



Factors underlying perceptions of community care and other healthcare areas in first-year baccalaureate nursing students: A focus group study



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ABSTRACT

Background: Despite the increasing labour market shortage of well-educated community nurses, few baccalaureate nursing students choose for a career in community care. Obtaining knowledge of how students perceive healthcare areas early in their education is important to take meaningful steps in counteracting any existing misconceptions with targeted curriculum redesign.

Objective: Determination of factors underlying perceptions of healthcare areas in first-year baccalaureate nursing students.

Design: A descriptive qualitative study using focus group inquiry.

Methods: This study follows up on a large-sample quantitative multicentre survey study. Fourteen first-year nursing students at a university of applied sciences in the Netherlands participated in focus group discussions in October 2014. Transcripts of the discussions were coded by two independent researchers at three levels – open, axial and selective coding – on the basis of two templates. The codes were sorted into categories and assigned to suitable main codes in the templates. The number of sub-codes per category and code were added together.

Results: Eight main themes were formulated, to wit (1) variety and diversity, (2) challenges, (3) improving people's health, (4) collaboration, (5) role models, (6) patient- or environment-based perceptions, (7) self-efficacy and (8) immediate vicinity. Data suggest that first-year students have clear ideas about the characteristics which they consider important in professional practice. Their perceptions do not necessarily reflect the actual situation, as they expect the hospital to possess all desired characteristics while community nursing seems to be undervalued.

Conclusion: To remedy students' misperceptions, four recommendations are formulated for curriculum redesign strategies deriving from the eight themes. These recommendations are based on collaboration between school and care organisations as well as on themes related to in-depth knowledge within the educational programme. The interventions will potentially help to strengthen the focus on community care, which will foster a more optimistic and realistic career outlook on this field.

1. Introduction

Home care patients with chronic diseases and multimorbidity are

quickly becoming a large and important patient group for nurses and nursing students (Altman et al., 2015). Labour market demands associated with this development in healthcare raise concerns about the

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availability of qualified health professionals who have the competences necessary for this type of care delivery (WHO, 2012). Despite this fact, baccalaureate nursing students show little interest in the generalist home-based care that is the hallmark of community nursing. Most students, also in the Netherlands, choose for a profession in other clinical fields (Kloster et al., 2007; McCann et al., 2010; Bloemendaal et al., 2015). As a consequence, their career choices are not in line with the needs of society, which contributes to an accumulating shortage of well-educated community nurses (WHO, 2012; Norman, 2015).

One possible cause of this discrepancy could be a disjunction between the area of community care and students' perceptions of that area. To reduce this discrepancy, educational institutions need to identify students' perceptions of healthcare areas early in their studies so as to counteract any misconceptions and help them make well-informed career choices. Nursing students at the start of their study often have limited or even inaccurate information about what the nursing profession entails, which is often the result of stereotypes presented in the media (Jubas and Knutson, 2012; Kelly et al., 2012). As a result, first-year students underestimate the complexity of the various roles in the nursing profession, including those in community care (van Iersel et al., 2016).

Though students have limited knowledge of the profession, they mostly favour the hospital environment, with complex nursing techniques being the most popular choice (Kloster et al., 2007; McCann et al., 2010; Gillespie, 2013). Students' perceptions of community care are two-sided; they often see it as a field which has few challenges, many older patients and low care complexity (Kloster et al., 2007; Larsen et al., 2012; Norman, 2015), but which also offers challenging independent working conditions with a diverse group of patients (Kloster et al., 2007; Anderson and Kiger, 2008; Philibin et al., 2010).

Educational institutions have a good opportunity to exert a positive influence on students' preferences and possibly to help solve the labour market problem in community care with targeted curriculum redesign strategies. While this redesign requires in-depth information on how beginning students perceive different healthcare areas, there is limited knowledge of the factors underlying these perceptions. The research question is therefore: What factors underlie baccalaureate nursing students' perceptions of different healthcare areas?

