenna et al. (2014), who identified that prior to placement within primary health care, student nurses expected the placement to consist of boring, mundane or very basic tasks with little nursing knowledge or skill required.

A contrasting attitude identified in the literature was that student nurses believed that primary health care would require a distinct set of skills, separate from the acute care or hospital-based skills, which formed the teaching in much of the curricula. As a result, students were unsure how the learning they had previously undergone would transfer to differing contexts. Bennett et al. (2013) utilised post-placement debriefing to investigate the relationship between clinical placement and confidence in primary health care. Participants in this study stated they felt it was not clear how skills transferred between settings and held an attitude that primary health care would require a specialised skillset. There was a belief that skills taught in the context of acute care

would not be applicable to the primary health care setting (Bennett et al., 2013). This finding was consistent with the findings of S. Cooper et al.'s (2014) study in which participants expressed that primary health care should be provided only as an elective during the nursing degree for nursing students who wished to work in this setting, because the skills and learning would not be valuable to the nurse intending to enter the acute care setting.

2.4.8 Autonomy in practice

Autonomy in practice was a consideration of the student nurse and was discussed in three of the studies (Chowthi-Williams et al., 2010; McInnes et al., 2015a; McKenna et al., 2014). The student nurses' overall attitude was that the primary health care setting afforded little autonomy to nurses. This view was due to the perception that the non-hospital-based setting limited the interventions and practices that could be employed in primary health care (Chowthi-Williams et al., 2010; McKenna et al., 2014). A related attitude was specifically the nurse's role in primary health care, which was perceived by student nurses to be restricted and dictated by a limited scope of practice (McInnes et al., 2015a; McKenna et al., 2014).

One influence that student nurses perceived to affect the autonomy of the nurse within primary health care was the low acuity of the setting. Chowthi-Williams et al. (2010) found that student nurses believed that such low acuity meant the role would involve little critical thinking or independent action. This finding was supported by that of McKenna et al. (2014), who identified that a poor understanding of the role of the primary health care nurse resulted in the student nurse viewing it as singular role with little functionality or scope.

Moreover, McInnes et al. (2015a) reported similar findings. During one-on-one interviews, the participants in their study reported that prior to experiencing the primary

health care setting, they were often unsure of the expectation of the nurse within primary health care, perceiving the role as administrative or as the general practitioner's assistant (McInnes et al., 2015a). Importantly, the clinical placement experience afforded student nurses the opportunity to address this preconception and develop their understanding of this nursing role. However, the placement experience could also result in enforcing these preconceptions if the student was exposed to a setting in which the nurse was observed to be employed in an administrative or assistant role (McInnes et al., 2015a).

2.5 Discussion

Primary health care is an essential component of the Australian healthcare system, and services are required to meet the demands of an ageing population. Further, as healthcare priorities continue to focus on increasing primary health care services, the need to provide quality primary health care education, particularly within undergraduate nursing curricula, is becoming more pressing (APNA, 2017). However, in Australia most universities providing pre-registration nursing education have not yet refocused on providing a primary health care-oriented curriculum because of the perception that healthcare services require acute care nurses (Keleher et al., 2010). Thus, the healthcare industry and institutes providing pre-registration nursing education need to work in partnership to provide education focused on primary health care for nurses to meet the healthcare challenges of the future.

It is also well documented that the healthcare system is under increasing pressures and faces significant workforce shortages (Health Workforce Australia, 2014). These issues are exacerbated within the primary health care setting as this area continues to expand beyond what the current service delivery model is able to sustain (Betony, 2012). Halcomb, Davidson, Salamonson, Ollerton and Griffiths (2008)

identified that within the primary care setting specifically, an experienced workforce is preparing for retirement, and thus, recruiting into this setting is essential to ensure this area remains sustainable. However, such recruitment will remain difficult until the negative perceptions associated with primary health care exist within the nursing profession, and as this review has identified, among student nurses (APNA, 2017; Leh, 2007)

This review found that student nurses hold many negative preconceptions and attitudes towards nursing within the primary health care setting. Despite these negative attitudes, the experience of the student nurse within the primary health care clinical placement is generally well received. This finding suggests that a gap exists between the perceived and actual roles of the nurse within primary health care. These negative attitudes and preconceptions can significantly affect the learning and engagement towards the primary health care setting among student nurses (Mackey et al., 2018). To overcome these negative attitudes, students need to be provided a curriculum that has various forms of nursing including the complexities associated within primary health care (Leh, 2007).

On both the national and global level, primary health care and primary health care nursing are at the forefront of healthcare delivery and policy (Standing Council on Health, 2013). Traditionally, the nursing curricula have been focused on acute healthcare due to workforce requirements (Keleher et al., 2010). However, the primary health care workforce is expanding owing to shifting priorities. Current statistics highlight that the nursing workforce employed within primary health care is comparable with those in the more traditional settings (Commonwealth of Australia, 2017). For example, in 2016 primary care was among the 10 principal areas with the highest nursing workforce, and the primary health care workforce was comparable with the

tertiary medical surgical setting (Commonwealth of Australia, 2017). Thus, student nurses require greater exposure and understanding to the primary health care field to ensure they are able to practice in the diverse settings in which nurses are employed.

Despite almost three decades and numerous studies surrounding nursing within primary health care, significant workforce support continues to be required in this area (Ashley et al., 2018; Mackey et al., 2018). To move forward with a contemporary Australian healthcare system, we need a balanced healthcare workforce that values all fields of healthcare (APNA, 2017). Recommendations from this review echo those of previous studies (Mackey et al., 2018; McInnes et al., 2015a; McKenna et al., 2014) and reinforce the need for providers of pre-registration nursing education to explore methods to embed primary health care into the nursing curricula. A contemporary curriculum needs to be balanced so that it is able to produce a generalist nursing workforce able to work across diverse healthcare settings and address healthcare priorities. Further, educators need to acknowledge the role of attitudes and experiences in shaping adult learning, and the potential impact of the clinical placement experience on attitudes and perspectives, particularly in light of the findings of this review.

2.6 Limitations

This review is limited owing to the small number of studies that have previously considered the link between attitudes towards primary health care and the role of the clinical placement experience. Future research should employ varying research methods to further consider this link as well as the broader literature surrounding workforce development and learning within this setting. Variations in primary health care placements in nursing curricula may also be an avenue of consideration.

2.7 Conclusion

Student nurses hold several, varying preconceived ideas about nursing within primary health care. Studies have identified that the provision of theoretical content combined with clinical placement experiences is vital in providing students with a wider insight into the role of the nurse and in confronting underlying assumptions. Providers offering nursing programs need to ensure the student nurse is afforded the opportunity to interact within varied placement settings to ensure they are prepared to enter a healthcare system increasingly expanding into the primary health care sector.

2.8 Summary

This chapter has presented the literature relevant to this thesis through an integrative literature review. This review has identified that student nurses hold varying attitudes and perceptions towards primary health care, and these preconceived ideas can affect the clinical placement experience. The findings from this literature review have informed the methodology and design of this study, which are explained in the following chapter.

Chapter 3: Methodology and Design

3.1 Introduction

This chapter will discuss both the methodological approach and the research methods employed to undertake the study. The study's aim and the research question are provided, as is an overview of the use of naturalistic inquiry and qualitative research in this study. The research methods used to guide data collection and data analysis are explained, and this included an overview of the Preconceptions and Learning Framework, which assisted in formulating the final themes. A discussion of the strategies employed to enhance trustworthiness in qualitative research and in this study is included and the chapter concludes with a discussion of the ethical considerations of the study.

3.2 Aim

The aim of this study was to explore the preconceptions, attitudes and experience of pre-registration nursing students who were assigned clinical placement at a primary health care clinic. The objectives of the study included understanding how the research participants' experiences on clinical placement contributed to their understanding of primary health care, and how any perceptions regarding the primary health care setting may have changed owing to the clinical placement experience.

3.3 Research Question

The research question that informed this study was: 'What are the preconceptions, attitudes and experiences of the pre-registration student nurse attending clinical placement at a primary health care clinic?'

3.4 Research Design

This study was undertaken using a qualitative research design. Qualitative research is an approach to research that is based primarily on the exploration of phenomena; it is context bound and recognises the subjectivity of human experiences (Darlington & Scott, 2002). Thus, the qualitative researcher places importance and value on each participant's unique views and experiences (Creswell, 1998). By analysing participants' views and experiences, the qualitative researcher is able to craft a narrative regarding particular phenomena. Therefore, qualitative research is valuable to researchers who seek to gain insight into individuals' personal thoughts and experiences within a particular context (Jackson, Borbasi, & Power, 2016).

Qualitative researchers use many methodologies to explore various phenomena (Jackson et al., 2016). This study employed naturalistic inquiry, which is recommended for use in exploratory studies. Naturalistic inquiry is particularly recommended for use when there is little established knowledge on a topic, providing further insight into the area being investigated (Creswell, 1998). In addition, naturalistic inquiry and qualitative research are often used together in exploratory studies because of their compatible values, including placing importance on the human elements of research and appreciating the different realities experienced by individuals (Darlington & Scott, 2002).

3.5 Naturalistic Inquiry

Naturalistic inquiry is a research methodology used to investigate and understand individuals' behaviour in a natural setting (Erlandson, Harris, Skipper, & Allen, 1993). In other words, the naturalistic inquirer considers the manner in which humans act while they live their life, rather than in controlled laboratory settings. Lincoln and Guba (1985b) contended that naturalistic inquiry is a paradigm, which

holds that individuals hold many perspectives, sometimes co-created within groups and at other times specific to the individual, and that each perspective is equally true and valued. Naturalistic inquiry can be used with qualitative research methods to allow the researcher to pose inquiries into the experiences, values and actions of people (Jackson et al., 2016). Since the primary focus of this study was to gain an understanding of the attitudes, experiences and preconceptions of pre-registration student nurses undertaking a clinical placement in a primary health care setting, and because this is congruent with the exploratory qualitative approach, a qualitative naturalistic inquiry research approach was selected.

According to Lincoln and Guba (1985b), to understand research participants' reality, the researcher must seek to first understand their views and experiences. In this way, the researcher becomes a tool for identifying and reporting the participant's realities, and naturalistic inquiry is therefore bound to the context of these realities (Polit & Beck, 2014). Since naturalistic inquirers value the context of the research, they must be aware of the influences acting on the phenomenon being investigated (Erlandson et al., 1993). In this study, these influences are the participants' attitudes, preconceptions and experiences as regards primary health care and are understood by establishing the relationship between the context, such as the participants' previous understanding, experiences during placement and underlying assumptions.

3.6 Research Methods

This section outlines the inclusion and exclusion criteria, rationale and descriptions of the sampling and recruitment strategies, justification of the sample size and description of data collection and analysis methods, including the analysis framework used. The chapter concludes with a discussion focused on the techniques used to ensure trustworthiness and ethical standards.

