

The process of community health nursing clinical clerkship: A grounded theory

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ABSTRACT

Background: The performance of the community health nurse depends on a combination of scientific and practical competencies acquired by educational experiences during the nursing course. Curriculum planners of nursing education need to understand nursing education to train professional and community-oriented nurses. The aim of this article is to explore the experiences of nursing students during their community health nursing clinical clerkship courses.

Materials and Methods: A grounded theory approach was used to conduct this study. Twelve nursing students, 13 health-care staff members, and 10 nursing instructors were interviewed individually in 2011-2012. The interviews were tape-recorded and later transcribed verbatim. The transcriptions were analyzed using the method of Strauss and Corbin.

Results: Ambivalence of motivation was the main category and included five subcategories: Professional identity, educational atmosphere, educational management, motivation-based approaches, and inadequate productivity. This paper presents the aspects of the community health nursing clerkship course from the viewpoint of students in areas such as the role of the community health nurse, attitude toward the course, medical orientation, prerequisite skills/knowledge, poor administrative planning, rotation of students, insufficient activity for students, passiveness, providing service to clients, responsibility, and inproductivity. These categories could explain the nature of the community health nursing clerkship of the Mashhad Faculty of Nursing and probably others in Iran.

Conclusions: The findings revealed inadequate productivity of the community health nursing education; so, it is suggested to define a position for nurses in this setting and remove barriers and provide conditions for them to play more important roles in the promotion of community health.

Key words: Clinical clerkship, community health, grounded theory, Iran, nursing students

INTRODUCTION

Nursing education should train qualified nurses to respond to the needs of clients, based on the changes in the health-care system and its objectives.^[1] The performance of the community health nurse depends on a comprehensive combination of scientific and practical competencies which are acquired during the nursing course.^[2] Clinical courses are the crucial parts of nursing education by which students acquire real experience and apply theory in practice.^[3] Quality of community health nursing education is dependent on

the quality of the education of nursing students in related fields. Nursing is a practice-based discipline, and clinical courses play a key role in the development of nursing skills.^[4]

Of the 36 credits of externship and internship course in the bachelor program of nursing, four units are allocated to community health nursing.^[5] The internship course was introduced as a community-oriented instructional method by the nursing and midwifery branch of cultural revolution in 1990; later, it was revised and finally approved with the aim to train nurses who had knowledge, attitude, and skills for providing the necessary care to the individual, family, and community as a member of the health-care team. The general goal of the of bachelor program of nursing education is to train nurses who would be able provide nursing care in the areas of health, education, research, consultation, management, support, and rehabilitation to provide, maintain, and promote the health of the individual, family, and community. However, in spite of planning extensive and holistic goals in community-oriented educational system for nursing students, the achievement has not been satisfactory.^[6]

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Most nursing schools accommodate community health and primary care in their educational plans to some extent. However, they still train their students for playing a traditional nursing role, and the students graduate traditionally with few or limited abilities in out-of-hospital care.^[7] In this respect, the National League for Nursing has suggested that nurses at all educational levels should be prepared for working in the community-oriented health-care system. In other words, nurses should be competent in all areas related to a continuum of care.^[8-10]

Studies by Dehghani (2005) and Mahmoudifar (2009) showed that the majority of instructors and students evaluated the internship course from 'rather weak' to 'weak' for acquiring a community-oriented attitude.^[11,12] Heravi (2011) demonstrated that the ability for playing different roles of a community health nurse is not developed by these courses.^[4] Saberian (2003) studied the opinion of graduates and final-term students of nursing by a cross-sectional descriptive study. They stated that their community health course was not effective.^[13] Based on Heravi (2011), Borzou (2008-2009), and Azar Barzin (2007), there is a gap between theory, practice, and nursing services, that is, the community health courses has no application in clinical nursing service.^[4,13-15]

These problems necessitate studying and understanding the process of the current community health nursing education and ask the question why implementation of current education does not achieve the predefined goals for the bachelor program. A theoretical principle for education is required. With sufficient care and attention, the present study could be considered as the first step in the formulation of this theory.

