



Disconnects in pedagogy and practice in community health nursing clinical experiences: Qualitative findings of a mixed method study



Em M. Pijl-Zieber^{a,1}, Sylvia Barton^{b,2}, Olu Awosoga^{c,3}, Jill Konkin^{d,4}

^a Faculty of Health Sciences, University of Lethbridge, 4401 University Drive, Lethbridge, AB, Canada, T1K 3M4

^b Faculty of Nursing, University of Alberta, Edmonton, AB, Canada

^c Faculty of Health Sciences, University of Lethbridge, Lethbridge, AB, Canada

^d The Division of Community Engagement, Faculty of Medicine & Dentistry, University of Alberta, Edmonton, AB, Canada

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SUMMARY

Background: Many baccalaureate schools of nursing are using non-traditional placements for undergraduate community health clinical rotations. These placements occur at agencies not organizationally affiliated with the health care system and they typically do not employ registered nurses (RNs).

Objectives and Design: In this paper, we describe the qualitative findings of a mixed method study that explored these gaps as they relate to pre-registration nursing students' preparation for community health roles.

Results: While non-traditional community health placements offer unique opportunities for learning through carefully crafted service learning pedagogy, these placements also present challenges for student preparation for practice in community health roles. The theory–practice gap and the gap between the expected and actual performance of new graduates are accentuated through the use of non-traditional community clinical experiences. These gaps are not necessarily due to poor pedagogy, but rather due to the perceptions and values of the stakeholders involved: nursing students, community health nursing faculty, and community health nurses. **Conclusions:** New ways must be developed between academe and community health practice areas to provide students with opportunities to develop competence for practice.

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That there are multiple gaps between nursing education and nursing practice is well documented and widely recognized. One commonly cited gap is the theory–practice gap; another is the gap between the expected and actual performance of new graduates. Both of these gaps have unique significance in the clinical preparation of undergraduate nursing students for community health roles. With many schools of nursing using non-traditional placements for the undergraduate community health clinical experience, these two gaps are accentuated by the lack of exposure to community health nurse roles and responsibilities. In this paper, we describe the qualitative findings of a mixed method study that explored these gaps as they relate to pre-registration nursing students' preparation for community health roles through non-traditional experiences.

Background

Despite the advancement of nursing education over the past fifty years, an unfortunate common finding is that the theory-to-practice gap is wider than ever and that significant challenges exist related to the application of knowledge to real-world clinical nursing practice (Benner et al., 2010; Canadian Association of Schools of Nursing [CASN] Task Force on Public Health Education, 2007; Duchscher, 2008; Wiles et al., 2013). This shortcoming is also present in the case of the preparation of nursing students for community health roles (Canadian Association of Schools of Nursing, 2010).

Many baccalaureate schools of nursing are using non-traditional placements for undergraduate community health clinical rotations (Cohen and Gregory, 2009; Kirkham et al., 2007). These clinical experiences occur at agencies not organizationally affiliated with the health care system and typically do not employ registered nurses (RNs). Students in these clinical experiences typically lack opportunities to develop areas of unique nursing knowledge and skills, such as restricted nursing acts or activities that resemble the daily work of community health nurses. These non-traditional experiences are much more common than traditional preceptor placements in public health and home care (Cohen and Gregory, 2009; Hoe Harwood et al., 2009; Kirkham et al., 2007), the two largest areas of community health

E-mail addresses: em.pijlzieber@uleth.ca (E.M. Pijl-Zieber), sylvia.barton@ualberta.ca (S. Barton), olu.awosoga@uleth.ca (O. Awosoga), jill.konkin@ualberta.ca (J. Konkin).

¹ Tel.: +1 403 332 5232.

² Tel.: +1 780 492 6253.

³ Tel.: +1 403 332 4058.

⁴ Tel.: +1 780 492 0678.

nursing which employ 34% and 19% of community health nurses, respectively (Meagher-Stewart et al., 2009).

Non-traditional placements allow nursing students to work at the population level, incorporate the principles of primary health care, enact social justice and equity, increase access to services, and address the determinants of health (Hoe Harwood et al., 2009; Wade and Hayes, 2010). Common themes in non-traditional clinical experiences in Canada include critical reflection, healthy public policy, community partnerships, advocacy, health education, and social justice within a population health and/or community development framework. Common clinical sites include immigrant organizations, religious communities, correctional facilities, wellness centres, schools, seniors' organizations, homeless shelters, shopping malls, and workplaces (Cohen and Gregory, 2009). What is not known, however, is the value of these experiences in preparing students for community health nursing roles.