3.6.1 Inclusion/exclusion criteria

This study aimed to explore the preconceptions, attitudes and experience of pre-registration nursing students assigned clinical placement at a primary health care clinic. Students enrolled in either the Bachelor of Nursing or Master of Nursing Practice through the University of New England were eligible to participate in this study. They needed to have previously attended a clinical placement (for at least 2 weeks) at the Coledale Health and Education Clinic and be at least 18 years of age. Potential participants were excluded if they had already graduated from, and/or were no longer enrolled in, a pre-registration nursing degree and/or if their placement was for less than 2 weeks or if they were aged less than 18 years.

3.6.2 Sampling and recruitment

Purposive sampling was used in this study. It is used when the researcher aims to recruit a sample from a specific population with specific qualities (Nicholls, 2009). Since the Coledale Health and Education Clinic is only available as a placement location for students in select periods during the Bachelor of Nursing or Master of Nursing Practice programs, the number of eligible potential participants was limited. At the commencement of data collection, 44 potential participants met the inclusion criteria and were invited to participate, with 10 expressing an interest in participating in an interview and eight consenting to be included in this study.

Recruitment was achieved through social media adverts on three student Facebook pages and an advertisement flyer at the placement facility, provided in Appendix 2. Potential participants who wished to participate were invited to contact the student researcher for further details or to address any outstanding queries or questions. Following the provision of informed consent, a date and time for the data collection was established.

3.6.3 Data collection

Data for this study were collected through face-to-face, one-on-one semi-structured interviews. Semi-structured interviews allow investigating a particular phenomenon and grant the interviewer the ability to approach the topic with an open framework, which allows for a focused conversational approach to data collection (Darlington & Scott, 2002; DiCicco-Bloom & Crabtree, 2006). The one-on-one nature of the interviews provided a setting for participants to share their personal perspectives, which could be collected and analysed (Kvale, 2008; Magnusson & Marecek, 2015). When viewed within the naturalistic inquiry methodology, the open-ended responses provided by semi-structured interviews facilitates the understanding of participants' multiple perspectives and experiences (Erlandson et al., 1993).

Once recruited into this study, participants were given the opportunity to participate in the interview either in person or online via Skype, ensuring flexible data collection and providing participants a choice, as is consistent with the naturalistic paradigm (Magnusson & Marecek, 2015). However, all participants elected to undertake their interview in person. They engaged in interviews with the student researcher lasting from 32 to 56 minutes. These interviews centred on their attitudes and preconceptions as regards primary health care, and their experiences while on placement in this setting. Sessions were audio recorded and transcribed by the student researcher verbatim. In addition, participants were given a demographic sheet to be completed, inclusive of program of study, previous health qualifications, progress in their degree and details regarding the placement. The full demographic sheet is provided in Appendix 3. All data were collected between December 2017 and February 2018.

The interview questions relate to the research aim of understanding the preconceptions, attitudes and experiences of the student nurse in relation to primary

health care. Each interview commenced with broad questions, such as ‘How do you define primary health care?’ or ‘Can you tell me about your primary health care clinical placement experience?’. The full interview tool is provided in Appendix 4. The interviewer also used probing and clarification questions, a technique used to gain greater understanding of the meaning and context described by participants (Kvale, 2008). To aid in the interviews, the student researcher undertook a 2-day interviewer training course supplied by the university Higher Degree Research services.

3.6.4 Sample size

Sample sizes in qualitative research vary significantly. The specific sample size is influenced not only by the population being examined but also by the specific methodological approach (Patton, 1990). According to Lincoln and Guba (1985b) sampling in a qualitative naturalistic inquiry study is terminated when no new information is gained from new participants, a process referred to as data saturation. Data saturation ensures that adequate, quality data are collected to support the study. Saturation is observed to be achieved when adding further participants to the study does not result in significant additional data being gained (Morse, 1994).

In this study, the estimated sample size followed the recommendations of Creswell (1998) and Morse (1994) with a beginning aim of recruiting sufficient participants to achieve a fundamental degree of data on the topic being explored. Bowen (2008) noted that the concept of data saturation in naturalistic inquiry must also be underpinned with rigorous data collection and documentation with ‘details of the methodology, and particularly the data analysis procedures, included in the research report’ (p. 208). For this study, saturation was deemed to have been achieved with eight participants, considering that no new data were identified following the sixth interview. The decision not to seek to recruit further participants following the eighth interview

was also made owing to a relatively low overall sample size, and limitations on time and resources, as supported by Patton (1990).

3.7 Data Analysis

Thematic analysis was employed in this study to analyse participants' transcripts. Thematic analysis is among the most common methods of analysis in qualitative research and relies on finding commonalities and patterns in the data (Boyatzis, 1998; Vaismoradi, Jones, Turunen, & Snelgrove, 2016). In qualitative research, the commonalities and patterns in the dataset refer to the shared experiences of the participants when encountering the phenomena being queried (Guest, MacQueen, & Namey, 2011). The basic format of thematic analysis requires organising transcriptions through multiple readings to identify ideas and concepts, which then allow interpretation of the relationships between issues as well as any influencing factors (Creswell, 1998).

To assist with data analysis, Braun and Clarke's (2006, 2014) process was employed, as discussed in 3.7.1 to 3.7.5.

3.7.1 Familiarising oneself with the data

The first step in Braun and Clarke's (2006) approach to thematic analysis is to become familiar with the data through frequent reviews. Familiarisation allows the researcher to develop greater insight into the content of the data. The student researcher became familiar with the data through repeatedly listening to the interview recordings, transcribing each of these recordings and frequently reading the transcriptions. During the familiarisation process, the student researcher made use of a research journal to record observations such as important quotations or ways of questioning and probing during the interview that elicited useful responses. Familiarisation occurred alongside

the process of data collection with the observations from the interviews (Braun & Clarke, 2014).

3.7.2 Generating initial codes

The process of coding was undertaken systematically. Initial codes were generated at the conclusion of each interview by the student researcher, who made notes in the research journal of impressions felt to be significant. Further coding was undertaken following the transcription of the interviews. The text was read line-by-line and colour coded to identify key concepts (Braun & Clarke, 2006), which focused on the attitudes, preconceptions and experiences of the participants.

3.7.3 Searching for themes

The coded text was then reviewed for meaningful, emerging patterns (Braun & Clarke, 2006). Codes were grouped together based on similarities, which were then further collated into potential themes. This process was performed by the student researcher (ZB) working with the co-supervisor (LE).

3.7.4 Reviewing themes

Themes were reviewed alongside the data extracted from the interview transcripts to ensure they were able to communicate meaningful representation of the data (Braun & Clarke, 2006). Reviewing of themes resulted in some emerging themes being combined and the nature of the relationship between each theme being clearly defined. Themes were confirmed by the student researcher and both research supervisors to ensure these were developed in response to the research question.

3.7.5 Defining and naming themes

Further discussions with supervisors resulted in the naming and defining of each theme (Braun & Clarke, 2006). The student researcher reviewed each theme to understand its nature and select a succinct and representative name. During the defining

and naming process, it was identified that the emerging themes were consistent with the elements outlined in the Preconceptions and Learning Framework (Meheut, 2012). For this reason, and since the framework focuses on the role of preconceptions and experiences as they apply to learning, it was adopted to name and define the themes and their interrelationships.

3.8 Preconceptions and Learning Framework

The Preconception and Learning Framework is based on a constructivist approach to learning (Meheut, 2012). The constructivist learning theory poses that learners construct knowledge for their own reasons, and this process can occur individually or socially (Brandon & All, 2010; Kantar, 2014). For this reason, constructivism is heavily concerned with how individuals make meaning [learn] in relation to the interaction between their actions [experiences] and their ideas [preconceptions] (Piaget, 1971). Thus, the nurse educator who employs constructivist learning must recognise that all learners have prior experiences and knowledge and these each act to influence the learning process in their own manner.

The Preconception and Learning Framework provides the constructivist educator an approach to education in areas in which preconceptions may negatively influence the learning process. The framework acknowledges the constructivist position that learners have prior experiences that may result in preconceived ideas towards certain phenomena or concepts, but poses that it is in the student's development of these preconceived ideas that learning occurs. The framework views this process of learning as a cyclical one, meaning that complete understanding of an idea is never truly obtained because there will always be underlying perceptions that act to bias knowledge (Meheut, 2012).

Preconceptions are the opinions and biases individuals or groups may hold towards certain ideas or concepts. Preconceptions may be informed by prior experience; education on a topic; other influences, such as cultural norms or media portrayals; or a combination of these (Leh, 2007). Preconceptions can significantly influence individuals' attitudes towards particular ideas and as such can be difficult to confront or change (Meheut, 2012).

Learning within the framework refers to the experiences, whether theoretical or practical, that may influence an individual's preconceptions. This influence may be in line with the preconception, which acts to reinforce it, or it may confront the preconception, which may result in a change in the learner's way of thinking (Meheut, 2012).

Knowledge refers to an increased understanding about a particular concept or topic owing to preconceptions being either supported or confronted. If the preconception is supported by the learning experience then these preconceptions may be reinforced. If the preconception is confronted by the learning experience, the individual may develop new ideas regarding the concept, adding to their understanding. However, knowledge is not without its own preconceptions and through the process of learning the learner may develop new preconceptions; thus, the process is cyclical (Meheut, 2012).

Since this study aimed to investigate the preconceptions, attitude and experience of pre-registration nursing students, and as the Preconceptions and Learning Framework focusses on the role of preconceptions and attitudes in the learning experience, the framework was adopted to structure and support the findings of this study. Further, the use of the Preconceptions and Learning Framework by the discipline of science adds to

the compatibility of the framework with this study, the disciplines of science and nursing being heavily intertwined.

3.9 Trustworthiness

Trustworthiness is the process by which qualitative researchers ensure their research is undertaken with a rigorous approach. Since qualitative researchers do not use instruments with established metrics about validity and reliability, it is important to address how qualitative researchers establish that the findings of a study are trustworthy. Therefore, to enhance the rigour of qualitative research, the concept of trustworthiness is applied (Creswell, 1994; Lincoln & Guba, 1985a).

Lincoln and Guba (1985a) identified four main components of trustworthiness to ensure the soundness of qualitative data in naturalistic inquiry: credibility, transferability, dependability and confirmability. Reflexivity, as Erlandson et al. (1993) suggested, also enhances the trustworthiness of qualitative research. Shenton (2004) emphasised the use of these five components to ensure trustworthiness of qualitative data, adding that the components may sometimes cross over between each. This study employed credibility, confirmability, dependability and reflexivity to ensure the rigour and the trustworthiness of this study. Transferability of this study is limited because of the small sample size and the use of a singular university and clinical setting posing restrictions on the findings being applied to other contexts.