Determining the objectives of community health nursing education could be useful for the nursing profession because it would lead to discover the present concepts of community health nursing education, explore the characteristics and effective factors in formulating the education process, provide effective, quality community-oriented education, revise educational programs, train competent nurses for out-of-hospital care, train skilful, expert, and motivated nurses, define a definite position for nurses in the health-care system, and finally promote community health. Although community health nursing has been considered as a part of the syllabus of the bachelor program, there are no clear concepts and theories in this course. Obviously without clear concepts, there are serious problems and barriers for formulating and developing theories in this discipline. Moreover, the experience of researchers in community health education and involvement with different problems, as well as literature reviews reveal a lack of information

about the nature of education, quality of nursing students, and experience of instructors in education. It seems that qualitative research studies could provide the necessary knowledge for teachers, students, educational planners, and other related individuals about community health and similar education. On the other hand, a few studies have been conducted in Iran on community health nursing education and educational planners need a comprehensive understanding of nursing education; so, the present study aimed at exploring the experiences of nursing students in their community health nursing clinical clerkship.

MATERIALS AND METHODS

A qualitative approach using a grounded theory was used for achieving the goals of this study. Grounded theory studies the social process of humanistic interactions.^[16] This method, developed by Glazer and Strauss in 1960, is rooted in interpretive school of symbolic interaction.^[17] One of the main applications of grounded theory is when there are insufficient research findings on the subject of study.^[18] Thus, as concepts of community health nursing are vital in the educational process and these have not been explored and understood as variables in Iranian nursing education, it is rational to use the grounded theory to clarify and develop concepts of this phenomenon.

Participants

Twelve students studying in the fifth and eighth terms of the bachelor program at the Mashhad Faculty of Nursing, aged 20–25 years (mean age: 22.2 years) with an equal ratio of male and female participated in this study; only one was married and all of them had successfully completed one clinical course in community health nursing. In addition, 10 nursing instructors of and 13 health-care staff members who worked in three health-care centers participated in this study. All the nursing instructors and health-care workers were married and were between 40 and 50 years (mean age: 43.6 years) and their average job experience was 18.4 years.

Data collection

In-depth and semistructured interviews were used for gathering data during 2011–2012. The interview questions were asked in an open-ended manner, in no fixed order. They were based on an interview guide, which was formulated from a critical review of the literature, peer review, and pilot study. Subsequent interviews were then guided by an analytical process.^[19] First, each participant was asked to describe one of his/her own typical work days, then specifically to explain his/her own perceptions and experiences during the nursing clinical clerkship in community health and the factors influencing it. The

interviewer probed participants by using questions or statements, such as “Could you say something more about that?”, “What did you think then?” or “When you mention... what you mean?”

All the participants were interviewed in their own or in the office of the principal investigator (based on their preference) in the Community Health Center or Faculty of Nursing and Midwifery. The interviews were recorded and transcribed verbatim. The duration of the interview ranged between 45 and 60 minutes. The principal investigator performed all interviews and transcribed them.

Data analysis

Continuous comparative analysis and open, axial, and selective coding based on the method of Strauss and Corbin, were used for analysis. In open coding step, the interview transcribed was read several times and compared with codes of other interviews to find similarities and differences; then, the similar codes were categorized. In the next step, axial coding, the coding paradigm was used which focuses on cases such as casual conditions of phenomena, intervening conditions, action/interaction, and consequences which are used for connecting categories. The coding paradigm create connection between categories and subcategories.^[20,21] In selection coding, the structures of categories were related to the processes. For instance, the factors that contributed to ambivalence of motivation were identified. The process of integrating and refining the theory occurred in selective coding. It is here that the main category “the ambivalence of motivation in community health settings” was verified.

Data credibility

Peer debriefing and member check was used for increasing rigor and trustworthiness.

Ethical consideration

Permission to conduct this study was given by the Ethics Committee of the Mashhad Faculty of Nursing and Midwifery, according to a formal letter of introduction from the Vice Dean for Research of the University of Medical Sciences, serving as the legal authority in this area (January 2011). We emphasized confidentially, informed consent, right to exit from study at any time, selection of time and place of interview, and anonymity. Permission, as oral informed consent, was sought from the participants for the audiotaped interviews.

