Nurse Education in Practice 28 (2018) 224–230

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/nepr

Clinical education

Student and preceptor perceptions of primary health care clinical placements during pre-service education: Qualitative results from a quasi-experimental study

Semakaleng H. Phafoli[a,*], Alice Christensen-Majid[b,1], Laura Skolnik[a,2], Stephanie Reinhardt[a,3], Isabel Nyangu[c,4], Madeleine Whalen[d,5], Stacie C. Stender[e,f]

[a] Jhpiego/Lesotho, 23 Motsoene Road, 2nd Floor Dolphin House, Industrial Area, Maseru 100, P.O. Box 12580, Lesotho
[b] Jhpiego, 1615 Thames St., Baltimore, MD 21231, USA
[c] Scott College of Nursing, Morija, PO Box 529, Lesotho
[d] Johns Hopkins University School of Nursing, 525N Wolfe St, Baltimore, MD 21205, USA
[e] Jhpiego, 3 Labounere St., Cape Town 8001, South Africa
[f] Johns Hopkins Bloomberg School of Public Health, Department of International Health, 615 N Wolfe St, Baltimore, MD 21205, USA

ARTICLE INFO

Keywords:
Primary health care
Preceptorship
Nurse
Midwife
Education

ABSTRACT

As a practice discipline, nursing education has a mandate to collaborate with all clinical settings, including primary health care (PHC), to prepare nursing students to function effectively in different settings upon deployment. Prior to 2011, nursing and midwifery students received minimal exposure to PHC settings in Lesotho. In 2010, the Maternal and Child Health Integrated Program began working with nurses' training institutions to support PHC clinical placements.

Between April 2013 and June 2014, a multi-methods study was conducted to describe the effect of PHC placements on students and preceptors. The study employed qualitative methods, namely seven focus group discussions (FGDs), held with 69 students and preceptors. Data analysis followed the principles of grounded theory.

Students, nurse educators and preceptors perceived PHC clinical placements as appropriate settings for acquisition of a variety of country relevant clinical experiences for nurses and midwives in Lesotho. Students expressed their likelihood to accept deployment at PHC settings post-graduation. Preceptors indicated that PHC clinical placements re-enforced the importance of continuing education for practicing clinicians.

The placements supported an increase in competence and confidence of nursing and midwifery students, which will likely aid their transition into the workforce and perhaps increase the likelihood for the young professionals to accept deployment to these areas post-graduation. Given the disease burden in Lesotho and that majority of Basotho people access healthcare at the PHC level, every effort should be taken to ensure that nursing and midwifery students get adequate exposure to health care provision at these facilities.

1. Background

Lesotho has the second highest Human immuno-deficiency Virus (HIV) prevalence in the world with 25% of adults aged 15–49 and approximately 10% of young people aged 15–24 living with this virus (Lesotho Ministry of Health, 2016). In addition, this mountainous country with a population of approximately 2 million has the highest incidence of tuberculosis (TB) in the world: nearly one percent of the population has the disease annually (852 cases per 100,000 population). Furthermore, nearly three-quarters of TB patients (72%) are also

* Corresponding author.
E-mail addresses: semakaleng.phafoli@jhpiego.org, semahphafoli@gmail.com (S.H. Phafoli), alice.chistenson@jhpiego.org (A. Christensen-Majid), laura.skolnik@jhpiego.org (L. Skolnik), stephanie.reinhardt@jhpiego.org (S. Reinhardt), isabel9lah@hotmail.com (I. Nyangu), mwhalen8@jhu.edu (M. Whalen), stacie.stender@jhpiego.org (S.C. Stender).
[1] Regional HIV/TB Advisor, Jhpiego; PO Box 9170; Dar es Salaam, Tanzania.
[2] Country Support Manager, Maternal Child Survival Program; 1776 Massachusetts Avenue, NW Suite 300; Washington, DC 20036.
[3] Senior Program Officer, Jhpiego; 1615 Thames Street, Baltimore, MD 21231.
[4] Lecturer, National University of Lesotho; P·O Roma 180, Maseru, Lesotho.
[5] Registered Nurse Clinician, NCIM, Johns Hopkins Hospital, 1800 Orleans St.; Baltimore, MD 21287.

https://doi.org/10.1016/j.nepr.2017.10.012
Received 7 September 2016; Received in revised form 20 September 2017; Accepted 12 October 2017
1471-5953/ Published by Elsevier Ltd.

living with HIV (World Health Organization, 2015). Like many countries in sub-Saharan Africa, Lesotho has a largely young population; over half of the population is under the age of 18 years (Management Science for Health, 2013).

There is a dire shortage of human resources for health (HRH) both in numbers and in skills required to provide quality care. The number of doctors per 1000 people is 0.049 versus the regional average for Southern Africa of 0.217. Similarly, there are 0.623 nurses per 1000 people in Lesotho compared to 1.172 for the rest of the region (Mwase et al., 2010). With inadequate numbers of skilled providers available to provide care for the population, it is even more important to ensure the most prevalent health issues are prioritized i.e. HIV and TB prevention, treatment care and support in Lesotho.