3.9.1 Credibility

According to Lincoln and Guba (1985a), credibility is an essential component in ensuring rigour of qualitative research and is considered a core component of trustworthiness. Credibility refers to the way in which the researcher links the research findings and reality to demonstrate the truth of the findings (Shenton, 2004). Because the naturalistic inquirer follows the assumption of multiple and co-created realities,

credibility can also be understood as the compatibility of these realities as they exist in participants' minds (Mays & Pope, 1995).

This study utilised several methods to ensure credibility. Established research methods were used, which ensures research aims and methods are congruent with the research design (Shenton, 2004). Member checking was employed to ensure accuracy of the transcriptions. After the interviews were transcribed, the transcription was made available to each participant for review. Each participant then confirmed in writing the accuracy of the transcription (Magnusson & Marecek, 2015).

3.9.2 Confirmability

Confirmability relates to the manner in which the researcher bias is managed to reduce any impact on findings (Lincoln & Guba, 1985a). Because the naturalistic inquirer operates within a methodology that acknowledges the interconnectedness of researcher and participant, it is essential that the researcher manage own bias so that findings are shown to be the product of the inquiry (Guba, 1981). 'This means that data can be tracked to their sources, and logic used to assemble the interpretations' (Guba & Lincoln, 1989, p. 243).

To satisfy the criteria of confirmability in this study, the researcher openly recognises the limitations of the research (Shenton, 2004), as outlined in the conclusion chapter. Participant quotations and excerpts are included in the findings to provide the sources of data and to add context (Cope, 2014). In addition, as explained in the data analysis section, investigator or researcher triangulation was employed to ensure rigour of themes (Sandelowski, 1993).

3.9.3 Dependability

Dependability within qualitative research refers to the manner in which the researcher is able to provide evidence that if the study were to be replicated, with

similar participants and context, findings would be similar (Lincoln & Guba, 1985a).

The naturalistic inquirer acknowledges that differences in findings between studies may not be the result of errors but rather that they can be tracked to shifts in the constructed reality of participants, referred to as trackable variance (Erlandson et al., 1993). Thus, the term dependability encapsulates both the constancy of reliability as well as the ability to track explainable findings (Guba, 1981).

The criterion of dependability is addressed in this study throughout this chapter. In particular, the in-depth description of the methodological approach to the study helps establish the methods undertaken in this study. The methodological description outlines the manner in which this study was undertaken and allows the study to be repeated, if not necessarily reproduced. Dependability ensures that the correct process of research has taken place, and that the methods used in this study have been properly employed (Lincoln & Guba, 1985a, 1985b).

3.9.4 Reflexivity

The position and approach of a researcher shapes all components of research, particularly in qualitative studies. Reflexivity is the process of responding to the context of knowledge construction, and especially to the influence of the researcher, during every component of the research process (Mays & Pope, 1995). According to Malterud (2001), the researcher's background will affect every component of the research process, 'what they choose to investigate, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions' (pp. 483–484). Reflexivity in research allows researchers to address their position in an ongoing manner and manage any issues that may affect the study as they occur.

As with the other principles of trustworthiness, reflexivity can be achieved through a number of strategies. To demonstrate reflexivity, this study used multiple investigators, that is, the student researcher and two supervisors, which allowed developing divergent understandings of the findings of the study and provided the context through which the researcher's bias and assumptions can be addressed (Erlandson et al., 1993; Guba, 1981). The student researcher also maintained the use of a research journal for reflecting on how any assumptions may have affected the methodological decisions made during the research process (Cope, 2014).

3.10 Ethics

This study was undertaken according to the Australian Code for the Responsible Conduct of Research (National Health and Medical Research Council [NHMRC], 2007). Human research ethics approval was received through the University of New England's Human Research Ethics Committee [Reference Number: HE17-245 Valid 01/12/2017 to 01/12/2018].

All studies require rigorous application of research ethics. Researchers are required to put into place processes to ensure that participants are protected from any harm associated with the study. One of the most significant potential ethical issues present in this study was the potential for participants to be in a dependent or unequal position of power with the student researcher, who at the time of data collection was employed as a lecturer in the nursing programs at the University of New England. Although the researcher had never been involved in student placement or supervision in primary health care settings, the researcher was known to the participants and he may have been involved in teaching them on campus.

The dependent relationship requires careful management, with the researcher needing to ensure the individual's rights are protected both as a research participant as

well as a student in tertiary studies (Fraenkel, Wallen, & Hyun, 2012). An ethical approach to this study was achieved through ensuring informed consent, management of the perception of benefit or harm, confidentiality of data and respect of the research participants.

3.10.1 Informed consent

Informed consent was achieved through distribution of a detailed information sheet explaining the purpose and outlining the study, and this is provided in Appendix 5. According to Jackson et al. (2016), informed consent is essential in ensuring participants are fully informed and aware of the study details and their rights as research participants when agreeing to be involved in the study. The information sheet also included instructions on how to contact the student researcher if they had any questions about the study. Following the provision of the information sheet and the answering of questions, if any, participants signed a consent form, provided in Appendix 6 on page 150, prior to the commencement of the interview.

3.10.2 Actual or perception of benefit or harm

This study was considered ‘negligible risk’ because there was minimal foreseeable risk of injury or discomfort to participants. While there was negligible risk of physical harm, some questions posed during the interview had the potential to result in emotional responses or unease owing to the nature of the study, which focused on the sharing of personal experiences (Jackson et al., 2016). To manage possible emotive responses, participants were made aware of the potential for this scenario to occur during the recruitment and reminded of their ability to withdraw from the study if they so desired. At the conclusion of each interview, the participants were reminded of this potential issue and provided the number of the University counselling service as well as the toll-free number for Lifeline Australia, a free emergency counselling service.

3.10.3 Confidentiality

While true anonymity cannot be assured, the privacy and confidentiality of the participants were ensured by using de-identified data; moreover, pseudonyms were used in reporting the study findings. Digital data were stored on secure password-protected cloud-based servers according to the University of New England (2017) data storage policy. Any hard copy or paper-based data were stored in a locked cabinet (NHMRC, 2007). All data will be destroyed after a period of five years, as required by the University of New England (2017) data storage policy.

3.10.4 Respect

Respect was given in regard to the welfare, beliefs, perceptions, customs and cultural heritage of all participants. Respect was demonstrated through ensuring the wellbeing of each individual as the study proceeded, by making it known they were able to withdraw themselves from the study if they wished, and informing them regarding any new information they had requested or that they may need to know. Once established, the findings of the study will be shared with the participants by giving them a copy of any publication, to provide them the outcome of their participation (Emanuel, Wendler, & Grady, 2000).

3.11 Summary

This chapter has outlined and justified the methods and methodology of this study, including the study aim and the research question sought to be answered. In addition, the methods used throughout the study, including sampling, recruitment strategy, data collection method and analysis, were discussed. Information on the processes used to ensure rigour in the study was outlined, as were the ethical considerations of the study and the Human Research Ethics Committee approval. The following chapter will present the findings of the study.

Chapter 4: Findings

4.1 Introduction

This chapter focuses on findings derived through interviews with the eight student nurse participants in this study, regarding their perspective and experiences of primary health care. A pseudonym and short description are provided for each participant to assist in providing context to their quotations. A description of the findings is provided, and the three themes that arose during data analysis are identified and discussed.

4.2 The Participants

There were eight participants in this study. As described in the inclusion and exclusion criteria, all participants were enrolled in one of two pre-registration nursing degrees offered by the University of New England at the time of the interviews. Six participants were enrolled in the Bachelor of Nursing, and two in the Masters of Nursing Practice. Six females and two males participated in the study. All participants had completed a clinical placement of 2–4 weeks in the primary health care setting. Interviews were held at varying times following the participant's placement, with the shortest period of time between placement and interview being 2 months, and the longest period being 16 months. The eight participants included nursing students, assistants in nursing (AIN) and endorsed enrolled nurses (EENs), as well as students holding international registered nurse qualifications. Their overall previous healthcare experience ranged from little previous clinical experience of primary health care to varying levels of experience and exposure.

A short description of each participant is needed to provide the context to his or her quotations that underpin the naturalistic inquiry (Lincoln & Guba, 1985b). Each of the names provided are a pseudonym to protect the confidentiality of the participants.

Participant 1: Cherry

An international student enrolled in the Master of Nursing Practice, not working in a health-related field at the time of the study. Completed a 3-week clinical placement at the clinic.

Participant 2: Holly

A domestic student enrolled in the Bachelor of Nursing and working as an EEN. Completed a 2-week clinical placement at the clinic.

Participant 3: Hazel

A domestic student enrolled in the Bachelor of Nursing and working as an AIN. Completed a 3-week clinical placement at the clinic.

Participant 4: Maple

A domestic student enrolled in the Bachelor of Nursing and working as an EEN. Completed a 3-week clinical placement at the clinic.

Participant 5: Rowan

A domestic student enrolled in the Bachelor of Nursing. This participant also held a health-related degree outside the nursing field. Completed a 3-week clinical placement at the clinic.

Participant 6: Willow

A domestic student enrolled in the Bachelor of Nursing and working as an EEN. This participant was the only participant who had completed a clinical placement in primary health care in addition to the specifications of the inclusion criteria. Completed a 3-week clinical placement at the clinic.

Participant 7: Rose

A domestic student enrolled in the Bachelor of Nursing and working as an EEN. Completed a 4-week clinical placement at the clinic.

Participant 8: Cypress

An international student enrolled in the Master of Nursing Practice and working as an AIN. Completed a 3-week clinical placement at the clinic.

4.3 Findings

As described in section 3.7 of the methods chapter, three emergent themes were identified during the process of data analysis. These emerging themes were further named and defined based on stages in the Preconception and Learning Framework (Meheut, 2012). The first theme is *Preconceptions*, and is related to the attitudes and preconceptions of participants regarding primary health care and the factors that influenced these. The second theme is *Learning*, and relates to the manner in which the clinical placement experiences confronted preconceived ideas and any resulting change that occurred.

The third and final theme is *Knowledge* and refers to the increased in-depth understanding that some participants held regarding primary health care as a result of their clinical placement experience, and the preconceived ideas they still held at the time of interview. Each theme will be discussed independently; however, each theme relates to the other two in the cyclical process of the framework (Meheut, 2012).

4.4 Theme 1: Preconceptions

During the interviews, many of the attitudes and perceptions held by participants regarding primary health care were identified and the sources of these were shared. These preconceived ideas were informed through a variety of processes, including the theoretical content the students had received during their nursing studies, previous

clinical experience or previous education inclusive of other nursing qualifications, or discussions with other students regarding their experiences. At other times, the participants were not able to explicitly identify what had shaped their preconceptions. While the preconceptions commonly illustrated an overall negative opinion towards primary health care, some preconceptions or attitudes could be interpreted to be a positive stance towards the setting. However, each preconceived idea spoke to a limited understanding of primary health care, nursing professional practice and the healthcare system as a whole.