Method

The purposes of this province-wide multi-stakeholder mixed method research study were to: delineate the competencies required of nursing students from stakeholder (industry, faculty, and student) perspectives; establish the level at which community health nurses, senior baccalaureate nursing students and community health faculty *desire* to see specific competencies demonstrated in nursing students; establish the level at which nurses, students and faculty are *observing* these specific competencies in nursing students; and, determine the nature of the gap between what nurses, students and faculty desire to see demonstrated and what they are actually seeing demonstrated by nursing students in community health practice. The quantitative arm of the study consisted of a province-wide online survey of community health nurses (public health and home care), community health faculty, and senior nursing students in the province of Alberta. The purpose of the quantitative arm was to establish the gap between observed and desired competence level of senior nursing students and new graduates in community health. The statements being assessed were 43 of the Entry-to-Practice Competencies (ETPCs) (College and Association of Registered Nurses of Alberta, 2013) that most closely aligned conceptually with the Home Health Competencies (Community Health Nurses of Canada, 2010) and Public Health Nursing Competencies (Community Health Nurses of Canada, 2009). Findings suggested that undergraduate pre-registration nursing students are not being adequately prepared for registered nursing practice roles in community health through their undergraduate clinical experiences.

The nature of the gap between observed and desired competence level of senior nursing students and new graduates in community health was then explored through focus group interviews with the following groups: nursing students (2 groups, $n = 12$), community health faculty (2 groups, $n = 11$), and community health nurses in public health and home care (2 groups, $n = 17$), resulting in a total of six focus group interviews across the province, representing two zones of the provincial health authority and four data collection sites. Thus, this study utilized a mixed method explanatory sequential design, in which quantitative data collection and analysis was followed up with qualitative data collection and analysis to further explain the

quantitative results (Creswell and Plano Clark, 2011). The goal of the qualitative arm of the study was to further explore the gap that became apparent in the quantitative phase, so that we could develop a deeper understanding of why non-traditional community health clinical experiences are not correcting a theory–practice gap—and perhaps are unwittingly widening it. A visual depiction to the study is in Fig. 1.

To recruit respondents to the survey, ethical, operational and administrative approvals were obtained from all baccalaureate schools of nursing and all public health and home care departments in the Canadian province of Alberta. The provincial health authority then facilitated the dissemination of the study materials and survey link to all staff. Deans of nursing programs circulated study materials and survey links to all community health faculty. For the focus groups, additional approvals were obtained, and then a parallel sample was drawn using the same selection criteria as for the quantitative phase of the study but drawing participants through a poster invitation; thus, each sample represented the same participant groups (Collins and Onwuegbuzie, 2013). Participants signed a consent form and were free to terminate their involvement at any time. Focus groups were audio-recorded and then transcribed for analysis.

The lead author conducted a thematic analysis (Clarke and Braun, 2014) of both textual data from the survey's open-ended comments as well as the data from the focus groups. The data was coded into categories during analysis and then distilled down to several themes. A log file was used to track changes between original text and the conflated version, to ensure the original text was retained (Schmidt, 2010). Poignant and explanatory accounts were retained to illustrate the findings. Ethical approvals were obtained from all health authority zones and all baccalaureate schools of nursing in the Canadian province of Alberta.

To establish rigor in the research process, several steps were followed. First, data was triangulated using different data collection methods (quantitative surveys and qualitative focus groups) and a variety of sources (faculty, students and nurses in two distinct practice areas) to corroborate the evidence. The primary researcher left an audit trail of documents, records and data, including the raw data, the data reduction process, memos, data reconstruction and synthesis products, process notes, and a running log of changes to the method and instrument. Data that representative of each respondent group was given more weight in analysis than discrepant data (i.e. where disagreement prevailed or a wide range of views was present). Outliers were checked for meaning and examined for explanatory characteristics.

Findings

The themes that emerged revealed several disconnects that widen the theory–practice gap and the gap between the expected and actual performance of new graduates. Distinct and overlapping disconnects were described by all three participant groups (nurses, students, and faculty) and these themes contribute to our understanding of the nature of the gap. These themes, and how they were each perceived and experienced by each participant group, are summarized in Table 1.



Fig. 1. In this study, the gap between observed and desired competence levels were measured (quantitative arm) and described (qualitative arm).

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