RESULTS

The categories that emerged from the data of this study are all related to the community health nursing clerkship. After the reduction and integration of similar

codes, one main and five subcategories were revealed. All the themes are related to each other and reveal the pattern of community health nursing clerkship. In fact, these themes describe the phenomenon of education in community health nursing settings and the variables affecting it. Therefore, in response to the research question, we can say that there is an ambivalence of motivation in community health nursing clerkship due to professional identity, educational atmosphere, educational management, motivation-based approaches, and inadequate productivity. These concepts help the reader to understand the reality of nursing education in the community health-care settings.

This paper presents the process of community health nursing clerkship from the perspective of students, including narratives from participants [Figure 1].

Ambivalence of motivation

The main casual conditions for ambivalence of motivation were the role of the community health nurse, attitude toward the course, and medical orientation. Most participants stated that there is no definite position for nurses in health-care centers. One of participants said “The role of nurse is unclear in a health center”(S 11). From the aspect of attitude toward the course, participants considered it as a break. One of them said “It was a good course; we thought it is a break for the next clinical course which is difficult”. (S10) The participants were medically oriented and differentiated between nurses and health-care workers. One participant said “We are nurses, not health personnel” (S1) and believed that there was no need for them to do this course. The comments of this participant confirmed it”Ok, we conclude that there is no need, this is not our responsibility, our task, and it is not a nurse’s task”(S1).

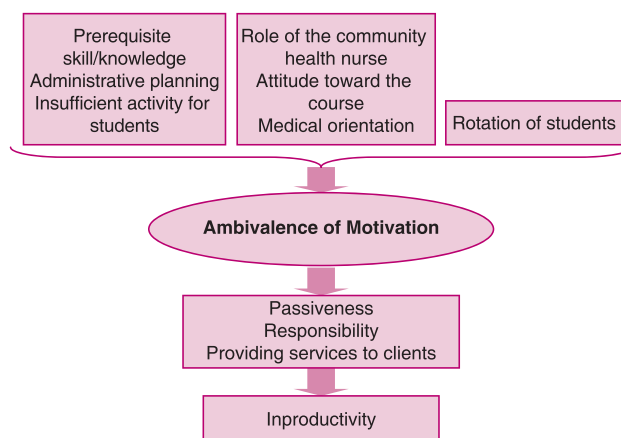


Figure 1: The community health nursing clinical education process

Based on the findings, lack of prerequisite skills/knowledge, poor administrative planning, and insufficient activity for students are the barriers to motivation. The category of lack of prerequisite skills/knowledge indicated preparedness of the students both theoretically and practically before starting the course. One of participants stated: "We didn't know how we should measure height, weight and head circumference of infants, we didn't know of the practical methods for them" (S10). Another participant said "We went there and knew nothing" (S1). One of the barriers was poor administrative planning. Entry to some of the places for this course was restricted for male students. They could not participate in some sections such as maternal-neonatal health and the midwifery part. "We would like to visit midwifery section, but we can't" (S3). Besides, duration of the course in health-care centers was limited, and in field courses, most of the time was spent on the way. One of students said: "We were just one to one hour and half in the villages" (S1). The other barrier was insufficient activity for students.. They said that they had nothing to do during their course. One of them said: "Usually we had nothing to do after 10 am" (S10).

Based on the analyses, one of the facilitating factors was rotation of students in different sections: Vaccination, midwifery, environmental health, and handling diseases. One of the participants said: "In health care center, we were divided into different groups; we vaccinated, worked in children's section as well as midwifery section; we spent three days in each part" (S6).

The participants applied different strategies for learning such as passiveness, providing services to clients, and responsibility. The experience of passiveness indicated the lack of importance for the course and lack of effort toward learning. One of the participants said: "I said to myself, if you are not supposed to work here, how important it is to ask a patient why this happens or why head circumference is low or is it familial or related to special problem?" (S10). Their comments confirmed their lack of involvement: "We were just observers in maternal neonatal section (S5)", "We were as observers" (S3).