Like many countries in southern Africa, nurses and midwives are the frontline health care workers in the country, providing services to adults and children at all levels of the healthcare system. Among all healthcare providers in Lesotho, three-quarters are nurses (73.3%), 6% are doctors, and the remainder are other cadres including pharmacists, laboratory technologists, etc. (Government of Lesotho, 2013). There are 17 health posts, 192 primary healthcare (PHC) clinics, 17 district hospitals, two specialty hospitals (mental health and TB), and one tertiary hospital. Christian Health Association of Lesotho (CHAL) institutions provide healthcare to approximately half of the population of the country in 72 PHCs and 8 hospitals. The majority of Basotho (72%) live in rural settings (Lesotho Ministry of Health and ICF International, 2016); Primary Health Care is the main access point for health care services in Lesotho.

While more than half of the country's health care is provided in health centers, less than 20% of the formal sector labor supply works at this level of care. The country's Human Resources Development and Strategic Plan 2005–2025 indicates that health centers should be staffed with a minimum of one nurse clinician, one general nurse, and one nursing assistant (Lesotho Ministry of Health and Social Welfare, 2004). Despite such staffing norms, 78% of health centers are not meeting these requirements (Millennium Challenge Account-Lesotho, 2011).

The Declaration of Alma-Ata defines PHC as “essential health care; based on practical, scientifically sound, and socially acceptable method and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination.” (World Health Organization, 1978). The government of Lesotho adopted the PHC approach in 1979 as the focal strategy for attaining health for all by the year 2000. In the context of this paper PHC refers to the care provided at the health center (both private and public) level.

There are six nursing and midwifery training institutions in Lesotho: two are government-funded schools - National Health Training College (NHTC) and the National University of Lesotho (NUL), and four are owned and operated by CHAL - Paray, Scott, Maluti and Roma Colleges of Nursing. NHTC and the four CHAL training institutions all offer a three-year diploma in general nursing. Midwifery is a ‘post-basic’ qualification requiring an additional year of study beyond the diploma with the exception of NUL where a five-year degree program leads to a bachelor's degree in nursing and midwifery; after graduating, these students can register as nurse-midwives. Any successful graduate may apply to work in either CHAL or Ministry of Health (MOH) facilities, placement occurring at hospital or health-center level.

To ensure that communities have access to quality health care services, the United States Agency for International Development (USAID)-funded Maternal and Child Health Integrated Program (MCHIP) started working in Lesotho in 2010 with the four CHAL training institutions supporting PHC clinical placements for nursing and midwifery students. This effort followed MCHIP's pre-service assessment which revealed that a large group of student nurses and midwives were placed predominantly in hospitals for their clinical rotations; however, upon graduating they were often deployed to PHC sites where the skills required differed from those they acquired during their training.

In a Lesotho nursing task analysis study, 20% or less of nurses and midwives working at district hospitals or health centers reported working with students (Stender et al., 2013). MCHIP's PHC placements were therefore designed to enable the students to acquire the necessary primary care skills so as to ensure their competence and confidence in working in PHC settings, providing preventative and curative services for prevalent conditions affecting the general population, notably HIV and TB.

Competence is the ability to do something well, the quality or state of being competent; while confidence is a feeling or belief that you can do something well or succeed at something (Merriam-Webster, 2016). A competent nurse or midwife is one who is able to perform specific skills safely and effectively. Clinical competency is confirmed when knowledge and skills are accurately applied and an appropriate attitude is consistently displayed in practice (Jhpiego, 2010). PHC clinical experiences allow nursing and midwifery students to link community health theory with practice and also influence the locations in which students choose to practice post-graduation (Bennett et al., 2013; Dalton et al., 2008). There has been a trend in recent years to deploy students to a variety of clinical experience due to changes in where health services are delivered and give them experiences in the real world of healthcare, expose them to challenges and healthcare, and to challenge myths and attitudes. Though, it is acknowledged that placements, and especially PHC placements are often logistically challenging and not yet standardized in nursing curriculum despite the consensus that they can be beneficial to the student nurses educational experience (Betony, 2012; Betony and Yarwood, 2013).

A recent literature review, found that while the needs of the community and labour market require more highly skilled nurses based in the community, the majority of nurses from both developed and developing countries prefer the acute setting, in part to their lack of understanding of the rewarding complexity of community care (van Iersel, Latour, de Vos, Kirshner and Scholte op Reimer, 2016). Meanwhile, clinical experiences in PHC and community settings has been shown to be associated with improved PHC perceptions, as well as the opportunity for students to learn how to work independently (Serrano-Gallardo et al., 2016; van Iersel et al., 2016). Placement in the third or final year of nursing studies has been shown to be particularly influential in decision making with regards to employment-seeking post-graduation (Anderson and Kiger, 2008; Wareing et al., 2017). Clinical placements in the PHC setting, should then, effect student nurses' clinical learning experiences and perceptions of PHC work perhaps influencing their deployment choices and skill set at graduation.

Between May 2011 and April 2014, more than 500 nursing and midwifery students from the four CHAL training colleges were placed in 35 MOH and CHAL PHC clinics for 2–4 weeks for clinical experience, and more than 180 preceptors received preceptorship training. This article reports findings of a study conducted during the 2013/14 academic year, which had an overall aim of understanding the acceptability and usefulness of PHC clinical placements for nursing and midwifery students. The study design was mixed methods; this article reports on the qualitative findings of the study, which aimed to answer the following research questions:

- Does student competency in key primary care areas improve after clinical rotation in PHC?
- Do students report greater confidence in providing clinical care after clinical rotation in PHC?
- Do students have stronger preferences for a post-graduation PHC placement after the clinical placement?
- Are students satisfied with the clinical placement experience?
- Does the preceptorship training program improve clinician performance as a preceptor?