Influences on the participants' preconceptions towards primary health care included elements both internal and external to their nursing studies. Internal elements included experiences across the course of study, such as the manner in which theoretical content was discussed in the classroom, and external elements were experiences such as being a primary health care consumer. The experiences of other individuals highly influenced the participants' preconceptions, and these could be from other students or even from the registered nurses themselves. For example, Rowan stated:

We learnt about it [primary health care] in a few units. I heard about it from different people, other students, nurses I work with, even one of the nurses at [the facility] said the same: 'I know [primary health care] is not as exciting as the hospital'.

The nature of the participants' relationship with others affected how likely they were to influence the participants' preconceived ideas. Participants explained that while the topic of primary health care may have arisen during classroom learning, they were more likely to receive information from their friends or co-workers regarding what a placement within the primary health care setting would entail. For example, Hazel asserted: 'Well, I didn't really know how [the primary health care clinic] would work. I

learnt a bit about it in class, but my friends told me what it was really like when they were there.’

A notable source for several participants was their previous experience within the healthcare system, either as AIN or as enrolled nurses (ENs). Participants who were currently employed in a nursing role reported greater experience and understanding regarding primary health care. Willow stated: ‘I had learnt a lot in primary health care in my [previous nursing studies], and I have worked in the hospital so I have a lot of experience with it.’

However, the participants’ clinical experience did not necessarily correlate with improved understanding regarding primary health care. Being employed in the acute care setting sometimes resulted in the participants expecting the primary health care setting to be reflective of their previous clinical experiences, and this led to confusion when confronted with practice and policy different from that they were familiar with. Willow discussed encountering practices different from those she was used to:

I suppose it was hard, I am use to [working in] the hospital. I would go to do something, and the nurses would tell me that they don’t do that there.

Sometimes, it was just small things; it just made it difficult.

One of the most common preconceptions the participants held focused on the idea of primary health care comprising a very narrow set of skills, or that the nurse held little autonomy within this setting. Participants expressed that nursing practice within the primary health care setting would be limited because of the lack of access to the resources that would be available to the acute care nurse. One perception was that nursing practice involved using highly technical or acute care focused skills, rather than providing a particular standard of care. As a result, participants expressed that the role

of the nurse within primary health care was reflective of a didactic relationship rather than a partnership. Cypress stated:

I didn't really think the nurse would have much to do aside from helping the doctor, I suppose, there would be things like medications or [injections] to do, I thought you would only be doing what the doctor asked you.

Hence, participants had difficulty relating primary health care to their understanding of nursing practice. Participants in this study thought they were unable to perform technical clinical skills, such as intravenous management, that they understood to be nursing practice. Since these technical clinical skills are not the norm within primary health care clinical practice, participants questioned the importance of a primary health care clinical placement in their learning. As a result, participants also referred to the primary health care setting as a lower or a less comprehensive level of nursing practice. As Cherry said: 'I thought that since it wasn't in a hospital that it would only be clinic work; I mean, I didn't think there would be very much for the nurse to do.'

Participants also expressed the idea that the healthcare concerns managed within primary health care would be simplistic, because they felt that more complex health issues would need to be managed within an acute care setting. As a result of this preconception, participants felt that the primary health care nurse would not require the perceived higher level of skills possessed by an acute care nurse. For example, Hazel expressed:

I kinda [sic] thought it was just really basic things, like basic dressings, or just doing observations before the doctor sees a patient, because I think I thought that if there is anything major, then it would have to be looked after in a hospital because it couldn't be managed at a doctor's setting.

In contrast to the above preconception, some participants expressed the belief that primary health care was a specific specialised setting rather than a mode of service delivery. Participants in this study made firm distinction between the knowledge and clinical skills needed by the nurse within settings such as medical or surgical wards, and this extended to the primary health care setting. Further, some participants drew strict lines between healthcare delivery models, explaining that they understood to be little crossover between them. For instance, Holly stated: 'Primary health care is really only seen in the community setting. Anything that happens in hospital would be inpatient, and they would follow different policies.'

A perception remained that the learning they had completed in their nursing studies was focused towards an acute care model of healthcare delivery, and participants reported that they were unsure of what primary health care nursing practice entailed. Hazel stated: 'Well, I suppose I thought, if you don't have meds to give out, and you don't have your patients to look after. I just didn't know what the nurse would do.'

Participants' expressed the idea that primary health care would be a more relaxed pace of work than other settings. While on the surface, this perspective appears to be a positive attitude towards the setting, it is informed by many misunderstandings regarding how primary health care is implemented. Participants explained that they believed the primary health care environment would be slower than the perceived faster-paced environment of acute care. As a result, they expressed the opinion that they were looking forward to a more relaxed placement and that the expected slower pace would allow enhanced interactions with the patients within the setting:

I expected to just see one patient at a time, about one specific thing, so it would be a bit more organised then working on the wards, and you could do more for the patient, get everything done. (Rose)

Similarly, participants held a preconceived idea that a primary health care clinic was organised around patients' appointments and hence expected a regimented placement experience and that each shift would be highly planned. They did not expect or consider the drop-in nature of a clinic environment, nor the community outreach activities that could possibly occur. Maple explained:

I suppose I just thought of the GPs' rooms as a place where you made appointments and got seen, so that's what I was expecting when I went there, that patients would turn up, and you would see them and they would go home. I didn't think about the different events they did or the patients who walked in; I wasn't thinking it would be that busy.

4.5 Theme 2: Learning

In this study, the theme of learning relates to the second stage of the Preconceptions and Learning Theoretical Framework (Meheut, 2012) and refers to the student nurses' clinical placement experience in the primary health care setting during which they were able to apply their theoretical understanding to practice. Because of the setting of the clinical placement, there was opportunity for the students' preconceived ideas about primary health care to be confronted, potentially resulting in changing attitudes towards the setting. The theme of learning relates to the participants' clinical placement, the way in which their preconceived ideas towards this setting were either challenged or reinforced and the learning associated with this experience.

The experiences of the participants in relation to the roles and practices of the primary health care nurse confronted several preconceptions towards the setting. Participants were surprised by a scope of practice different from that they had experienced in previous acute care focused placements, and broader than they were

expecting. For example, Cherry shared: ‘There was a lot of things that I didn’t realise a nurse was able to do ... I didn’t realise how much nursing would be done.’

Participants also discussed the autonomy of the primary health care nurse, which differed from their expectation. They were surprised that the nurse was able to practice in an autonomous role, working in partnership rather than under supervision. Maple stated: ‘The nurse was just able to work by herself; she didn’t need others directing her, she had her own patients and could see them by herself. The doctor only came in if he was needed.’

Associated with the high level of autonomy within the primary health care setting was the leadership demonstrated by the primary health care nurses. Participants discussed the leadership of the nurses and the potential for students to develop and practice leadership skills within the setting, which they reported was not a skill they had previously given the opportunity to develop. As a result, participants appreciated the ability to assume this leadership role during their primary health care experience.

Willow discussed her experience of engaging in the role of student leader at the facility:

I think it was good being able to be a leader, like how there is the nurse in charge on the wards, but you still had the facilitator or the other nurses there to help if you really needed them, and they were excellent because they knew so much and could take over when you needed them to. There aren’t a lot of placements where you are able to do that sort of thing.

While some participants felt that encouraging student nurses to take a leader role was unsuccessful, it was clear that they acknowledged the leadership role of the nurse within the primary health care setting:

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As a student you need to be led, you need instruction, you need, you know, a leader yourself, and it was hard to be a leader when you had all the nurses and you knew that they had so much more skill than you. (Holly)

The clinical placement experience also offered them opportunities to confront their preconceived ideas regarding primary health care as a mode of service delivery. Participants indicated that they found it easier to understand concepts of primary health care during their clinical placement experience, rather than during the provision of theoretical content. The practical nature of the setting meant that they were able to learn about concepts as these were practiced, resulting in less disconnect between theory and practice:

It was just really good to see how [primary health care] worked. We had to help out with a few health promotion events and being able to put into practice the different things you need to know to be able to make them work was useful, it made it so much more clear. (Rose)

Participants also spoke favourably about the ability to learn the practical application of primary health care, as well as be involved in the planning of primary health care interventions. This experience allowed the student nurse to better understand the implementation and organisational needs of primary health care, and the nurse's role within the setting.

It was good to be able to actually do some of the things we learnt about ... We got to run a health promotion day on kidney injury, so it was good ... to see how you actually set those kind of days up and all the organisation you need to do so they work. (Hazel)

The clinical placement experience also played a significant role in allowing the participants to develop their understanding of how contexts of care influences

healthcare provision. They also shared their experience with the varied nature of the nurse's role in primary health care. For example, Cherry shared:

We would move around and be with different [healthcare professionals] on different days... some days we would go with a nurse if they were running a clinic in another town ... It was interesting to see different things like vaccinations and wound care. I had not thought about how these things were done outside of hospitals and the types of things you needed to know about the patient to be able to do them.

As a result of the above preconceptions changing during the primary health care clinical placement, participants developed a broader understanding of the interrelated nature of the healthcare system and the nurse's role within primary health care. Maple asserted: 'I didn't really think about what happened when [patients] were discharged from hospital. I would say, 'You need to see your GP about that', but I didn't really think about what that actually meant.'

The clinical placement experience also challenged preconceived ideas regarding the individuals that access primary health care. Participants discussed primary health care as having a significant cultural component. This cultural element was reported to be more apparent than that experienced within the acute clinical settings. Some participants felt that these cultural influences made it more difficult to deliver care within the primary health care setting since it was an unfamiliar concept to the participant. This was particularly true for the international student participants of this study, both of whom reported difficulties in this regard.

I think I am still getting used to Australian culture so it was already difficult just knowing what to say, which made it hard to know what to do. (Cherry)

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You need to know what [the patients'] culture is to be able to look after them. It changed how I asked questions which made it very hard sometimes. (Cypress)

Since the healthcare clinic the students attended services a demographic with a high population of Aboriginal and Torres Strait Islander peoples, the provision of culturally appropriate care was particularly emphasised. However, participants felt underprepared to deliver the level of cultural care required in the setting; for example, Rowan said: 'I really didn't know how to talk to Aboriginal people. Even after the placement, I am still not sure. I just don't feel confident.'

This feeling of unpreparedness resulted in participants reflecting on their practice and identifying a need to engage in further learning in the area of culturally appropriate care and communication. Willow reflected:

Seeing how the nurses were able to handle cultural issues, I think that it would be really good to have more preparation about the types of clients that you work with in healthcare, and the best ways to support their care and culture.

