



New ways of seeing: Nursing students' experiences of a pilot service learning program in Australia



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ARTICLE INFO

Article history:
Accepted 9 August 2015

Keywords:
Mental health nursing
Clinical placements
Social determinants of health
Service learning

ABSTRACT

The objective of this paper was to evaluate pre-registration nursing students' experiences of a pilot program that placed them in community based non-government organisations for clinical placement as part of a core mental health subject.

Clinical placements that adopt a Service Learning model in primary health care environments are valuable to nursing students but are not commonly available in Australia. In order to enhance student exposure to primary health care models and support experiential learning about the social determinants of health, a pilot Service Learning program was designed to provide clinical placements in non-government organisations.

Qualitative data were collected through one focus group with program participants. The focus group was audio-recorded and transcribed verbatim. Thematic analysis of transcribed data was undertaken.

The overarching theme identified was 'new ways of seeing'. Three sub-themes – 'learning outside the box', 'confronting the real world' and 'transformative experiences' – were also identified.

The authors have concluded that nursing students in community organisations for clinical practicum facilitated valuable learning and generated professional and personal insight leading to increased understanding of the social determinants of health and increased awareness of mental health nursing in the community.

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Introduction

Clinical placements are a vitally important aspect of pre-registration nursing education (Hall, 2006). Placements in the hospital environment prepare students for skills oriented practice and provide a solid grounding in cultural and professional expectations (Chan, 2004; Houghton et al., 2013; Papp et al., 2003). However, student learning in the hospital environment is shaped by the dominant theoretical and practical framework often referred to as the Medical Model whereas contemporary undergraduate nursing curriculum emphasises the importance and centrality of the Primary Health Care model within nursing practice (Keleher et al., 2010). A significant challenge in pre-registration nurse education is the development of students' ability to view health from a social perspective, focusing on the principles of primary health care and the social determinants of health (Reutter and Eastlick Kushner, 2010).

This paper describes the experiences of nursing students who participated in a pilot project that placed them into primary health care settings, as an alternative to traditional hospital based clinical placements, where they worked with populations vulnerable to the social determinants of health.

Primary health care

The principles of Primary Health Care (PHC) are grounded in the 1978 Declaration of Alma Ata and are premised on the concept of health as a human right (WHO, 1978). A PHC approach endorses the values of equity, access, empowerment and capacity building, and advocates for the appropriate use of technology and cross-sector collaboration as central tenets within health systems. Health promotion and illness prevention are central to PHC models. The relevance and importance of PHC principles to the profession of nursing are well documented in national and international policy and it has been argued that PHC topics should be clearly incorporated into pre-registration nursing curriculums (Department of Health and Ageing, 2009; National Health and Hospital Reform

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Commission, 2009; National Preventative Taskforce, 2009; Van Lerberghe, 2008; Keleher et al., 2010). The PHC framework acknowledges that health is socially determined and proposes that nurses should work towards a sustainable and health promoting system of care that empowers community members to have an active voice in their own health (Van Lerberghe, 2008).

Social determinants of health

The Social Determinants of Health (SDH) model developed by Wilkinson and Marmot (2002) illustrates the relative gradient of health outcomes for community members based on their level of social advantage within society. The model is premised on the concept that health outcomes are lower for those who are socially vulnerable and proposes that working towards a more equitable society by preventing social decline – and promoting social inclusion – will alleviate health problems, save health dollars and assist in the building of a fairer society (Wilkinson and Marmot, 2002). This SDH model suggests ten areas that affect the way in which health is experienced and these are; the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transport.

One way to provide nursing students with experiences that align with PHC principles and increase understanding of the social determinants of health is through a Service Learning model.

Service learning

The Service Learning model – technically a teaching methodology – is in practice a form of experiential learning in which students engage in activities that meet both their own needs and the needs of community members. Service learning provides a framework for collaborations that are specifically intended to result in positive outcomes for academic students *and* the selected community with whom the students are working (Felten and Clayton, 2011; Vogt et al., 2011). Experience, reciprocity and reflection are seen to be central tenets of the service learning framework, which is underpinned by the general notion that students benefit through engagement with communities, developing greater social responsibility and deepening their understanding of complex social issues (Astin et al., 2000).

A service learning model is designed to foster both professional and personal development for students as well as strengthen connections between the academic world and the broader community (Felten and Clayton, 2011). For students, critical reflection is a vital component of the service learning experience and is often incorporated as a specific learning outcome along with other educational objectives (Jacoby, 1996 cited in Einfeld and Collins, 2008). Evidence suggests that well integrated critical reflection objectives develop students' critical thinking skills and contribute to an increased capacity for high-order thinking, reasoning and analysis (Ash and Clayton, 2009; Astin et al., 2000). Other flow on effects from service learning include a stronger sense of social responsibility and enhanced civic engagement as well as more personal impacts in areas such as spiritual identity, agency, moral development, openness and empathy (Eyler, 2010; Jones and Abes, 2004; Lundy, 2007).

The pilot program

In order to increase the exposure of pre-registration nursing students to primary health care systems and deepen understanding of the social determinants of health, a pilot program was designed by academics from the Faculty of Health, University of Technology, Sydney (UTS). The learning objectives of the pilot program aligned

with the Nursing and Midwifery Board of Australia's (NMBA) competency standards for Registered Nurses (RNs). These standards state that RNs are expected to protect, advocate for and educate community members regarding their right to health care as well as promoting individual's independence and control over their own health (NMBA, 2006). The standards also note that RNs need to develop an understanding of diverse social models of health care and their varied impacts (NMBA, 2006). In order to work towards these standards, nursing students were placed in Non-Government Organisations (NGOs) working with socially vulnerable consumers.

A structured learning guide encouraged students' critical reflection and was designed to enhance baseline knowledge and increase awareness of issues such as disadvantage, diversity, empowerment and the potential for change. It was hoped that students would incorporate their experiential learning into their future careers and that their time placed in an NGO would highlight the potential role of nurses as change agents within PHC models for vulnerable populations. Students were supported by UTS clinical facilitators who provided regular supervision and coordinated the debriefing built in to the pilot program. A clinical facilitator in this context is a Registered Nurse hired by the university to offer support, supervision and assessment of student nurses during their clinical placement.

Design and methods

This program aimed to link a small number of second year nursing students with NGOs for an alternate clinical placement opportunity. The placement was linked with their core mental health subject. Each placement involved an 80 h of contact, over a four-week period in April 2012, with a strong focus on direct consumer interactions in addition to tasks designated by NGO staff. During their placements, students were expected to participate in service activities including serving meals, going on community outings, talking with consumers and joining in art and music groups.

At the conclusion of their placement, students were invited to participate in a focus group to discuss their experiences of the pilot program.

Recruitment

The pilot program itself required recruitment of two separate groups of participants – second year nursing students and NGOs. Twenty NGOs were initially contacted by email, those that expressed interest were visited by the pilot program staff to discuss the proposal in further detail. Student recruitment into the pilot program took place in lectures and tutorials where expressions of interest were requested after a short presentation by program staff. Students that participated in the pilot program were recruited into the post-placement focus group using email invitations.

Participants

Ten NGOs were successfully recruited into the program. The organisations included; an inner city homeless day centre, youth services, a homeless shelter, refugee home detention service, elderly day support centres, community centres and welfare support services for homeless/disadvantaged communities. Thirty-two second year pre-registration nursing students from UTS participated in the program by accepting clinical placements in the NGO setting. All 32 students were invited to take part in a focus group at the conclusion of their placement. Nine students accepted and participated in a focus group conducted at UTS and facilitated by a UTS staff member, independent to the pilot program staff.

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