2. Methods

2.1. Design

This study is a follow-up to a large-sample ($n = 1062$) quantitative multicentre survey study of how first-year baccalaureate nursing students perceive healthcare areas (van Iersel et al., 2017b). A qualitative focus group study was performed with baccalaureate nursing students in the sixth week of their programme, based on a semi-structured interview protocol. For organising the qualitative information into a structured code system, a content analysis approach (Polit and Beck, 2008) was used on the basis of two templates (see Fig. 1). The first template consisted of the variables in the *Nursing Career Development Framework* (Hickey et al., 2012a), which lists factors that influence nursing students' preferences for healthcare areas as a future career. The second template was informed by the six healthcare areas that students could choose for a preferred placement on the basis of the measuring instrument SCOPE (van Iersel et al., 2017a), to wit medical rehabilitation, mental healthcare, care for the mentally handicapped, community care, elderly care and care in the general hospital. To enhance constant comparison (Boeije, 2009), the dimensions 'positive', 'negative' and 'neutral' were added to each area. The 'Consolidated criteria for REporting Qualitative research (COREQ) checklist (Tong et al., 2007) was used for designing and reporting the study.

2.2. Setting, Research Team and Participant Selection

The study was carried out in October 2014 within a nursing school of a university of applied sciences in the Netherlands. Students received an open invitation during a lecture to participate in the focus group meetings. There were no entrance requirements. Data were collected from 14 students in four focus groups consisting of 3 or 4 students. Of the 16 students who initially volunteered, 2 did not show up without providing any reason. The 14 remaining participants were representative of nursing programmes in the Netherlands (Netherlands Association of Universities of Applied Sciences, 2017): 11 female, 3 male, mean age = 19.1 years (range 17–24). The students also participated in the aforementioned quantitative study during the same period. The focus groups were set up by two researchers/authors MvI (two groups) and MvR, and a lecturer CS in the role of moderator. All were experienced in carrying out focus group discussions and did not have an active involvement in the first-year teaching programme.

2.3. Ethical Considerations

The Ethical Review Board of the Open University of the Netherlands approved the study (reference U2014/07279/HVM). All students were informed of the research project's purpose via their digital learning environment. Participation was voluntary and the participating students signed an informed consent form. Non-participation or withdrawal at any time was possible with no impact on their studies. The importance of confidentiality was reaffirmed by the moderators at the start of each focus group meeting.

2.4. Data Collection: Focus Group Interviews

The focus group interviews took place in a classroom. The interviews were audio-recorded and an assistant was present to take notes. Each group had one interview consisting of a 90-minute session. A script was developed containing a semi-structured interview schedule. Guiding the discussions were questions about perceptions of the aforementioned six areas; for example, which area the students considered the most or least attractive to work in. There was special attention to students' thoughts and motivations underlying their perceptions. The participants were encouraged to bring forward any relevant information, while the moderator ensured that all themes were adequately covered.

2.5. Data Analysis

The audio recordings were transcribed verbatim by a research assistant not involved in the study. Subsequently, the analysis comprised three levels: open, axial and selective coding (Boeije, 2009). Two researchers (MvI, MvR) independently reviewed and coded the transcripts. Relevant text fragments were given code names. The two researchers compared and discussed their coding results, resolving any discrepancies by consensus. Notes were made during these meetings, which led to a codebook for allocating expressions. After completing the initial coding, the researchers sorted the codes into similar contextual categories, which were assigned to suitable main codes in the two templates. The number of sub-codes per main code was added together. [Supplement: code tree with codes including numbers]. Finally, the researchers formulated main themes, illustrated with quotations of the participants. The data analysis was facilitated by MAXQda software, version 12.

2.6. Validation

The validation process in the study was guided by techniques as described by Mays and Pope (2000), while all stages of the study were documented. Two independent researchers cross-checked their analyses

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