The preconceived idea that the primary health care setting would have a slower pace was also quickly confronted during the clinical placement experience. Although the clinical practice differed from settings the participants were used to, it became apparent that nurses in the primary health care placement were expected to have the same level of time management and organisational skills as those in other clinical settings. This expectation resulted in participants feeling unprepared for the sometimes fast-paced nature of care in the primary health care setting:

I don't know why I thought that now I think about it, you know, how long you can wait at a GP's rooms, they are basically running from one thing to the next. I suppose I didn't think of the nurse like that. (Rowan)

The differences between expectation and reality of the primary health care clinical placement experience meant that participants were required to employ organisational skills, such as time management, for which they had not prepared. This lack of adequate preparation resulted in them feeling anxious and affected their confidence within the setting.

4.6 Theme 3: Knowledge

In this study, knowledge refers to the increased understanding regarding the role of primary health care within the Australian healthcare system that some participants experienced following the clinical placement. This understanding occurred because of the confrontation, or in some cases reinforcement, of preconceived ideas. The theme of *knowledge* includes participants reflecting on both their clinical placement experience as well as their theoretical learning and, in some instances, their acknowledgement of a need for ongoing learning in this area.

As a result of preconceived ideas being confronted, the participants' understanding of primary health care practices were developed. Because the clinical placement experience allows students to practice within the clinical setting, they were able to apply their knowledge, identify their learning needs and develop their understanding of primary health care. For example, Rose stated:

The placement let me see that primary health care is all the things around health, like a lot of the supporting things for good health as well like proper houses, and improved diet, all the things that impact on your health but are a step away from it as well. I didn't really get that when we talked about it in class, I needed to actually do it on placement.

The placement experience was also a valuable opportunity in allowing the participants to develop their understanding of the nurse's role within the primary health

care setting, as well as improving their understanding of nursing practice more broadly than a focus on completion of clinical skills:

If you actually watched what the nurses were doing, they were actually talking to the patients, and while they were doing it they were assessing and educating them about mental health ... but because they knew what they were doing, it wasn't really obvious. (Maple)

However, participants did not equally share these broadening views of primary health care and the nurse's role. Some participants retained a very limited view of what was classified as nursing practice. Cypress described the nurse engaging in community support services and interventions to support community health as 'fun things, really interesting, just not nursing', suggesting a limited understanding of the scope of primary health care nursing practice continued even after the clinical placement experience.

The clinical placement experience was fundamental in facilitating participants to re-evaluate the overall importance of primary health care to the wider healthcare system. They were better able to explain the role of primary health care and the ways it contributed to the Australian healthcare system. However, they acknowledged that there was still more to learn within this setting.

Primary health care is so large, it's not just GPs' offices and the community nurses, it's about making people healthier and it covers lots of different things, and I think if all you saw was one part of the circle, then it would be boring, but when you see it all together you realise that there is so much more to it. (Rowan)

Participants also demonstrated increased appreciation of the primary health care setting. Following the placement experience, they identified that the experience of clinical placement in primary health care should be increased, or indeed, made an essential component of the curriculum as other settings are:

It would be good to make sure that every student got a placement in primary health care. You have to do a placement in mental health, and you wouldn't get away with not doing a placement in a hospital, but you can select never to go to community health and you would really miss out on that. (Rowan)

The primary health care placement experience was vital in developing the participant's confidence in clinical practice as well broader understanding of the concepts of health as taught in the nursing curriculum, such as the social determinants of health and perspectives of healthcare; as Hazel said: 'I didn't realise how important [primary health care] is, I didn't realise how much it covers, educating people, healthier communities, building people up, there's still so much for me to learn.'

The clinical placement experience was also beneficial in further developing the participants' understanding of the therapeutic relationship. The therapeutic relationship formed between clinician and patient within the primary health care setting was compared with the types of relationships formed within other clinical areas, such as the hospital-based setting, allowing them to better understand the influences on the therapeutic relationship. Hazel commented:

It's not the relationship you are used to seeing in the hospital where the doctor dictates to the patient what the treatment is, and then, 'See you later' ... in the community you get to follow up all the time.

The essential role of the therapeutic relationship in providing care for a patient was also discussed by the participants, who had previously not fully considered how fundamental it is to the process of providing care to an individual. Holly reflected, 'If you don't develop that relationship, then you might miss something, or they might just decide to leave, that doesn't really happen in the hospital'.

Participants also remarked on the close relationship the primary health care nurses had with the clients and the community and the ways in which they worked together. The primary health care placement experience allowed the participants an opportunity to develop their understanding and engage in the practice of partnering with healthcare consumers to deliver a person-centred approach. Willow talked about this close relationship:

The nurses knew the patients and their family, who to call and who to talk to; it wasn't a case of the nurses telling the patients needed something; they really worked with them to make sure they were ok.

4.7 Summary

This chapter has outlined the findings derived through interviews with the eight student nurses, regarding their preconceptions, attitudes and experiences related to their assigned clinical placement in primary health care. A pseudonym and short description were provided for each participant to provide context for quotations. A brief overview of the findings was provided, and the three themes that arose during data analysis were identified and discussed. The next chapter discusses these findings in relation to the current literature.

Chapter 5: Discussion

5.1 Introduction

This study identified and described pre-registration student nurses' preconceptions, attitudes and experiences of primary health care. By adopting a naturalistic approach, this study acknowledged that students have varied and unique preconceptions surrounding their experience. This chapter first reflects on the major findings of the study and then discusses their significance in relation to the preconceptions that exist regarding primary health care and the manner in which primary health care is included in pre-registration nursing education.

5.2 Discussion of Findings

This study found that pre-registration student nurses harbour a wide range of attitudes and preconceptions regarding primary health care. A range of preconceived ideas, combined with a lack of experience and learning regarding the primary health care setting, resulted in a lack of understanding of primary health care. In addition, the participants in this study identified that they felt unprepared to enter primary health care and unsure of the expectations of the placement in this setting. However, clinical placement experience in primary health care can provide opportunities to challenge student nurses' preconceived ideas, which may lead to enhancing their understanding of this mode of healthcare delivery (Halcomb, Peters, & McInnes, 2012).

Preconceived ideas can significantly influence learning, both in the classroom and during the clinical placement experience (Leh, 2011). In this study, participants shared personal perceptions and experiences regarding the primary health care setting. These preconceived ideas were primarily related to their concept of nursing, which places emphasis on completing clinical tasks rather than providing care. They also shared concerns regarding their primary health care placement, such as poor preparation

prior to the placement as well as difficulty with organisation and time management during the placement itself.

Their expectations of the experience reflected many of the attitudes held in regard to primary health care identified in the literature, including anticipating a placement that would be limited in many ways, such as involving very basic skills and a limited scope of practice (Chowthi-Williams et al., 2010; Halcomb et al., 2012; Löfmark et al., 2008). As a result, participants shared the preconception that the primary health care setting would not be a beneficial clinical placement experience.

The learning process of the pre-registration student nurse was also apparent in the findings. It was evident that participants reflected upon the importance of the therapeutic relationship during their interactions with the primary health care consumer, whether the consumer was an individual, a family or a community. Some participants expressed a lack of confidence in interacting with clients in a culturally appropriate manner, which resulted in a need for learning within this area. Participants shared their thoughts related to their understanding of nursing, and discussed their expectations surrounding the primary health care clinical placement. They described how the clinical placement experience resulted in some of these preconceived ideas evolving and the learning that occurred as a result of this process.

Although the findings of this study are similar to those of other studies (Chowthi-Williams et al., 2010; Halcomb et al., 2012; Löfmark et al., 2008), the present study encompassed a specific exploration of attitudes and preconceptions held by pre-registration student nurse regarding the primary health care setting. This study considered the specific link between how attitudes and preconceptions influence the learning undertaken within the primary health care setting, a phenomenon that was not the focus of the aforementioned studies. The two major themes of preconceptions and

learning are discussed below, along with the implications for nursing education, nursing practice and future research.

5.3 Perceptions and Attitudes

As mentioned, student nurses hold several preconceived ideas regarding primary health care. It is an underlying principle of the constructivist approach to learning to acknowledge that adult learners bring with them prior experiences (Brandon & All, 2010). However, it is not often acknowledged how these prior experiences influence preconceptions and attitudes, and the role these preconceived ways of thinking play in influencing the learning experience (Meheut, 2012). Preconceived ideas can have significant effects on critical thinking and reasoning, which are crucial elements of nursing practice (Leh, 2007). In this manner, attitudes and preconceptions can act as barriers to student nurses' learning and understanding. For this reason, it is important for educators to understand the varying attitudes towards primary health care, and their origins, to account for these in the provision of education.

A source of negative preconceptions about primary health care originates from within the nursing profession itself. Contemporary nursing practice places a high value on highly technical and acute care focused skills observed in the secondary and tertiary systems. Within the nursing profession, preconceived ideas exist that primary health care is slow paced (Leh, 2011) and requires less clinical knowledge and critical thinking than the secondary or tertiary systems (Anderson, 2009), and these were echoed in the findings of this study. Freund et al. (2015) identified that registered nurses felt that while they may be attracted to nursing within primary health care, they were concerned that they would lose valuable clinical knowledge by leaving the acute care setting. This view has resulted in an attitude that primary health care is mainly an area for nurses preparing for retirement (Storey, Cheater, Ford, & Leese, 2009).

Similarly, newly registered nurses are discouraged from entering the primary health care setting by a belief that it is better to consolidate skills within the acute care setting prior to moving into more specialised areas (Mackey et al., 2018), or that a move from the secondary and tertiary care systems makes it difficult to return (Ashley et al., 2018). These perceptions and factors foster the view that primary health care nursing is not as highly valued as acute care nursing within the secondary or tertiary settings. Further, student nurses may also be exposed to these preconceptions during the clinical placement experience, which may act to influence their learning.

Indeed, academic nursing is not immune from the profession's preconceptions regarding primary health care, which may play a significant role in passing on attitudes and perceptions to pre-registration student nurses (Leh, 2011; Talley-Ross, 1994). The demographics of current nursing academics remain heavily weighted towards hospital-trained nurses and those focused on acute care specialities (Ashley et al., 2018; Spitzer & Perrenoud, 2006), resulting in an educational team that primarily draws from acute care experiences when developing teaching and learning resources, which may skew the pre-registration student nurses' perspectives of other settings, including primary health care.

Further, Betony (2012) highlighted that Australian universities incorporate primary health care within the nursing curricula inconsistently, both in terms of theoretical content and clinical placement experience. Few Australian nursing curricula prioritise primary health care in their degree, and this lack of inclusion can imply that primary health care is a small or less significant clinical field, not worthy of consideration.

However, it is not only nursing that contributes to preconceptions about primary health care. Previous literature has identified that the varied nature of the nurses' roles

within primary health care makes defining their scope of practice difficult (Grover & Niecko-Najjum, 2013). The poor understanding of the nurse's role has resulted in the interprofessional healthcare team questioning the purpose of the nurse in the primary health care setting (McCarthy, Cornally, Moran, & Courtney, 2012). Despite nursing's long involvement in primary health care, interprofessional healthcare teams have varied perceptions regarding the nurses' role and effectiveness within primary health care (MacNaughton, Chreim, & Bourgeault, 2013; McCarthy et al., 2012). McInnes, Peters, Bonney and Halcomb (2015) identified that the lack of clarity regarding the primary health care nurse's scope of practice contributed towards the interprofessional healthcare team's mixed perceptions about the primary health care nurse.