Another strategy was providing service to clients. Most of them were mothers and children: "We measured weight and blood pressure of mothers" (S4).

Responsibility was also an important strategy to facilitating motivation. They studied, acquired knowledge, and prepared assignments for achieving goals: "I tried to review the community health nursing credit I and II, tried to be informed of the events there" (S5). One of participants said: "For the homework we should make some power point slides about leishmania" (S8).

The above strategies lead to the lack of adequate productivity in clerkship. This category indicates lack of using the full potential of the course and lack of efficacy in most health-care centers. One of students said: "We were explained the theoretically in the health – care center instead of direct observation, each head explained; if a person is allowed to visit directly it is more effective. I think it is useless" (S2). Another participant said: "The visits to, for example, the capital center, had no use for us" (S1). According to a participant: "There was something wrong with our teacher and she could not come with us to assess the health issues in a factory. When we arrived we did not consider any health problem there. So it was useless visit." (S6).

DISCUSSION

This study explored the process of the community health nursing clinical education based on the experiences of the students. Based on findings, lack of the role of the community health in health-care centers, medical orientation, and attitude toward the course influenced their motivation, and consequently the applied strategies such as passiveness, providing service to clients, and responsibility leading to inadequate productivity. Lack of prerequisite skills/knowledge, lack of activity for students, and poor administrative planning were barriers to motivation.

Despite the program syllabus, students considered hospitals as the work place for nurses and differentiated between nurses and health-care workers. Although there is a focus on orientation toward the community in the syllabus, practically, they are taught medical orientation and this is not in agreement with the goals of the course. This type of view leads to lake of enough motivation for good practice and leads to weak attitude toward community orientation. Based on the study by Borzou (2008-2009), graduate nurses assigned the least score to applicability of community health nursing courses.^[15] Hervi (2011) demonstrated that the participants focused on finding a proper position for community health nurses for providing services and said the present program was limited in this sense. In terms of a role for community health nurses, Delshad (2005) said "One of the main challenges for community-oriented nursing care is lack of position for community health nurses".^[22]

Attitude of students toward the course is another effective factor influencing motivation. They regarded this course as a break and thought there is no need for them to pass this course. It should be noted that their attitude affected their behaviour; so, they lacked motivation for active participation in this course. The findings of Saberian (2003) revealed that 20.51% of the participants believed that community health nursing is irrelevant to the nursing profession.^[13] In the study

by Dalir (2011), internal motivation of students decreased during their study.^[23]

Lack of prerequisite skills/knowledge, lack of activity for students, and poor administrative planning accounted as barriers to motivation. Lack of preparedness of students is conducive to a decrease in motivation and leads to a decrease in confidence of clients. In a study by Leh (2006), lack of confidence and preparedness were mentioned in the experiences of students.^[24] Students had nothing to do during the course and because of limitations for male students, students could not acquire the necessary competencies for providing services and this could be risky for the health of clients.

The findings of the present study showed that lack of adequate productivity is an important factor to consider in community health nursing. In a study by Delaram (2011), inadequate productivity in five areas of clinical education was reported on an average from the point of view of students.^[25] The findings of Heravi (2011) also showed that clinical education of nursing students in the area of community health does not lead to active participation and individual and professional development based on expected outcomes. However, according to a study by Hossieni (2005), most students evaluated clinical education well.^[26] This difference could be related to a lack of motivation in community health nursing students.

The present findings are not consistent with the principles of community health nursing, because this kind of education plays an important role in training competent nurses. These educational experiences help students realize important social aspects of health. So, modification of the factors influencing lack of adequate productivity could promote community health.

CONCLUSION

According to the findings, productivity of clerkship in community health nursing is low; consequently, it leads to a weak attitude toward community orientation and low ability to provide out-of-hospital care and becomes conducive to a less important role for nurses in the health-care system. The findings revealed main problems and determinants of community health nursing education. For increasing the productivity of clerkship, the following strategies are suggested:

1. Establish a role for nurses in community health centers.
2. Improve attitude of students toward community health nursing by workshops or films before clerkship.
3. Provide initial education for students before clerkship.
4. Choosing health-care centers with sufficient number of clients.

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