Thus, further clarity regarding the nurse's scope of practice within this setting and a move away from the individualised contractual role descriptions towards a more standardised scope of practice would assist in confronting these perceptions, as well as in providing the primary health care nurse with the confidence to address other attitudes regarding their role (Ashley et al., 2018). In addition, a formalised scope of practice would provide the student nurse heading into this setting a better understanding of the role and scope of the primary health care registered nurse.

Popular media portrayals, including social media presence, also play a significant role in regard to personal attitudes and perceptions towards nursing, particularly primary health care. Rezaei-Adaryani, Salsali and Mohammadi (2012) identified the media portrayal of nurses as largely two-dimensional characters with little consideration to the full depth of nursing philosophy and practice. In addition, popular media traditionally depicts nurses as working in high-acuity hospital-based settings. The limited portrayals of nurses working outside the hospital setting depict them as working

in a non-clinical role, or as assistants to general practitioners (Van Bekkum & Hilton, 2013), further adding to the perception that true nurses are hospital focused.

As regards social media, the centralised governance of the secondary and tertiary systems enables these systems to be better positioned to have a strong social media presence compared with primary health care, which has a more dispersed nature (Courtney, 2013). This difference leads to the media portrayal of the nurse as a hospital-based worker continuing into contemporary mediums of communication, further solidifying preconceptions of an increasingly broad audience.

Cultural perspectives also play a large role in regard to attitudes towards primary health care. Historically, nursing in Australia has been hospital based, both in practice and education. As the field of nursing transitioned into an independent profession that required tertiary education, the attitudes towards the profession similarly changed, albeit slowly in some cases (Andrews, 2002). The traditional view of the nurses sitting in the role of handmaiden to the doctor continues to be present among certain elements of society. This perception is particularly strong within the primary health care setting, particularly in primary care (Löfmark et al., 2008; McInnes et al., 2015), where nurses were first employed either because they were seeking an administrative position rather than a clinical position or owing to the personal relationship they may have had with the general practitioner (Freund et al., 2015). The employment model of primary care can further exacerbate the perception of the nurse being the doctor's assistant because of the way in which the majority of primary health care nurses work in partnership with the general practitioner who is also their employer (Australian Medicare Local Alliance, 2012).

There are many varying preconceptions and attitudes regarding primary health care, and these can act as barriers to the pre-registration student nurse in regard to their

learning, and may also influence their career decisions later (McKenna et al., 2014). It is imperative that nurse educators work with students to allow them to recognise their preconceptions related to upcoming theoretical concepts or clinical experiences (Leh, 2011). By identifying preconceptions, educators can work with students to incorporate these preconceptions into developed understanding regarding the primary health care setting, thereby eliminating the negative influences that have been identified as barriers to the learning process (Leh, 2007). Learning to manage preconceptions regarding primary health care can enhance the learning process and lead to a more in-depth understanding of both primary health care practice and its underlying philosophy.

5.4 Theoretical and Clinical Learning

Primary health care is an essential component of the healthcare system, and a functioning healthcare system requires a workforce that values the role of primary health care. Therefore, education regarding primary health care is a vital component in the pre-registration nursing curricula (S. Cooper et al., 2014). However, it is essential to couple the education provided regarding primary health care with learning experiences that allow student nurses to implement their understanding regarding both the setting and the underlying concepts of primary health care (McKenna et al., 2014). As the findings of this study demonstrated, it is essential that educators and clinicians are aware of the learning needs of the student nurses, and the ways in which the students' past experiences and ideas influence these needs.

Some argue that the placement is entirely experiential and should be allowed to unfold with as little influence as possible to best represent the workplace setting (Morison, Boohan, Jenkins, & Moutray, 2003). An opposing argument is that since the placement experience is a significant component of the learning within the degree of study, it must be structured to achieve specific learning outcomes (Coyne & Needham,

2012; Papp, Markkanen, & von Bonsdorff, 2003). Regardless of the approach, the learning undertaken during clinical placement forms a significant component of the learning during the pre-registration nursing degree (Levett-Jones et al., 2006). It has previously been identified that the clinical placement experience also has influence over the student nurse's career directions (McKenna & Wellard, 2004). Similarly, Halcomb et al. (2012) identified that positive clinical placement experiences within primary health care result in the student nurse viewing this setting in a more favourable manner. To meet the need for an increased primary health care workforce identified by the National Primary Health Care Strategic Framework (Standing Council on Health, 2013) it is essential for Australian universities to provide learning opportunities directed towards primary health care and support these with primary health care-focused clinical placement experiences.

As the world and the healthcare system become increasingly globalised, so too does the classroom, and international students must be provided relevant support to ensure they can meet their learning goals. The international student nurse participants in this study expressed a lack of understanding regarding primary health care, and difficulty in adjusting to working within this setting. The literature has presented evidence that international students may find it difficult to adjust to learning in the Western context because of a difference in teaching and learning approaches in cultures (Richardson, 2005; Rienties, Beausaert, Grohnert, Niemantsverdriet, & Kommers, 2012). This difficulty may be compounded in the context of learning regarding primary health care owing to the focus on integration into the community (Mackey et al., 2018) and the need to understand the particularities of the community's culture. This barrier to learning may indicate the need to ensure further support is available to international

student nurses entering the primary health care setting for providing them the best opportunity to learn.

Participants in this study with previous clinical experience, such as ENs and students employed as nursing assistants, expressed confidence in their understanding of primary health care. However, increased clinical experience does not necessarily equate to increased understanding of the healthcare system (Nayda & Cheri, 2008), and may act to skew perspectives based on these experiences. Further, participants with clinical experience associated with other roles, such as ENs or nursing assistants, still held mixed attitudes towards the primary health care setting.

It is important to understand that while adult learners may bring extensive life experience and knowledge, they also bring an equal amount of preconceived thinking, which may contribute to attitudes and perspectives (Leh, 2007). As such, learning opportunities need to be provided that recognise the knowledge that these learners already hold, but which allows them to develop their understanding in areas still requiring development (Meheut, 2012). Indeed, for participants with prior experience working in nursing roles, the clinical placement experience is essential in taking them out of their familiar clinical setting and allowing them to experience a wider view of the healthcare system (Rapley, Davidson, Nathan, & Dhaliwal, 2008).

Further, the knowledge gap regarding primary health care identified by participants was of major concern in this study. While all participants were able to share an understanding of primary health care, it was often narrow and demonstrated a limited view of the setting. Moreover, participants were often unsure of when primary health care was taught within their degree of study. It has been previously documented that the pre-registration nursing curricula do not always value the role primary health care plays within the broader healthcare system (Chowthi-Williams et al., 2010). For the benefit of

the student nurses' learning, it is essential that education surrounding primary health care be made more apparent within the pre-registration nursing curricula, and integrated into the learning outcomes of the course to support their learning within this setting (Betony & Yarwood, 2013).

According to Mackey et al. (2018), the present Australian healthcare system continues to emphasise provision of primary health care training following pre-registration education. Similarly, the limited primary health care education provided in the pre-registration nursing curricula appears to focus upon primary health care practices, rather than the underlying philosophy of primary health care (Mackey, Hatcher, Happell, & Cleary, 2013). This limitation to both theoretical learning and clinical experience during pre-registration nursing education has resulted in newly graduate nurses who may not possess the skills and knowledge to engage in nursing practice across the diverse practice settings in the Australian healthcare system (Bennett, Jones, Brown, & Barlow, 2013). To ensure that the nursing curriculum remains contemporary and is providing student nurses the skills and knowledge to enter a workplace with changing priorities in healthcare delivery, it is essential to have a more integrated pre-registration nursing curriculum that appreciates the diverse roles and settings encountered by the 21st century nurse.

5.5 Conclusion

This chapter has discussed the findings of the current study in the context of the existing literature. The importance of increased inclusion of primary health care in the pre-registration nursing curricula was discussed, as was the manner in which primary health care learning is affected by contemporary healthcare issues. Common attitudes and preconceptions, both within and outside the nursing profession, regarding primary health care nursing were identified, and the manner in which preconceived ideas can

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influence learning in primary health care explored. The discussion has also provided an outline of how media representations, inclusive of social media presence, can play a role in perpetrating attitudes and perspectives towards primary health care. In summary, nursing education regarding primary health care needs to acknowledge the varying attitudes and preconceptions towards the setting to provide effective learning opportunities to develop improved understanding. The following chapter provides a brief summary of the study, outlines its strengths and weaknesses and provides concluding remarks.

Chapter 6: Conclusion

6.1 Recapping the Study

The aim of this study was to describe the preconceptions, attitudes and experiences of student nurses as regards primary health care and associated clinical placement. Eight participants were included in this study, and information on their experiences was collected through semi-structured face-to-face interviews. Naturalistic inquiry was adopted to facilitate an understanding of the many realities experienced by the research participants during their clinical placement, as well as to provide context and meaning for the findings. Braun and Clarke's (2006) thematic analysis provided a step-by-step guide for the student researcher to immerse himself in the data and form this information into a coherent narrative. The inclusion of the Preconception and Learning Framework (Meheut, 2012) allowed the research findings to be built on a framework based on a constructivist approach to learning, which appreciates that all learners have prior experiences and knowledge.

Considering the literature reviewed in Chapter 2, the findings of this study outlined in Chapter 4 and the discussion provided in Chapter 5, it is evident that increased attention needs to be paid to supporting the inclusion of primary health care education within the Australian pre-registration nursing curricula. Further, educators need to be aware of the role underlying preconceptions can play in influencing the learners' understanding of theoretical content and be able to provide opportunities to confront these preconceptions to facilitate learning.

6.2 Limitations

The current study has several limitations. One limitation was the fact that all participants were student nurses from one regional university and they had all attended

clinical placement at the same clinical facility, which may have acted to bias the findings. Additionally, the small sample size may limit the transferability of the study findings. Further research with a larger group of participants in different nursing courses may generate additional insights.

6.3 Strengths

While this study had several limitations, it also had many strengths. The study adopted sound research methods contributing to the trustworthiness of the findings. Further, its findings are consistent with those of similar studies in the literature (Anderson, 2009; Bennett et al., 2013; Chowthi-Williams et al., 2010; S. Cooper et al., 2014; McInnes et al., 2015a; McKenna et al., 2014; Warner et al., 2010). Lastly, the study provided further understanding on what is an important, topical research area, particularly in the area of nursing and healthcare education.

6.4 Recommendations for Nursing Practice and/or Policy

This study echoes previous studies, which found that undergraduate nursing curricula need to further incorporate primary health care content on the important role of primary health care, and the primary health care nurse, in the Australian healthcare system. Policy needs to consider affording the primary health care setting the same status as other targeted areas, such as mental health and acute care, and encourage the inclusion of the primary health care clinical placement experience in all nursing curricula.

The findings of this study suggest a need to focus attention on primary healthcare within nursing curricula and better support students while in primary healthcare settings as follows:

Curricula Development

- Review the position and focus of primary healthcare within pre-registration nursing curricula to ensure there is appropriate value placed on the provision of theoretical content and clinical experience within this area.
- Ensure any curricula review processes or course advisory structures have mandated primary health care representation.

Support of student placements in primary health care

- Ensure the support offered to students in a primary health care setting is comparable to the model offered to students in more acute settings so there is seen to be value placed equally between the two.
- Consider the implementation of prebriefing and debriefing to explore preconceptions and biases students may hold toward the setting.
- Provide education and support to the registered nurses responsible for supervising and mentoring students in the primary health care setting to assist them in supporting the student and discussing any preconceptions they may have in regards to the setting.

Future research should focus on evaluating teaching strategies that seek to examine and confront the manner in which preconceptions and underlying attitudes may influence individuals' understanding of certain clinical areas, and strategies to address these preconceived ideas.

6.5 Concluding Comments

Primary health care is an essential mode of healthcare delivery, both nationally and internationally. Owing to several influencing factors, healthcare systems are

increasingly focusing on integrating the provision of healthcare services. Thus, it is essential to equip pre-registration student nurses with the knowledge to function as generalised nurses, able to practice across a range of settings.

Findings from this study add to the growing literature in this area and support an increased focus on primary health care within the pre-registration nursing curricula and the provision of quality clinical placement experiences in the primary health care setting. To conclude, the provision of nursing education focused on the integrated nature of the healthcare system will provide pre-registration nursing students the opportunity to develop the skills needed to practice nursing across the diverse span of healthcare.

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Appendices

Appendix 1: Coledale Placement Brochure

Services and healthcare personnel available at Coledale Health and Education Clinic include:

- Clinical Nurse Consultants
- Practice Nurses
- Clinical Facilitators
- General Practitioners
- Community Outreach Services
- Sexual Health
- Complex Chronic Illness management
- Aboriginal Health care services
- Antenatal Services
- Women's Health
- Podiatry
- Mental Health
- Harm Minimisation and Needle Syringe Program
- Child and Family Health Care and Support Services



Find out more:

une.edu.au/nursing-placements
Facebook – Coledale Health and Education Clinic

Contact the Coordinator for Clinical/Field Learning:

E: [REDACTED]

(Current UNE students please email via ASKUNE)

P: [REDACTED]

The University of New England respects and acknowledges that its people, programs and facilities are built on land, and surrounded by a sense of belonging, both ancient and contemporary, of the world's oldest living culture. In doing so, UNE values and respects Indigenous knowledge systems as a vital part of the knowledge capital of Australia.



**A partnership between
Walkallow Aboriginal Corporation
and the
University of New England
School of Health.**

COLEDALE HEALTH AND EDUCATION CLINIC

The Coledale Health and Education Clinic is a multidisciplinary primary health care service, focused on offering students a unique clinical placement. The clinic emphasises community engagement, client centered care, leadership and interprofessional practice.

The Coledale community is located in West Tamworth, it has a high Indigenous population and is considered a low socio-economic area. Members of the community attend the clinic for a diverse range of physical, mental and psychosocial concerns.

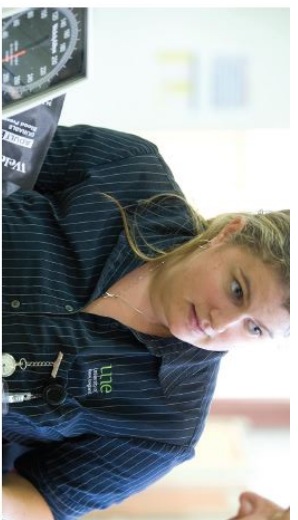
Student Placements

For students attending the Coledale Health and Education Clinic, their daily clinical experiences are diverse and may include:

- crisis management and referral
- chronic disease management
- health assessment and triage
- provision of education
- Aboriginal healthcare and outreach services
- healthcare management

Leading and developing health promotion activities within a primary health care context.

Clinical placement at Coledale fosters students' confidence and leadership skills. It provides systems and processes for communication and collaboration within the healthcare team and enhances the provision of culturally competent client centered care.

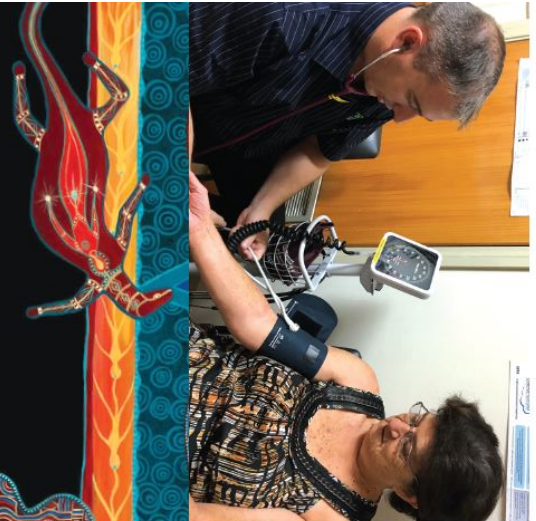


What previous students have said about attending placement at Coledale:

"Teamwork!! I feel like through doing placement at the centre I was able to gain more confidence in many areas such as communicating, collaborating and organising activities with community members. Team members facilitators and health professionals. I took a lot away with me."

"I really enjoyed the community engagement, cultural awareness, interprofessional learning; all the services available were fantastic."

"I have learnt things at Coledale that I have never done in nursing in a hospital situation for 30 years such as ear health, spirometry and community mental health assessments."



Appendix 2: Recruitment Adverts (Social Media/Coledale)



Invitation to participate in research focused on student nurses: student nurses undertaking clinical placement in the primary health care.

If you are a current student nurse over the age of 18 years at the University of New England enrolled in either the Bachelor of Nursing or the Masters of Nursing Practice who has completed a clinical placement at the Coledale Health and Education Clinic and willing to be interviewed about your experience, we would like to invite you to participate in this study.

Participation would involve you taking part in a single face-to-face interview either in person at the School of Health at the University of New England or online via Skype, which will take 30–60 minutes and also involve the collection of some demographic data.

Attached, you will find the participant information sheet for clarification of the details of this study. If you would like to participate in the study or you wish for more information, please contact the research team directly.

Student Researcher:

Zach Byfield
zbyfie2@une.edu.au
02 6773 4352

Research Supervisors:

Professor Jane Conway
jconway4@une.edu.au
02 6773 3653

Associate Professor Leah East.
leah.east@une.edu.au
02 6773 1746

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No HE17-245, valid up to 01/12/2018).

Appendix 3: Demographic Sheet

Demographic information	
Age	
Gender	
Program of study	
Previous health qualification	
Progress in degree	
Year of placement at Coledale	
Trimester of study	
Length of placement (weeks)	
Have you previously completed a primary health care placement? If so where?	

Appendix 4: Interview Tool

Pre-Interview Introduction

Thank you for agreeing to participate in this interview, which I am undertaking as a component of my Higher Research Degree. Before we begin, can I just confirm that you have read the participation sheet and have signed the consent form?

I would like to remind you that as a research participant, you have the right to either stop the interview at any time or withdraw your consent to participate. There is always the potential for an interview to bring up elements that may be distressing for the participant, and if this occurs, you may wish to speak to a University of New England counsellor.

Are there any questions you would like to clarify? Are you happy to proceed?

Semi-Structured Interview Protocol

1. Can you tell me about your experiences during your placement at the Coledale Clinic?
2. What did you think that the placement at Coledale clinic would entail?
 - Why did you think this?
3. Can you tell me what the term primary health care means to you?
 - How have you developed this definition?
4. What were your perceptions about primary health care, and have they changed?
5. What would you tell other students about to attend a placement at Coledale?
 - Do you have any suggestions for students to gain the most from the placement?

Appendix 5: Participant Information Sheet



School of Health
University of New England
Armidale NSW 2351
Australia
Phone 02 6773 4352
zbyfiel2@une.edu.au

INFORMATION SHEET For PARTICIPANTS

We wish to invite you to participate in my research project, described below.

My name is Zach Byfield and I am conducting this research as part of my Masters of Philosophy in the School of Health at the University of New England. My supervisors are Professor Jane Conway and Associate Professor Leah East.

Research Project	An exploration of Pre-registration Nursing Students' Experiences attending clinical placement at a primary healthcare clinic.
Aim of the Research	The aim of this project is to investigate the experiences and perceptions of students who have attended clinical placement in the primary healthcare setting.
Interview	Participation would require you to take part in a face-to-face interview with Zach Byfield either online via skype or in person at the School of Health, University of New England. The interview will take approximately 30-60 minutes. With your permission, an audio recording of the interview will be made to ensure that an accurate record is made of the information you provide. Following the interview, a transcript will be provided to you if you wish to see one.
Confidentiality	Any personal details gathered in the course of the study will remain confidential. No individual will be identified by name in any publication of the results. All names will be replaced by pseudonyms; this will ensure your anonymity. If you agree I would like to quote some of your responses. This will also be done in a way to ensure that you are not identifiable.
Participation is Voluntary	Please understand that your involvement in this study is voluntary you have the right to withdraw from the study at any time without consequence and without needing to provide an explanation. Your decision to participate or not participate will have no effect upon your results or experience at the University of New England. If at any time, during or after the study, you have any concerns you are encouraged to speak to the research team or the University of New England Research Ethics Officer.
Questions	The interview questions will not be of a sensitive nature: rather they are general, and will enhance the knowledge of the student's experiences and perceptions of primary healthcare.
Use of Information	Information from the interview will be used as part of the student researcher's Master of Philosophy thesis, which is expected to be completed in 2018. Information from the interview may also be used in academic journal articles and conference presentations before and after this date. At all times, your identity will be safeguarded by presenting the information in a way that will not allow you to be identified.

Pre-Registration Student Nurses & Primary Health Care

Upsetting Issues	<p>It is possible that this interview may raise personal or upsetting issues, or you may feel uncomfortable with the inquiring nature of the interview. If this occurs you may wish to contact the University of New England Student support services on 02 6773 2897 or via email at studentsupport@une.edu.au</p>
Storage of Information	<p>All hardcopy notes and recordings of the interviews will be kept in a locked cabinet in the University of New England's School of Health. Any electronic data will be kept on cloud.une.edu.au, UNE's centrally managed cloud server managed by the research team. Only the research team will have access to the data.</p>
Disposal of Information	<p>All the data collected in this research will be kept for a minimum of five years after successful submission of my thesis, after which it will be disposed of by deleting relevant computer files, and destroying or shredding hardcopy materials.</p>
Approval	<p>This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No HE17-245, Valid to 01 December, 2018).</p>
Researchers Contact Details	<p>Feel free to contact the student researcher with any questions about this research by email at zbyfiel2@une.edu.au or by phone on 02 6773 4352.</p> <p>You may also contact the research supervisors. The Principal supervisor's name is Professor Jane Conway and she can be contacted by email at Jconway4@une.edu.au or by phone on 02 6773 3653 and Co-supervisor's name is Associate Professor Leah East and her email address is Leah.East@une.edu.au and phone number is 02 6773 1746.</p>
Complaints	<p>Should you have any complaints concerning the manner in which this research is conducted, please contact:</p> <p>Mrs Jo-Ann Sozou Research Ethics Officer Research Services University of New England Armidale, NSW 2351 Tel: (02) 6773 3449 Email: ethics@une.edu.au</p> <p>Thank you for considering this request, Zach Byfield</p>

Appendix 6: Participant Consent Form

**CONSENT FORM
For
PARTICIPANTS**

Research Project: An exploration of Pre-registration Nursing Students' Experiences attending clinical placement at a primary health care clinic.

I,, have read the information contained in the Information Sheet for Participants and any questions I have asked have been answered to my satisfaction. Yes/No

I am currently enrolled in either the Bachelor of Nursing or the Master of Nursing Practice and have previously attended a clinical placement at the Coledale Health and Education Clinic. Yes/No

I agree to participate in this activity, realising that I may withdraw at any time. Yes/No

I agree that research data gathered for the study may be quoted and published using a pseudonym. Yes/No

I agree to have my interview audio recorded and transcribed. Yes/No

I would like to receive a copy of the recording of the interview. Yes/No

I am older than 18 years of age. Yes/No

.....
Participant Date

.....
Researcher Date

Appendix 7: Table of Evidence

Citation	Study aim	Methodology	Sampling	Analysis methods	Results	Country
Anderson, (2009).	Discover student nurse views on learning as a result of clinical experience in a number of primary care settings.	QUALITATIVE Focus groups	3 separate focus groups with 18 participants	Thematic analysis of focus group transcripts	Two themes identified Healthcare Context: Following the placement experience participants were more aware of the factors that influence the practice of healthcare such as time, place and focus. Nursing know-how: The clinical placement allowed participants to see the depth of knowledge required to practice in the primary healthcare setting.	UK
Baglin, & Rugg (2009)	Understand how students experience community based placements, what learning activities nurses engage in during these placements and if students see the value of the placement.	QUALITATIVE Reflective journaling of participants on placement	6 participants in second year of a nursing course	Thematic analysis of reflective journals	Four themes identified Nature of community placement: the variety of placement types within primary care meant it was difficult to fully prepare the student. Relationships/Teamwork: relationships within community settings were more extensive but were also varied, both positive and negative. Learning opportunities: participants did not feel the placement provided the opportunity to practice important clinical skills. Gaining confidence: many participants developed confidence in their practice but this was not universal.	UK

<p>Bennett, Jones, Brown, & Barlow, (2013).</p>	<p>Describe the impact of clinical placement experience on the student nurse's level of confidence in the area of primary healthcare.</p>	<p>MIXED METHODS * Confidence logs using 5point Likert scale * Debriefing post placement via focus groups * 3 month post placement one on one phone interviews</p>	<p>31 participants in a primary healthcare program across 2 different universities</p>	<p>Statistical analysis of Likert Scale & thematic analysis of interviews and focus groups</p>	<p>Confidence logs indicated increased confidence following the placement in all areas questioned. The focus groups and interviews showed that learning from placement continued following the placement by a number of participants.</p>	<p>Australia</p>
<p>Cooper, Robyn, Browning, & Robinson (2014).</p>	<p>Evaluate implementation of a Bachelor of Nursing course with a focus on community health</p>	<p>QUALITATIVE Focus groups</p>	<p>38 participants attended one of four focus groups in first year or four focus groups in second year</p>	<p>Grounded theory analysis</p>	<p>Analysis organised under five themes I think community health should be an elective: Participants discussing the importance they place on placement in this setting Focus on relevance to practice: Participants discussing the type of learning they undertake in the setting linking theory to practice: Participants discussing perceived differences between their learning and what they see in practice Teaching by non-nursing academics: Participants discussing experience of learning by non-nursing staff. Access to support: Participants having access to supportive networks within their studies</p>	<p>Australia</p>

Chowthi-Williams, Woolmer, Harris, & Curzio, (2010).	Formally identify student nurses perceptions of the primary healthcare program, including associated placement	QUALITATIVE Focus groups and one on one conversations	20 participants in an identified nursing program	Case study analysis	The participant's impression of primary healthcare was overall positive following placement, regardless of any initial impressions or attitudes they may have originally held.	UK
Löfmark, Hansebo, Nilsson, & Törnkvist, (2008).	Evaluate a supervision model for nursing students placement in primary care and document students opinions on learning in this setting	QUANTITATIVE Pre and post surveys using Likert scale	238 participants in one degree of study	Statistical analysis of Likert Scale	Organised under four headings: * Prerequisites for learning * Knowledge about Primary care * Mentors ability * education content during placement Overall participants identified learning opportunities in primary care as positive	UK
McInnes, Peters, Hardy, & Halcomb, (2015a). Part 1 of a study	Explore the pre-registration student nurses experience of working in the primary healthcare setting (General Practice).	QUALITATIVE Semi structured interviews	Student nurses enrolled in a number of nursing programs at one university who attended a two week placement in a GP	Thematic Rigor established through process of credibility and confirmability	Four themes identified: knowledge of the practice nurse role: Participants developed their understanding of the role of the primary healthcare nurse. Quality of learning experience: Participants identified primary healthcare as beneficial to their overall learning experience. Support, belonging and respect: Participants stated that placements in primary healthcare were more likely to	Australia

			setting		be supportive resulting in improved outcomes. Employment prospects: Participants expressed that they were more likely to seek employment in primary healthcare.	
McInnes, Peters, Hardy, & Halcomb, (2015b). Part 2 of a study	Understand the pre-registration student nurses view of working in the primary healthcare setting (General Practice).	QUANTITATIVE Likert scale	45 participants from a single nursing program	Statistical analysis of Likert Scale	Participants largely regarded the placement as positive and to be an appropriate setting to achieve learning outcomes.	Australia
McKenna, Parry, Kirby, Gilbert, & Griffiths, (2014).	Explore undergraduate nursing students experiences of learning in two primary healthcare settings (GP and District nursing)	QUALITATIVE Focus groups and semi structures interviews	9 participants at one university undertaking a voluntary clinical placement	Thematic	Three themes identified: Broadened Perspectives: Participants were more aware of the broad range of practice settings following their placement. Skills Development: Primary healthcare allowed the participants to develop a clinical skills specific to their learning outcomes. Appreciating context of care: Placement in the primary healthcare setting developed the participants understanding how context plays a role in person centered care.	Australia

<p>Peters, Mcinnes, & Halcomb (2014).</p>	<p>Explore the experiences of nursing students following community based clinical placements and explore impact of this placement on learning</p>	<p>QUALITATIVE Semi structured interviews</p>	<p>9 participants at one university</p>	<p>Thematic</p>	<p>Four themes identified: Autonomy in practice: The nurse’s ability to make decisions was more visible in the community setting. Working with highly skilled nurses: Participants were impressed by the knowledge the primary healthcare nurses. Focusing on holistic care: Participants felt holistic care was much more apparent during their community placement. Interest in educating students: Participants felt primary healthcare nurses were more supporting of their educational needs.</p>	<p>Australia</p>
<p>Warner, Jelinek, & Davidson, (2010).</p>	<p>Discuss interprofessional learning involved at a primary healthcare university clinic</p>	<p>QUANTITATIVE Post clinical experience questionnaires using both a 5point Likert scale and an examination of skill acquisition</p>	<p>12 participants who had attended a placement in the clinic</p>	<p>Statistical analysis of Likert Scale (Undefined)</p>	<p>All students identified the placement as a beneficial experience and one that altered their attitude towards the primary healthcare setting. Student nurses were able to demonstrate increased skill acquisition following the placement experience.</p>	<p>Australia</p>

Appendix 8: MMAT Screening Tool

Citation	Screening		Qualitative					Quantitative RCT					Quantitative non-random					Quantitative descriptive					Mixed methods				
	S1	S2	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	5.5
Anderson, (2009).	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Baglin, & Rugg (2009).	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Bennett, Jones, Brown, & Barlow, (2013).	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Cooper, Robyn, Browning, & Robinson (2014).	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chowthi-Williams, Woolmer, Harris, & Curzio, (2010).	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Löfmark, Hansebo, Nilsson, & Törnkvist, (2008).	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
McInnes, Peters, Hardy, &	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Pre-Registration Student Nurses & Primary Health Care

Halcomb, (2015a).																											
McInnes, Peters, Hardy, & Halcomb, (2015b).	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A
McKenna, Parry, Kirby, Gilbert, & Griffiths, (2014).	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Peters, Mcinnes, & Halcomb (2014).	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Warner, Jelinek, & Davidson, (2010).	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Question Key

Answer Key

Screening

S1. Are there clear research questions?

S2. Do the collected data allow to address the research questions?

Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.

Y – Yes

N – No

N/A – Not applicable to this study

1. Qualitative

1.1. Is the qualitative approach appropriate to answer the research question?

1.2. Are the qualitative data collection methods adequate to address the research question?

1.3. Are the findings adequately derived from the data?

1.4. Is the interpretation of results sufficiently substantiated by data?

1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?

2. Quantitative randomized controlled trials

2.1. Is randomization appropriately performed?

2.2. Are the groups comparable at baseline?

2.3. Are there complete outcome data?

2.4. Are outcome assessors blinded to the intervention provided?

2.5. Did the participants adhere to the assigned intervention?

3. Quantitative nonrandomized

3.1. Are the participant's representative of the target population?

3.2. Are measurements appropriate regarding both the outcome and exposure/intervention?

3.3. Are there complete outcome data?

3.4. Are the confounders accounted for in the design and analysis?

3.5. During the study period, is the intervention/exposure administered as intended?

4. Quantitative descriptive

4.1. Is the sampling strategy relevant to address the research question?

4.2. Is the sample representative of the target population?

4.3. Are the measurements appropriate?

4.4. Is the risk of nonresponse bias low?

4.5. Is the statistical analysis appropriate to answer the research question?

5. Mixed methods

5.1. Is there an adequate rationale for using a mixed methods design to address the research question?

5.2. Are the different components of the study effectively integrated to answer the research question?

5.3. Are the results adequately brought together into overall interpretations?

5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?

5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?